Senior SOLUTIONS
Area Agency on Aging in Southeastern Vermont

Area Agency on Aging
Area Plan
Federal Fiscal Years 2026–2029

Date Submitted: August 15, 2025

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Section A: Verification of Intent

The Senior Solutions Area Agency on Aging's Area Plan is hereby submitted for the period of Oct.1, 2025 through Sept. 30, 2029. 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.

08/14/2025
Date — Mark Boutwell — Area Agency on Agency Director

08/14/2025
Date — Teresa Volta — President, Board of Directors

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

08/14/2025
Date — Beth Spicer — Chairperson, Area Agency on Aging Advisory Council

9/30/2025
Date Approved — Signed by: Jill Bowen, Ph.D. BFB39AB5478B4C4... — Commissioner, Department of Disabilities, Aging and Independent Living

Section A: AAA Mission Statement

Our Mission

To promote the well-being and dignity of older adults.

Our Vision

We believe every person should be able to age in the place of their choice with the support they need and the opportunity for meaningful relationships and active engagement in their community.

Our Values

- We honor and respect the life experience and autonomy of Vermont's older adults.
- We recognize the essential role of families, caregivers, and communities in the lives of older adults.
- We foster a work environment where creativity, open-mindedness and resourcefulness are expected; our employees are compassionate, respectful, and responsive to the needs and wishes of our clients.
- We are committed to maintaining strong community partnerships to ensure our clients' varied needs are met and to collectively strengthen the infrastructure of support for older adults.
- We embrace our role as advocates for older adults, including speaking about current issues, identifying unmet needs, proposing solutions, and believing that our collective voices can bring about change.

Section A: Executive Summary

Creating an age-friendly state requires a comprehensive, collaborative approach—one that values the contributions of older Vermonters and addresses their evolving needs. From housing, health care, and transportation to caregiving, access to nutritious food, lifelong learning, and employment opportunities, we must work together to ensure that older adults can thrive and continue to enrich our communities with their time, talents, wisdom, and skills.

However, Vermont's older population is growing faster than any other age group. By 2030, one in three residents will be over the age of 60. The census projections for 2030, for both Windsor and Windham counties, the predominant service area of Senior Solutions, are that 36% of the population will be 60 and over, which is higher than the state average.

With these projections clearly in view, Senior Solutions has worked strategically over the past four years to advance our role as a regional planning entity that fosters the development and implementation of a comprehensive and coordinated system serving older Vermonters and family caregivers, particularly targeted at those with the greatest economic and social need.

In response to the statewide conflict of interest case management transition under the Medicaid Choices for Care waiver, in March 2024, we began recruiting for an additional six case management positions. In the 16 months since then, we have worked hard to hire dependable and dedicated staff. This has been a significant challenge due to strong competition from other social service organizations for similar jobs offering higher wages. We still have one vacancy to fill.

We have taken the opportunity during this expansion to codify our productivity standards and streamline our work processes. Lori Lintner, our operations director, has worked extensively with her statewide colleagues to bring our case management standards of practice and policies up to the level of excellence needed to pass the National Committee for Quality Assurance (NCQA) certification survey, which is scheduled for March 2026. Lori has also helped put the updated standards into practice in our case management program, providing guidance to our two lead case managers.

In September 2024, Liza Eager joined Senior Solutions as the new nutrition and wellness director. Under the guidance of Anne Hutchinson and Mary Woodruff at DAIL, Liza updated our protocols for intakes, eligibility screening, reassessment tracking, and set about cleaning up our meal rosters in compliance with state regulations. Liza and her team addressed our home-delivered meals (HDM) reassessment backlog and put a system in place to maintain compliance. The nutrition team has also made strong progress toward addressing missing data which must be collected in annual intakes for congregate meals, and on developing a system for maintaining compliance in partnership with our congregate meal sites.

As she works to fulfill our grant deliverables under the Vermont Global Commitment to Health waiver, Liza is solidifying our compliance with state nutrition standards and has recruited a new contracted dietician to ensure we meet them.

In January, we hired a full-time human resources director who has been busy recruiting case managers to build our expanded team, as well as filling other vacant positions. In the current workforce environment, this has been a challenge. Recently, we learned that private, out-of-state agencies offering care coordination services are recruiting in our area with a starting wage at least 50% higher than what we can offer. Despite these challenges, for the second consecutive year, Senior Solutions was recognized by the Workforce Research Group as one of the best places to work for a small business in Vermont.

In early February, the management of our agency database system transitioned to new leadership. This change is improving processes and procedures for staff to collect, store, and report metrics on their programs. As a result, program directors at Senior Solutions can make better-informed business decisions and enhance the quality of data they report to the public, the state of Vermont and in the Older Americans Act Performance System (OAAPS).

Recruitment, fundraising, and our agency profile have been greatly enhanced as of April with the launch of our redesigned website. The site's Make a Referral button for community partners has expedited on-the-spot referrals from professionals wishing to connect their clients to our services.

Connections with our community partners have also expanded over the past several months, particularly with our participation in the weekly Situation Table community safety forums in Springfield and Brattleboro. These forums have been a tremendous support to our case management staff who are regularly confronted with complex situations that present safety risks to both the client and staff. We participate in a similar forum that was recently introduced in Hartford called Hartstat.

Senior Solutions is represented as a core partner of One Brattleboro, a team of high-level leaders in key sectors of public health and public safety who are working to develop and maintain a shared consciousness, strategic guidance, and measurable goals aimed at protecting and improving public health, public safety, and the quality of life in Brattleboro. Senior Solutions is also a core member of the Windham Aging Collaborative, an alliance of organizations that care about older Vermonters in Windham County. The group's leaders are experts in health care and work on the social determinants of health among those 60 and older. Our participation in these organizations aligns closely with our mission and the charge within the Older Americans Act for area agencies on aging to foster the development and implementation of a comprehensive and coordinated system to serve older Vermonters and their caregivers.

Given the challenges of access to consistent and coordinated health care faced by our clients, it is important that Senior Solutions works at the forefront of bridging these gaps. Our executive director is working to engage the five hospitals serving our constituencies, as well as with North Star Health, the local federally qualified health center (FQHC) in closer collaboration. We work to build partnerships targeting care coordination and discharge planning in which Senior Solutions' staff directly assist with inpatient and rehab transitions. Working with hospitals and community partners, we aim to improve discharge success rates by bringing a community perspective to planning and connecting patients to the resources they need.

With projected reductions in federal funding on the horizon, it is more critical than ever that we create new networks to foster the development and implementation of a comprehensive and coordinated system that upholds our social contract with the most vulnerable in our communities. This is particularly evident in our work with those exhibiting self-neglecting behaviors, in which we have experienced a dramatic increase in referrals. We are fortunate in Southeastern Vermont to have numerous community partners committed to the same mission. There is a great deal of work happening among these partners, creating opportunities to lean into collaborations with non-traditional partners that will weave together a stronger network of systems—both formal and informal—as we work to serve more people with fewer resources.

The pressures on area agencies on aging within Vermont to serve a growing population of older adults encountering increasingly dire circumstances continue to mount. More and more, older adults experiencing homelessness, food insecurity, and complex health issues are turning to our case management and HelpLine programs for assistance. An increasing number of older Vermonters struggle financially as they encounter higher costs for groceries, fuel, medications, transportation, home maintenance, and property taxes. In Windham County, 25% of the population of almost 46,000 is 65 years of age or older (2020 Census). Of those 11,500 older citizens, 1,033 or 9% live at or below the federal poverty level (2023 American Community Survey 5-Year Estimates). These figures are among the highest in Vermont, presenting unique challenges for our region. A striking example of this is the large number of unhoused individuals residing in a hotel near Londonderry, an historically underserved region of our service area. In collaboration with Neighborhood Connections, a non-profit organization offering advocacy, education, and social services, we have redirected our case management and nutrition services to help these individuals.

Recent eligibility changes to Medicaid and SNAP/3Squares benefits will put increasing pressure on our services to meet the needs of those now deemed ineligible for these critical benefits. As a result of these changes, more older Vermonters will experience deteriorating health, further complicating their care in the community. With very limited access to primary care services, we expect to see increasing pressure on hospital emergency departments whose staff more frequently look to us for assistance with discharge and follow-up. Other restrictions of federal funding have precipitated the downsizing and closure of some of our community partner organizations,

weakening the network of supports and services available to older Vermonters. Hospital payment reform is likely to further erode reliable access to care for older adults, already a challenge in Vermont which is considered in most rankings to be the most rural state in the country.

The illegal drug trade along the Interstate-91 corridor through Southeastern Vermont creates additional challenges for older adults and for our staff. We frequently encounter clients being exploited by relatives or younger adults using illegal substances and/or selling them. Case managers feel pressured to make home visits in unsafe circumstances, while other service agencies have pulled staff out of these situations. Our staff regularly encounter used syringes and firearms in residences where clients live. In the past two years, two case management clients were the victims of homicides in which substance misuse was determined to have played a role in their death. With chronic understaffing of the statewide Adult Protective Services offices, such cases slip through the gaps of the societal safety net we work so hard to provide. As mentioned above, we are fortunate to work closely with community associates as part of the Situation Table and similar forums in Springfield, Brattleboro, and Hartford, in which committed partners come together to strategize constructive responses to these challenges.

We are faced with significant pressure to do more with less. We strive to address a persistent workforce shortage and to creatively allocate resources as we experience tenuous federal funding, while we support our clients who face challenges to their financial stability, health care access, housing, and safety. From all indications, these pressures will likely increase over the lifespan of this area plan.

At Senior Solutions, we continue to reach more of those older Vermonters, such as those living in poverty in Windham County. We know that the services we provide will be in greater demand, even for those not in dire circumstances. We are committed to building on our reputation as a reliable community resource and expanding our collaboration with traditional and non-traditional community partners to pool our human and financial assets. These are the alliances that will hold our communities together as we face these challenges.

We look forward to our agency developing stronger working relationships with the five hospitals in our service area. Forging agreements to assist with care coordination for emergency department and acute care discharges can be a win-win for the clients and for the facility teams. Supporting emergency departments with successful discharge outcomes through proactive care coordination strengthens the safety net for older Vermonters returning to their communities. Collaborating with emergency services personnel to assess fall risks and to make direct referrals is a step forward in preventative care.

Similarly, Senior Solutions continues to expand our outreach to senior centers, adult day centers, primary care offices, local aging-in-place mutual aid groups, and other

community organizations throughout Southeastern Vermont. Working together we can connect our clients to a greater network of resources to support their independence in their communities.

Senior Solutions thrives on the strong collegial relationships between the directors of the area agencies on aging in Vermont. These relationships are a source of creative program ideas and business acumen that inspire hope for a vital, cutting-edge approach to aging services now and in the future. Similarly, my affiliation with the leaders of numerous organizations throughout Southeastern Vermont helps me remain optimistic and strive to seek innovative approaches to serving older Vermonters.

As the landscape of aging and available social services continues to change, Senior Solutions will continue to adapt. We will continue building mission-driven teams to work in concert with a robust network of community services. We will advocate for the needs of older Vermonters with local and state officials, strengthen our leadership among regional partners and municipal officials, and strengthen our position as a leading voice in championing the value of aging Vermonters.

Section B: Needs Assessment

Background

As the designated Area Agency on Aging for southeastern Vermont, Senior Solutions is responsible for planning and developing a comprehensive, coordinated system of services and supports for older adults and family caregivers in its designated service area, with a focus on those with the greatest economic and social need.

For the federal fiscal year 26-29 Area Plan, all Area Agencies on Aging in Vermont facilitated the Statewide Needs Assessment surveys conducted by the Vermont Department of Disabilities, Aging, and Independent Living (DAIL) in preparation for the State Plan on Aging. In September 2024, Senior Solutions staff distributed the Statewide Needs Assessment surveys within the agency's region, prioritizing home-delivered meal recipients and their caregivers. Additionally, Senior Solutions conducted its own survey via email in February 2025 as well as reviews of reports from local, state, and national sources.

Federal and State Reports, Presentations, and Data:

- U.S. Census Bureau. (n.d.). *American Community Survey (ACS)*. Retrieved Feb. 17, 2025, from https://www.census.gov/programs-surveys/acs
- U.S. Census Bureau. (n.d.). *QuickFacts: Windsor County, Vermont; Windham County, Vermont; United States.* Retrieved Feb. 19, 2025, from https://www.census.gov/quickfacts/fact/table/windsorcountyvermont,windhamcountyvermont,VT,US
- Vermont Department of Health. (2022, March). *2021 Vermont Household Health Insurance Survey*. Retrieved Feb. 14, 2025, from https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR-VHHIS-2021-Report.pdf
- Vermont Department of Health. (2022, Aug. 22). *The AARP EnVision Vermont survey results*. Retrieved Feb. 17, 2025, from https://www.healthvermont.gov/sites/default/files/document/Brain%20Health%20-%20Envision%20Vermont%20Survey%20Results.pdf
- Vermont Department of Health. (2024, January). *Behavioral Risk Factor Surveillance System 2022 report*. Retrieved Feb. 18, 2025, from https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

- Vermont Department of Health. (2024, February). *Age Strong VT: Vermont's multisector plan on aging 2024–2034*. Retrieved Feb. 17, 2025, from https://www.healthvermont.gov/sites/default/files/document/hpdp-bh-age-strong-roadmap2024-2034.pdf
- Vermont Department of Health. (2024, May). *Health needs of older Vermonters*. Retrieved Feb. 17, 2025, from https://www.healthvermont.gov/sites/default/files/document/sha-data-brief-population-older-vermonters.pdf
- Vermont Department of Disabilities, Aging and Independent Living. (2024). *Statewide Needs Assessment Survey of Vermonters Age 60 and over*.
- Vermont Department of Disabilities, Aging and Independent Living. (2024). *2024 Statewide Needs Assessment Survey of Family Caregivers*.

Area Hospital Community Health Needs Assessments

- Mt. Ascutney Hospital and Health Center. (2021). *Community health needs assessment*. Retrieved Feb. 17, 2025, from https://www.mtascutneyhospital.org/sites/default/files/2021-12/community-health-needs-assessment-2021.pdf
- Brattleboro Memorial Hospital. (2024). *Community health needs assessment*. Retrieved Feb. 18, 2025, from https://www.bmhvt.org/wp-content/uploads/BMH-CHNA-2024_Final.pdf
- Dartmouth Hitchcock Medical Center, Alice Peck Day Memorial Hospital, and Visiting Nurse and Hospice for Vermont and New Hampshire. (2022). *Community health needs assessment*. Retrieved Feb. 14, 2025, from https://www.dartmouth-hitchcock.org/sites/default/files/2022-05/2022-community-health-needs-assessment.pdf
- Springfield Hospital, North Star Health, and the Springfield Area Community Health Collaborative. (2022, September). *Springfield Area Community Health Needs Assessment*. Retrieved Feb. 14, 2025, from https://springfieldhospital.org/wp-content/uploads/2022/09/2022-Springfield-Area-Community-Health-Needs-Assessment-corrected-final-003.pdf
- Grace Cottage Family Health & Hospital. (2024, Dec. 4). *2024 Community Health Needs Assessment*. Retrieved Feb. 18, 2025, from https://gracecottage.org/wp-content/uploads/2024/12/2024-CHNA-Report-12-4-24.pdf

2022 AARP Age-Friendly Community Survey:

- Skarha, J. (2022, August 22). *The AARP EnVision Vermont Survey Results: Presentation to the VAPAW Committee*. Vermont Department of Health. Retrieved Feb. 17, 2025, from https://www.healthvermont.gov/sites/default/files/document/Brain%20Health%20-%20Envision%20Vermont%20Survey%20Results.pdf

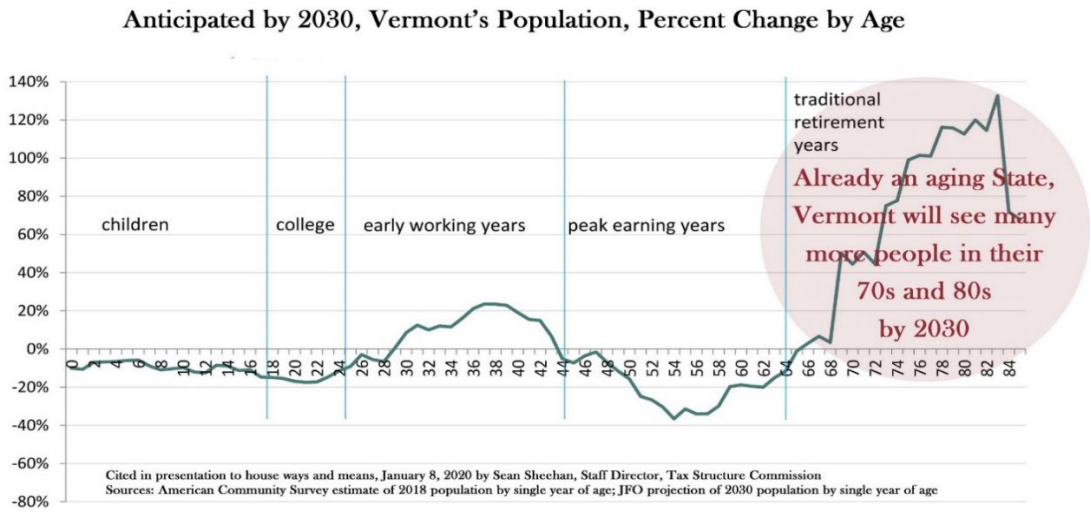
United States: Trends in Aging

America's population is aging, leading to significant changes in the country's age structure. From 2010 to 2020, the population aged 65 and older increased by 38.6%, reaching 55.8 million, while the total population grew by only 7.4% during the same period.[1] The median age rose from 37.2 years in 2010 to 38.9 years in 2022.[2] Notably, projections indicate that by 2035, older adults will outnumber those younger than 18 for the first time in U.S. history.[3]

Vermont: Trends in Aging

Vermont's population is aging rapidly, with significant changes observed over the past decade. As of July 1, 2024, the state's median age is 43.2 years, making it the third-oldest state in the nation. The proportion of residents age 65 and older has risen to 22.1%, up from 14.6% in 2010.[4] Projections indicate that by 2030, one in three Vermonters will be 60 or older and nearly 25% of Vermont's population will be 65 or older.[5]

[1] U.S. Census Bureau. (2023, May 25). *2020 Census: United States' older population grew.* https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html
[2] U.S. Census Bureau. (2023, June 22). *Population estimates show aging across U.S. and decline in under-18 population*. https://www.census.gov/newsroom/press-releases/2023/population-estimates-characteristics.html
[3] U.S. Census Bureau. (2018, March 13). *Graying of America: More older adults than kids by 2035*. https://www.census.gov/library/stories/2018/03/graying-america.html
[4] U.S. Census Bureau. (n.d.). *QuickFacts: Vermont*. Retrieved Feb. 19, 2025, from https://www.census.gov/quickfacts/fact/table/VT/PST045224
[5] Flanders, C. (2024, March 6). *Getting on: An aging population is transforming Vermont's schools, workplaces and communities*. Seven Days. https://www.sevendaysvt.com/news/getting-on-an-aging-population-is-transforming-vermonts-schools-workplaces-and-communities-40368495



Windsor and Windham Counties: Trends in Aging

Windsor County, Vermont, has experienced notable demographic shifts, particularly among its older adult population. As of July 1, 2023, it is estimated that individuals age 65 and over constituted 26.3% of the county's population[6]. This reflects a significant increase from 2010, when this age group represented 17.9% of Windsor County's population.[7] Despite representing only a quarter of Windsor's population, older adults use social services at a higher proportion when compared to other groups. Of the 5,120 social services visits to Mt. Ascutney Hospital's Windsor Resource Center in 2023, 43% were for help for older adults.[8] Windham County has seen a similar increase in its older adult population. The share of the population that is 65 and older increased from 16.2% in 2010 to 25.6% in 2022.[9] As of July 1, 2023, individuals aged 65 and over comprised 26.1% of the

[6] U.S. Census Bureau. (2024). *QuickFacts: Windsor County, Vermont*. https://www.census.gov/quickfacts/fact/table/windsorcountyvermont/PST045224
[7] USA Facts. (n.d.). *Windsor County, Vermont population and demographics*. USAFacts. Retrieved Feb. 18, 2025, from https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/vermont/county/windsor-county/.
[8] Mt. Ascutney Hospital and Health Center. (2023). *2023 community health benefits report*. https://www.mtascutneyhospital.org/sites/default/files/2024-05/mahhc-2023-community-health-benefits-report.pdf
[9] USA Facts. (n.d.). *Windham County, Vermont population trends*. Retrieved Feb. 18, 2025, from https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/vermont/county/windham-county/?endDate=2022-01-01&startDate=2010-01-01

county's population.[10] Vermont's rapidly aging population underscores the importance of strategic planning to address the evolving needs of its residents.

Implications of Demographic Trends

These demographic changes have significant implications for Vermont, particularly for Windsor and Windham counties, including an increased demand for health care services, senior housing, and community support systems to address the complex needs of an aging population. Federal and state funding for essential services for older adults has not kept pace with rising costs or the growing size of this population. As an increasing number of older adults with greater needs choose to remain in their homes, the challenge of meeting their needs continues to grow.

These challenges are further compounded in rural areas like Vermont, which has a population density of only 70 people per square mile and no towns with a population over 50,000—both of which classify the entire state as rural by Census Bureau standards.[11] Although Vermont boasts a strong sense of community that could help facilitate the delivery of social services to older adults, this is counterbalanced by a cultural tradition of self-reliance[12] and a stigma associated with accepting public assistance.[13] Senior Solutions brings extensive experience and expertise in serving older adults and individuals with disabilities in rural areas. We also recognize the cultural barriers that discourage individuals from seeking or accepting assistance.

[10] U.S. Census Bureau. (n.d.). *QuickFacts: Windham County, Vermont*. Retrieved Feb. 19, 2025, from https://www.census.gov/quickfacts/fact/table/windhamcountyvermont
[11] U.S. Census Bureau. (n.d.). *Defining rural at the U.S. Census Bureau* (No. GEO-1). U.S. Department of Commerce. Retrieved from https://www2.census.gov/geo/pdfs/reference/ua/Defining_Rural.pdf
[12] Bushnell, M. (2021, Nov. 14). *Then Again: Vermonters demonstrated 'spirit of self-reliance' after flood of '27*. VTDigger. https://vtdigger.org/2021/11/14/then-again-vermonters-demonstrated-spirit-of-self-reliance-after-flood-of-27/
[13] Lasky-Fink, J., & Linos, E. (2022, Dec. 7). *Does reducing stigma increase participation in benefit programs? Research suggests so*. Harvard Kennedy School. https://www.hks.harvard.edu/faculty-research/policy-topics/social-policy/does-reducing-stigma-increase-participation-benefit

Findings: 2024 Statewide Needs Assessment Surveys of Vermonters Age 60 and Over and Family Caregivers

- **Financial Supports**: Older Vermonters need resources they can use to improve their financial situation. A significant percentage of them live at or below the poverty line, are food insecure, and are unaware of programs and services that can save them money.

    - Senior Solutions' outreach staff, HelpLine staff, and case managers assist disabled and older adults and their families with gaining access to services and support that help them meet their financial obligations and afford the care they need. These services and supports include cost-reduction programs for utilities, screening for 3SquaresVT, grants to support family caregivers, workshops on financial planning, and other financial assistance programs that enable them to afford the cost-of-living expenses of staying in the setting of their choice.

- **Social isolation:** Social isolation negatively impacts a high percentage of older Vermonters. Many older Vermonters live alone and lack the resources to take advantage of social opportunities, and/or function as primary caregivers who are juggling time between work, caregiving, and other responsibilities.

    - Through its HelpLine and in-home case management, Senior Solutions connects individuals to local resources such as transportation, meal programs, and community groups, that help them stay active and involved. Senior Solutions' volunteer services manager matches trained volunteers with older adults, providing regular phone calls, friendly visits, and social check-ins that build trust and reduce loneliness. Senior Solutions partners with senior centers, libraries, and other community organizations to support congregate meals, memory cafes, group activities, and intergenerational programming that further reduce isolation. Programs such as Tai Chi, Slow Aquatics for Arthritis, and other group wellness classes offer opportunities for physical activity and social interaction. Classes are held in community settings (with some online options as appropriate) to reach rural residents. Recognizing that digital access is key to connection, Senior Solutions offers help obtaining computer devices and using platforms like Zoom to stay in touch with family, friends, and service providers.

- **Physical Health and Wellness**: Many older Vermonters have a disability and require care related to physical disability or reported health problems and no recent

participation in any type of exercise. Many caregivers report negative impacts on multiple aspects of their health.

  - Senior Solutions supports various free wellness programs for those age 60 and over, encompassing physical health and activity-based education, including Tai Chi, Walk with Ease, Slow Aquatics for Arthritis, and online wellness classes through GetSetUp.

- **Fall Prevention**: Several data points suggest fall-prevention work across the state can be an extremely valuable tool to support older adults who are aging in place and reduce the physical risks of living alone. Affordable home modifications or repairs to address problem infrastructure, and exercises focused on balance and body awareness can increase safety in the home.

  - Senior Solutions supports physical health and wellness among older Vermonters through a range of evidence-based or evidence-informed, accessible, community-oriented programs. An example of such a program is Tai Chi, which involves gentle, movement-focused classes designed to improve balance, strength, and coordination—key factors in reducing fall risk. These classes are offered in person across southeastern Vermont with some virtual options expanding the accessibility of these offerings. Senior Solutions pays for volunteers to become Tai Chi trainers.

- **Caregiver Support and Respite**: Vermont's unpaid caregivers work long hours to provide for their loved ones, which can cause social isolation, stress, and burnout. Access to beneficial resources and community supports can help caregivers take better care of themselves and their loved ones. These include respite, educational opportunities, caregiving materials, and individual counseling and support groups.

  - Recognizing that caring for a loved one can be deeply rewarding, but also stressful and exhausting, Senior Solutions offers a robust suite of support for caregivers. Caregivers can access the HelpLine to speak with trained staff who provide resources, service coordination, and referrals for services such as in-home care, transportation, and homemaker assistance. Trained staff will assist caregivers with completing the TCare assessment, which identifies specific areas of need and resources. From this assessment, a person-centered plan is developed.
  - Staff assist unpaid caregivers with applying for Dementia Respite Grants to help cover the costs of adult day services, in-home respite care, homemaker assistance, and transportation. The National Family Caregiver Support Program is available in situations where a dementia diagnosis is absent. Staff assist caregivers applying for

funding to support services that sustain their health and support their capacity to continue providing care.
  - Senior Solutions hosts memory cafes where older Vermonters and their caregivers gather in a safe and welcoming environment to foster community and reduce caregiver isolation.
  - Through a partnership with Trualta, caregivers get free access to a curated, clinically validated online library covering stress management, dementia care, chronic illness, end-of-life issues, heart health, and more. Personalized coaching is also available, empowering caregivers through timely, relevant guidance.

- **Nutrition**: A notable percentage of Vermonters age 65 and older have medical conditions such as cardiovascular disease and obesity that could be mitigated or improved with a healthy diet augmented by therapeutic meals and medically tailored meals.
  - Senior Solutions supports healthy nutrition for older Vermonters through a variety of programs designed to ensure access to nourishing food, social engagement, and guidance in accessing assistance. Staff coordinate volunteer-driven deliveries of nutritious, balanced home-delivered meals to those 60 and older who qualify. The agency also coordinates regular congregate meals at senior centers and other community venues across our service area. Staff work with congregate and home delivered meal providers to ensure compliance with nutritional standards and food safety protocols under the Older Americans Act. Outreach staff provide assistance in accessing 3SquaresVT (SNAP), Commodity Supplemental Food Program, and local food banks.

- **Transportation**: The quality, quantity, and frequency of transportation options can be of tremendous benefit to older Vermonters in maintaining their health, independence, and connection to their community.
  - Senior Solutions supports reliable, accessible transportation for older Vermonters by providing financial support to nine community service providers and Southeast Vermont Transit's (SEVT) MOOver. These buses provide rides for medical appointments, meals, shopping, and social trips. Through the HelpLine (802-885-2669 or 866-673-8376), our staff assess individual transportation needs, identify available transit options in the community, and connect older adults with sustainable travel solutions.

- **Fraud and Scam Prevention**: Technology is increasing the sophistication of fraud and scams, particularly for older adults who have limited proficiency with computers, mobile devices, and online safety.
    - Through the HelpLine, Senior Solutions' staff can offer guidance on actions to take if they suspect a scam. Senior Solutions' State Health Insurance Program (SHIP) Coordinator provides referrals to the AARP Senior Medicare Patrol when an instance of Medicare fraud is suspected. The coordinator provides an overview of fraud prevention practices in her New-to-Medicare workshops. Case managers provide education to their clients about elder fraud and report suspected instances of fraud to the Internet Crime Complaint Center. Senior Solutions informs the community when new scams targeting older adults are identified.

- **Intergenerational Programming**: Intergenerational programs connect older adults to younger generations, giving them opportunities to learn from each other and build social bonds. Participants report that these programs are enriching and heartwarming.
    - As opportunities arise, Senior Solutions works with local schools and colleges to create meaningful intergenerational connections that enrich the lives of older Vermonters and young people. Most recently, in 2024, the agency brought together students from Riverside Middle School in Springfield to design, sew, and present lap quilts for memory cafe participants.

- **Alzheimer's Disease and Related Dementias**: The population of Vermonters with Alzheimer's Disease and Related Dementias (ADRD) is expected to rise. Public education on ADRD and well-coordinated access to quality clinical care and home- and community-based services can increase the likelihood of positive outcomes for those diagnosed with ADRD and their families.
    - Senior Solutions' HelpLine offers individualized support, connecting families to memory cafes, respite funding, in-home assistance, transportation, adult day programs, and caregiver education and coaching through Trualta. Staff also provide referrals for individual or group counseling services such as the University of Vermont Medical Center VT CARERS group, the Dartmouth Aging Resource Center caregiver programs, and online counseling services through Trualta. Senior Solutions' operations director and case managers provide options counseling for adults with ADRD and their family members.

State Rankings on Senior Health

The United Health Foundation's 2024 Senior Report is a comprehensive analysis of senior population health on a national and state-by-state basis across 52 measures, five categories of health, and a variety of data sources including the Feeding America Survey and the U.S. Census Bureau's American Community Survey.[14] The report ranks Vermont as the third healthiest state for older adults and highlights the following strengths and challenges for the state[15]:

Strengths were indicated by high rankings in the United Health Foundation 2024 Senior Report:

- Ranked #1 for fruit and vegetable consumption by adults age 65 and older
- Ranked #1 for SNAP participants per 100 adults age 60-plus living in poverty
- Ranked #3 for exercise among adults age 65 and older
- Ranked #3 for poverty among adults age 65-plus
- Ranked #3 for multiple chronic conditions in Medicare beneficiaries age 65-74
- Ranked #4 for volunteerism of adults age 65-plus
- Ranked #6 in food insecurity among adults age 60 and older

Challenges were indicated by low rankings in the United Health Foundation 2024 Senior Report:

- Ranked #46 for adults age 65 and older who report that a health professional diagnosed them with a depressive disorder
- Ranked #45 in falls among adults 65 and older
- Ranked #41 in housing-cost burden
- Ranked #40 in excessive drinking among adults 65-plus

[14] United Health Foundation. (2024). *America's health rankings: 2024 senior report*. https://assets.americashealthrankings.org/app/uploads/ahr_2024seniorreport_comprehensivereport.pdf

[15] United Health Foundation. (2024). *America's health rankings: 2024 senior report state summaries*. Retrieved from https://assets.americashealthrankings.org/app/uploads/ahr_2024seniorreport-statesummaries_all.pdf

- Ranked #39 in suicide among adults 65-plus
- Ranked #39 for severe housing problems for adults 62 and older
- Ranked #37 in hospice care
- Ranked #30 in frequent mental distress among adults age 65 and older

Other key findings:

The report also highlighted the risk of social isolation for adults over age 65, including risk factors such as poverty; living alone; being single, divorced, separated or widowed; having a disability; and having an independent-living difficulty[16]. In Vermont, Windham County is among those with a higher risk of isolation among adults over 65.

2022 AARP Age-Friendly Community Survey

The AARP Age-Friendly Community Survey is used nationally by AARP to understand the aging experience of adults 45 years and older. The survey was open from April 11, 2022 through May 30, 2022, and promoted through email and social media by AARP, DAIL, Vermont Department of Health, Community of Vermont Elders, and the Vermont Area Agencies on Aging. More than 2,700 older Vermonters took the survey, which yielded several notable findings:

- 94% (age 65-74) and 90% (age 75 and older) said it is extremely or very important to age in their own home
- 52% (age 65-74) and 37% (age 75-plus) said their housing would need repair in order for them to live independently
- 46% (age 65-74) and 37% (age 75 and older) said the cost of maintaining their current residence would be a major factor in deciding to move.
- 43% (age 65-plus) said they are unsure of home repair services for low-income older adults, and 41% of respondents with a household income less than $50,000 said they were unsure of home repair services for low-income older adults
    - Senior Solutions' HelpLine, outreach, and case management staff help older Vermonters and their families explore housing options. We assist with applications for subsidized housing, finding and applying for housing-related grants and loans including support for home modifications and urgent repairs, and connect older

[16] Independent living difficulties arise when physical, mental, or emotional conditions impair an individual's ability to perform tasks necessary for living independently, such as shopping, attending medical appointments, or preparing meals—tasks that go beyond basic self-care.

Vermonters with local volunteer groups and other community-based organizations that can assist with home modifications, repairs, and relocation support. Such organizations include COVER Home Repair, Habitat-for-Humanity, Eastern Star, Southeastern Vermont Community Action, BROC Community Action, and the Windham/Windsor Housing Trust.

- 8% (age 65-74) and 6% (age 75 and older) reported often feeling isolated from others
- 12% (age 65-74) and 15% (age 75-plus) do not have friends or family who can help them at any time of day or night

Local Hospital Needs Assessments

Senior Solutions' staff reviewed Community Health Needs Assessments (CHNA) conducted by hospitals and health care systems that serve our region and found several top concerns identified for adults over age 65.[17] These are:

- Cost of prescription drugs
- Cost of health insurance
- Cost of health-care services
- Ability to get primary care services
- Ability to buy and eat healthy foods
- Substance misuse prevention and treatment
- Ability to get mental health services
- Ability to get dental care

[17] See list of area hospital community health needs assessments on page 7.

Senior Solutions' 2024 Needs Assessment Survey

Senior Solutions conducted a survey from Feb. 3-14, 2025. The survey was completed by 93 community members including older adults, community stakeholders, and service providers. These surveys identified several needs and challenges facing older adults in our region.

Importance of needs faced by older Vermonters, ranked by survey respondents							
	<- More Important						**Less Important ->**
Topic	**Rank 1**	**Rank 2**	**Rank 3**	**Rank 4**	**Rank 5**	**Rank 6**	**Rank 7**
Alzheimer's Disease and Related Dementias	4%	7%	2%	7%	12%	**35%**	**32%**
Caregiver Support, Education, Respite Awareness, Availability, Accessibility, and Affordability	**44%**	15%	10%	9%	12%	7%	2%
Financial Supports, Fraud and Scam Prevention	4%	15%	15%	**20%**	**21%**	15%	11%
Nutrition	11%	12%	12%	17%	11%	**20%**	16%
Physical Health and Wellness, Falls Prevention	12%	**19%**	**31%**	15%	15%	5%	4%
Social Isolation and Intergenerational Social Programming	6%	12%	14%	14%	12%	11%	**31%**
Transportation	**19%**	**20%**	16%	**19%**	16%	7%	4%

More than half of respondents ranked the following as the top three needs faced by older Vermonters:

- Caregiver support, education, respite awareness availability, accessibility, and affordability
- Physical health and wellness and fall prevention
- Transportation

Comments from Senior Solutions' 2024 Needs Assessment Survey

Those completing Senior Solutions' survey had the opportunity to offer comments. The following comments are quotes, and are typical of the sentiments expressed in this survey:

Needs related to caregivers/caregiving:

- "Caregivers are isolated, might not know efficient or proper care methods, and are usually exhausted and have no time off. Can't find hired caregivers to work the odd hours needed for each individual."
- "Financial reimbursement so that more family members can choose to be caregivers and not work outside the home; and increased compensation and benefits so that more people will choose caregiving as a career."
- "Many caregivers provide unpaid care, which can strain household finances, so financial stipends or tax credits could be helpful for some."

Barriers to meeting needs related to caregivers/caregiving, as reported by survey respondents:

- "It's difficult to find information. Some don't use social media. Others don't read the local paper. Information should be posted in both print and virtual formats."
- "I think there is a lack of training for home-based friend/family care. I think there is a lack of funding for long-term care facilities. I think there is a lack of information of what resources are available to caretakers."
- "Very low pay. Hard work, inconsistent hours. Paperwork and applications and rules and regulations, hard to understand insurance requirements and no-pay items."

Needs related to transportation, as reported by survey respondents:

- "Trouble getting around on weekends to the hospital. I had to call an ambulance the other day because I couldn't find a ride to the emergency room."
- "Transportation is a significant challenge for older Vermonters, especially in rural areas where public transit options are limited. Some of the most pressing needs regarding transportation for older Vermonters that I see are reliable and accessible public transit, expanded volunteer driver programs, non-emergency medical

transportation, wheelchair accessible vehicles, and infrastructure improvements for aging drivers."

- "A lot of support groups are in late afternoon or evening, and Moo(ver)[18] bus is not running, and taxi is not available at times."

Barriers to meeting needs related to transportation:

- "People don't know about all the MOOver services. There needs to be a flier, or a newspaper article, that outlines in simple language what services are available and to whom. Micro bus? Pick up in the country? Wheelchair van? How to use Brattleboro and intercity free MOOver buses. How to book a dial a ride by a driver in her personal car. I volunteer for the MOOver and I don't know all these things."
- "Bus service is not frequent enough and is not practical for many older adults. The MOOver's medical rides are extremely helpful but are not often reliable due to staffing shortages, and local organizations are key to filling in the gaps, but volunteers are harder to find."
- "Availability, cost, and flexible scheduling. I am fortunate not to have these problems, but others do, especially in very rural isolated communities."

Needs related to physical health and wellness, falls prevention

- "Access to trades people who can install things like grab bars, ramps, and widen doorways. Financial resources to make these changes, and people to advocate for them if they are not able to do so on their own. We have many seniors who live in remote areas without friends and family close by."
- "Lack of preventative medicine, lack of access to community sponsored services, and lack of healthcare providers skilled in geriatric mental, physical, and psychological healthcare."
- "Vermont offers a good array of health and wellness activities, but in many instances lack of motivation and fear of exposing one's weaknesses/challenges prevent them from either trying them out to begin with or sticking with them.

[18] Southeast Vermont Transit (SEVT) provides fixed route, microtransit, Medicaid, Olders & Disabled, and ADA paratransit rides by bus, van, and volunteers for 34 Windham and southern Windsor towns. They operate "The MOOver", which provides free door-to-door transportation for riders age 60 or over and for persons with ADA-defined disabilities.

However, these activities often provide stimulation and a sense of community that elders often desperately need."

Barriers to meeting needs related to physical health and wellness, falls prevention

- "How do you motivate older people? I have trouble motivating myself (age 68), let alone reaching and motivating others."
- "Money, geographic location, competency, having an advocate, and not being made aware of what programs they may be eligible for."
- "Inadequate availability/access to assisted living homes; insufficient money (savings/insurance) to cover the cost of these facilities; and frequently a lack of desire or fear of loss of independence."

Section C. Focal Points

1. **Focal Point Name**: Bellows Falls Area Senior Center (BFASC)
   Focal Point Address: 18 Tuttle St., Bellows Falls, Vt. 05101
   Key Agency Staff at the Focal Point: Dani Rae Hutchins Martin, Director
   Key Staff Contact Information: bfasc@sover.net, 802-463-3907
   Communities Served: Rockingham (including Bellows Falls), plus surrounding communities.
   Older Americans Act (OAA) Services Provided: Home-delivered meals and congregate meals, nutrition education and support, tai chi, transportation, and volunteer opportunities.
   Non-OAA Programs: Social, educational and recreational.
   How does the Area Agency on Aging (AAA) work to ensure that OAA services are accessible to the public from the focal point?

   - Senior Solutions' HelpLine staff make referrals to BFASC for disabled and older adults calling from the Bellows Falls and Rockingham areas.
   - Senior Solutions' nutrition and wellness director provides administrative oversight to BFASC in support of their wellness and nutrition programs. Senior Solutions contracts with TRIO Community Meals for Older Adults for meals on behalf of BFASC.
   - Outreach staff at Senior Solutions schedule monthly office hours to provide disabled and older Vermonters with information, screenings, and application assistance for 3Squares/fuel, electricity discounts through Green Mountain Power, housing, in addition to other assistance programs. Outreach staff also provide referrals for many other services and programs, such as memory cafes, caregiver support services, home-delivered meals, transportation, and volunteer services.

2. **Focal Point Name**: Gibson-Aiken Center
   Focal Point Address: 207 Main St., Brattleboro, Vt. 05301
   Key Agency Staff at the Focal Point: Sarah Clark, Assistant Director/Director of Senior Center, Brattleboro Parks and Recreation; Cynthia Fisher, Director, Brattleboro Senior Meals
   Key Staff Contact Information: Director@brattleboroseniormeals.org, 802-257-1236
   Communities Served: Brattleboro, Dummerston, Guilford, Marlboro and Vernon. Also surrounding communities.

OAA Services Provided: Home-delivered meals and congregate meals, nutrition education and support, evidence-based wellness programs, transportation, and volunteer opportunities.
Non-OAA Programs: Social, educational and recreational.
How does the AAA work to ensure that OAA services are accessible to the public from the focal point?

- Senior Solutions' HelpLine staff make referrals to the Gibson-Aiken Center for disabled and older adults calling from the Greater Brattleboro areas.
- Senior Solutions' nutrition and wellness director provides administrative oversight to the Gibson-Aiken Center in support of their wellness and nutrition programs. Senior Solutions contracts directly with the Brattleboro Senior Meals program in association with the Gibson-Aiken Center for home-delivered and congregate meals.
- Outreach staff at Senior Solutions schedule monthly office hours to provide disabled and older Vermonters with information, screenings, and application assistance for 3Squares/fuel, electricity discounts through Green Mountain Power, housing, in addition to other assistance programs. Outreach staff also provide referrals for many other services and programs, such as memory cafes, caregiver support services, home-delivered meals, transportation, and volunteer services.

3. **Focal Point Name**: Black River Valley Senior Center
   Focal Point Address: 10 High St., Ludlow, Vt. 05149
   Key Agency Staff at the Focal Point: Jean Strong, Director
   Key Staff Contact Information: 802-779-7132; jsmorrillvt@yahoo.com
   Communities Served: Ludlow, Cavendish, Plymouth, and Proctorsville, surrounding communities.
   OAA Services Provided: Home-delivered meals and congregate meals, nutrition education and support, evidence-based wellness programs, volunteer opportunities
   Non-OAA Programs: Social, educational and recreational.
   How does the AAA work to ensure that OAA services are accessible to the public from the focal point?

   - Senior Solutions' HelpLine staff make referrals to the Black River Valley Senior Center for disabled and older adults calling from the Greater Ludlow areas.
   - Senior Solutions' nutrition and wellness director provides administrative oversight to Black River Valley Senior Center in support of their wellness and nutrition

programs. Senior Solutions contracts with TRIO Community Meals for Older Adults for meals on behalf of the Black River Valley Senior Center.

- Outreach staff at Senior Solutions schedule monthly office hours to provide disabled and older Vermonters with information, screenings, and application assistance for 3Squares/fuel, electricity discounts through Green Mountain Power, and housing, in addition to other assistance programs. Outreach staff also provide referrals for many other services and programs, such as memory cafes, caregiver support services, home-delivered meals, transportation, and volunteer services.

4. **Focal Point Name**: Springfield Senior Center
   Focal Point Address: 139 Main St., Springfield, Vt. 05156
   Key Agency Staff at the Focal Point: Lori Johnson, Executive Director
   Key Staff Contact Information: 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.
   How does the AAA work to ensure that OAA services are accessible to the public from the focal point?

   - Senior Solutions promotes and makes referrals for the social, educational, and recreational services and resources available through the Springfield Senior Center for older Vermonters and their caregivers.
   - Outreach staff from Senior Solutions schedule monthly visits to provide disabled and older Vermonters with information, screenings, and application assistance for 3Squares/fuel, electricity discounts through Green Mountain Power, housing, and other assistance programs, as well as provide referrals for many other services and programs, such as memory cafes, caregiver support services, home-delivered meals, transportation, and volunteer services.
   - The Springfield Senior Center is 0.5 miles from our offices, and many seniors in Springfield come to our office or call us directly. In the past we have offered New-to-Medicare events at the Springfield Senior Center and will explore doing this again.

5. **Focal Point Name**: Bugbee Senior Center
   Focal Point Address: 262 North Main St., White River Junction, Vt. 05001
   Key Agency Staff at the Focal Point: Mark Bradley, Executive Director
   Key Agency Contact Information: mark@bugbeecenter.org, 802-295-9068

Communities Served: Hartford, Norwich, Thetford, Hartland, and vicinity.
OAA Services Provided: Home-delivered meals and congregate meals, nutrition education and support, evidence-based wellness programs, and volunteer opportunities.
Non-OAA Programs: Social, educational and recreational; social services.
How does the AAA work to ensure that OAA services are accessible to the public from the focal point?

- Senior Solutions' HelpLine staff make referrals to the Bugbee Senior Center for disabled and older adults from the Upper Valley region.
- Senior Solutions' nutrition and wellness director provides administrative oversight to the Bugbee Senior Center in support of their wellness and nutrition programs, and contracts with the Bugbee Senior Center for home-delivered and congregate meals served.
- Outreach staff from Senior Solutions schedule monthly office hours to provide disabled and older Vermonters with information, screenings, and application assistance for 3Squares/fuel, electricity discounts through Green Mountain Power, housing, and other assistance programs, as well as provide referrals for other services and programs, such as memory cafes, caregiver support services, home-delivered meals, and volunteer services.
- Our volunteer manager coordinates a monthly memory cafe at the Bugbee Senior Center for Vermonters with dementia or other cognitive disorders and their caregivers.

6. **Focal Point Name**: Thompson Senior Center
Focal Point Address: 99 Senior Lane, Woodstock, Vt. 05091
Key Agency Staff at the Focal Point: Deanna Jones, Director
Key Staff Contact Information: djones@thompsonseniorcenter.org; 802-457-3277
Communities Served: Barnard, Bridgewater, Pomfret, Woodstock and vicinity.
OAA Services Provided: Home-delivered meals and congregate meals, nutrition education and support, evidence-based wellness programs, volunteer opportunities.
Non-OAA Programs: Social, educational and recreational, comprehensive programming, transportation, and social services.
How does the AAA work to ensure that OAA services are accessible to the public from the focal point?

- Senior Solutions' HelpLine staff make referrals to the Thompson Senior Center for disabled and older adults from the Greater Woodstock area.

- Senior Solutions' nutrition and wellness director provide administrative oversight to the Thompson Senior Center in support of their wellness and nutrition programs, and contracts directly with the Thompson Senior Center for home-delivered and congregate meals.
- Outreach staff from Senior Solutions are available by appointment to provide disabled and older Vermonters with information, screenings, and application assistance for 3Squares/fuel, electricity discounts through Green Mountain Power, housing, and other assistance programs, as well as provide referrals for many other services and programs, such as memory cafes, caregiver support services, home-delivered meals, transportation, and volunteer services.

7. **Focal Point Name**: Old Firehouse
   Focal Point Address: 18 Beaver St., Wilmington, Vt. 05363
   Key Agency Staff at the Focal Point: Scott Tucker, Town Manager, Town of Wilmington
   Key Staff Contact Information: stucker@wilmingtonvt.us, 802-464-8591
   Communities Served: Dover, Halifax, Marlboro, Readsboro, Searsburg, and Whitingham
   OAA Services Provided: N/A
   Non-OAA Programs: Social, educational and recreational, and social services.
   How does the AAA work to ensure that OAA services are accessible to the public from the focal point?

   - Outreach staff from Senior Solutions are available by appointment to provide disabled and older Vermonters with information, screenings, and application assistance for 3Squares/fuel, electricity discounts through Green Mountain Power, housing, and other assistance programs. They also assist with referrals for many other services and programs, such as memory cafes, caregiver support services, home-delivered meals, transportation, and volunteer services.
   - The volunteer manager coordinates a monthly memory cafe at the Old Firehouse for Vermonters with dementia or other cognitive disorders and their caregivers.

Coordination of services and community support for older adults:

Senior Solutions partners with a wide range of community organizations that support older adults. We work with regional senior centers that serve multiple towns, as well as local, independent community cares groups—many of which our agency helped establish. These groups, unique to our region and coordinate volunteers to provide direct assistance, transportation, access to services, and community nursing support within

their towns. Cares groups are active in Chester/Andover, Dummerston, Grafton, Guilford, Marlboro, Putney, Westminster, and Windham. Similar aging-in-place groups operate in Norwich, Thetford, Reading/West Windsor, Weathersfield, and Hartland. Mutual aid efforts, such as West River Valley Mutual Aid, also help address emergent community needs. Senior Solutions' executive director, outreach staff, operations director, and nutrition and wellness director meet regularly with these partners to support and coordinate services.

Executive Director Mark Boutwell is a core member of Windham Aging (formerly the Windham Region Seniors' Health Collaborative), the Greater Upper Valley Interagency Services Team, and sits on the board of the Upper Valley Public Health Council.

As detailed in the focal points section above, Senior Solutions' outreach specialists have regular office hours in community sites across the agency's service area to support participants with application assistance. Senior Solutions' website includes a calendar of scheduled office hours for application assistance.

Senior Solutions Monthly Outreach Staff Schedule		
Location	**Town**	**Date and Time**
Windsor Food Pantry	Windsor	3rd Wednesday, 10:30 a.m. to noon; and 4th Tuesday, 5:30 to 6:30 p.m.
Thetford Food Pantry	Thetford	4th Thursday, 10 to 11:30 a.m.
North Thetford Senior luncheon	Thetford	4th Thursday, noon to 1 p.m.
South Reading Food Pantry	Reading	3rd Thursday, 3 to 6 p.m.
Bugbee Senior Center	White River Junction	1st Tuesday, 11:30 a.m. to 1 p.m.
Bellows Falls Senior Center	Bellows Falls	1st Wednesday, 10 a.m. to noon
Brattleboro Senior Center	Brattleboro	2nd Tuesday, 10 a.m. to noon
Black River Valley Senior Center	Ludlow	4th Monday, 11 a.m. to 1 p.m.
Thompson Senior Center	Woodstock	1st Tuesday, by appointment, 9:30 to 11 a.m.
Wilmington Old Firehouse	Wilmington	By appointment

Saxtons River Community Building	Saxtons River	1st Thursday, 9 to 11 a.m.
Putney Food Shelf	Putney	4th Friday, noon to 2 p.m.
Springfield Senior Center	Springfield	2nd Tuesday, 9:30 to 11:30 a.m.

Senior Solutions' operations director, Lori Lintner, co-leads a senior health workgroup with the director of Volunteers in Action in the Windsor region. Staff engage with community health teams at hospitals and clinics throughout our service area and are working to strengthen our role on these teams. Additionally, staff participate in quarterly CARES group meetings, where they share information and resources.

Staff are involved in numerous local and state-sponsored committees such as the Hartford Community Well-being Network and maintain regular communication with their representatives. Our participation extends to three Support and Services at Home (SASH) interdisciplinary teams, and we frequently provide presentations about our programs to partners. Leadership and case management staff attend the situation table coalitions in Brattleboro, Springfield, and Hartford. The situation table is a unique, risk-based, rapid triage model that brings together multiple service providers to address the needs of individuals and families who are facing the highest level of combined risks in a community but fall through the cracks in justice and health care systems. Senior Solutions is also a core partner in One Brattleboro, a team of high-level leaders in key sectors of public health and public safety with the purpose of developing and maintaining a shared consciousness, strategic guidance, and measurable goals aimed at protecting and improving public health, public safety, and the quality of life in Brattleboro.

Senior Solutions has submitted a proposal to provide 10 hours a week of care coordination to the town of Thetford in collaboration with the Thetford Elder Network and their community nurse. We are also exploring a shared care coordinator position with the Bugbee Senior Center in White River Junction.

Senior Solutions' Advisory Council features 21 representatives from towns in our service area. Members receive updates and information during these meetings, which they share with their communities. Staff distribute materials about Senior Solutions' programs to towns, libraries, and congregate meal sites outside of senior centers. Additionally, the agency's communications director publishes a monthly newsletter, reaching area focal points and community partners.

Section D. Goals, Objectives, Strategies, Performance Measures

Title III: Community Planning and Systems Development

Goal: Senior Solutions will function as a key catalyst within the aging and social services community network to promote collaboration and integration of planning and development efforts throughout our service area.

Objective: Senior Solutions will continually update a compendium of assessed needs throughout our service area from which to prioritize key areas of planning and development.

Strategy: Partnering with community organizations, Senior Solutions will prioritize and publicize areas of need to raise awareness of these issues throughout the service area.

Objective: Senior Solutions will develop new and strengthen existing relationships with traditional and non-traditional community partners to promote the needs of older Vermonters to be addressed within their scope of practice.

Strategy: Within the many community organizations invested in improving public safety throughout the Senior Solutions' service area, we will strongly advocate for the needs of older Vermonters through the expansion of social services and community infrastructure systems.

Title III-B: I&A, CM Services, Legal Assistance, Access to Transportation, Outreach, Other

Goal: More older Vermonters will know about and have access to key services needed to maintain their independence and live in the setting of their choice.

Objective: Senior Solutions will expand its outreach activities to connect older Vermonters to resources, including information and assistance, case management, legal assistance, and transportation.

Strategy: Promote resources for older Vermonters daily through our HelpLine, weekly through social media posts, monthly through our e-newsletter, and by distributing print materials such as rack cards, brochures, and flyers.

Strategy: Increase outreach staff attendance at a variety of locations in our service area, including community meal sites, benefits fairs, local markets, town offices, and other places where older Vermonters gather, to share information and improve their access to services.

Title III-C: Congregate Meals, Nutrition Education & Nutrition Counseling

Goal: Senior Solutions will expand nutritional education opportunities for congregate meals participants, meal providers, and members of the public.

Objective: Working with meal sites and other community partners, staff will provide nutritional education curriculum for community members interested in aligning their cooking and eating habits to support healthy aging.

Strategy: Senior Solutions will coordinate at least four workshops at meal sites in our service area each year.

Title III-D: Health Promotion and Disease Prevention

Goal: To Improve brain health and reduce falls among older adults in our service area.

Objective: Increase understanding of the relationships between brain health, nutrition, and physical activity and how these factors play a role in fall prevention.

Strategy: Partner with the Vermont Department of Health and local organizations to sponsor presentations on behaviors that support brain health and reduce falls, with a focus on exercise and nutrition.

Title III-E: Caregiver Support

Goal: Senior Solutions will connect with more care partners to improve awareness of and access to resources and support programs.

Objective: Senior Solutions will promote resources and support to care partners through education and outreach.

Strategy: Expand the number of memory cafes in our service area, through which we can offer support to care partners and care recipients, and increase enrollment in cafes throughout our service area. Staff will provide attendees with information on additional resources to support them as care partners.

Strategy: Support care partners by providing access to virtual information on Trualta and one-on-one counseling. Address social isolation with assistance in obtaining internet services and tablets, allowing more access to support.

Title VII: Prevention of Elder Abuse, Neglect and Exploitation

Goal: Senior Solutions will establish practices to ensure our clients and community partners are:

1. Educated about the numerous instances of potential exploitation, and the incidence of abuse and neglect,
2. Informed about how to protect themselves, and
3. Informed about how to report incidents of abuse, neglect, and exploitation.

Objective: Increase the rate of detection and reporting of incidents of abuse, neglect, and exploitation by concerned citizens and community partners.

Strategy: Senior Solutions will disseminate information quarterly through our communications department on these issues.

Strategy: Senior Solutions will utilize our participation in various community partner forums to highlight the incidence of these issues and provide education and resources for reporting it.

Strategy: As a part of all outreach events, Senior Solutions' outreach and HelpLine staff will provide education and resources regarding abuse, neglect, and exploitation.

Title III-B: Case Management

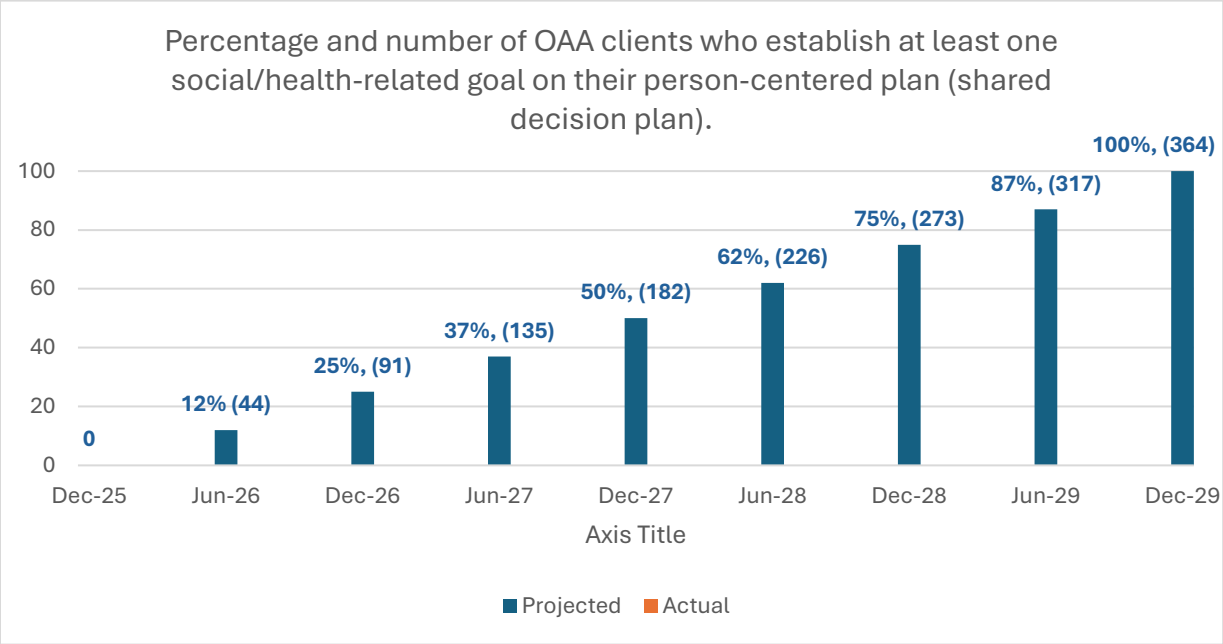
Person-Centered Planning Common Goal: OAA case management clients will report health-related social need (HRSN) improvements related to at least one social/health-related goal in their person-centered plan.

PROGRAM: Choices for Care, Moderate Needs Group Medicaid and Older Americans Act case management. See the appended Senior Solutions FY26 Budget for a percentage breakdown of the funding for this program.

WHO does the program serve? This program serves residents in Senior Solutions' service area who are over age 60 or are disabled, with a focus on those with the greatest economic 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 older adults and people with disabilities, at the direction of the individual, a family member, or care partner 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 clients by helping them access services and state and federal benefit programs that will enhance their quality of life. Case managers empower 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 care partners with information they need to make informed decisions about care and service options. Case managers work with clients to develop a personalized care plan that meets their needs.

Title III-B Person-Centered Planning Common Goal Measure Set 1



Story behind the baseline: Case managers focus on person-centered goals, ensuring that clients' choices and preferences are at the core of the care process. Clients are fully informed about all available care options, enabling them to make empowered decisions that align with their values and goals. Supporting clients in maintaining control over their health decisions is crucial to helping them remain engaged. As individuals' needs change, navigating the complexities of care can become more challenging. Case managers work closely with clients to assess their evolving needs and provide support, while respecting the client's goals and maintaining their autonomy. Building and nurturing a strong, trusting relationship between case managers and clients is vital to ensure that care is tailored to meet the individual's needs, ultimately improving their quality of life.

What Works: Senior Solutions' case management team prioritizes helping older adults and people with disabilities meet their needs through comprehensive benefits screening, application assistance, options counseling, outreach, and strong advocacy. By striving to understand what is important to them and what is important for them, we are better positioned to respect their choices and decision making about living their lives with dignity in the setting of their choice. We prioritize serving the older adult population with the greatest social and economic need. This determination is made through HelpLine screening, financial eligibility assessments, options counseling, and a careful evaluation of the older adult's ability to perform both basic activities of daily living, such as eating and

dressing and more complex tasks essential for independent living, such as cooking, managing finances, appointments and transportation.

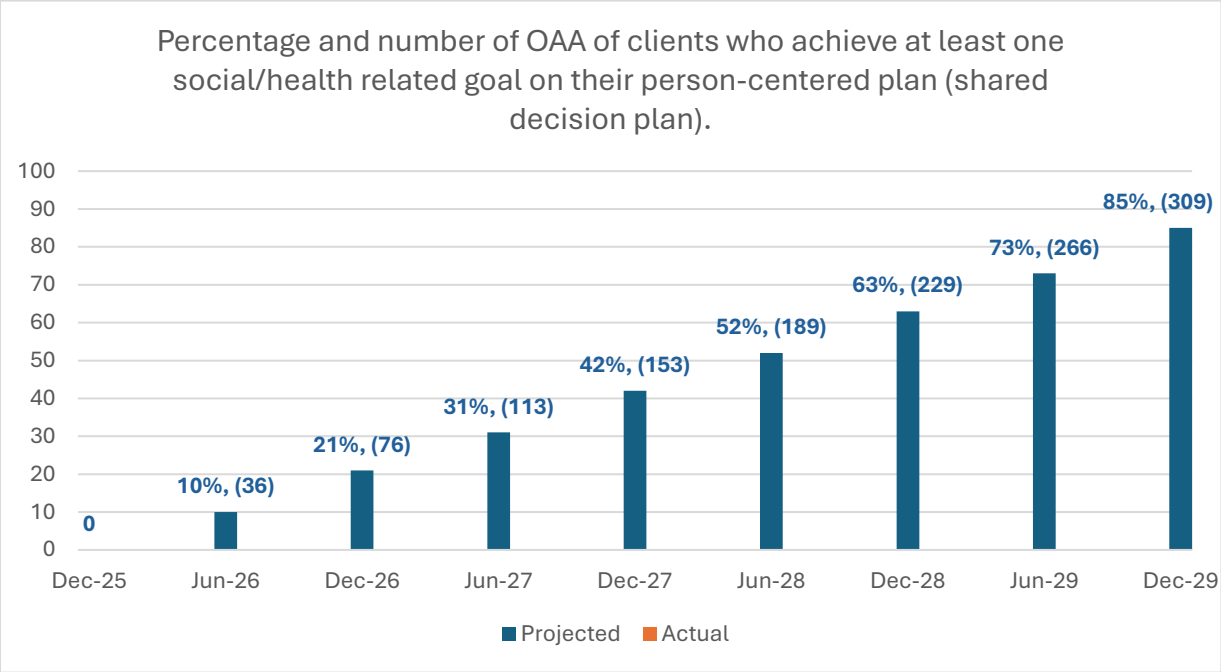
Partners: Community health teams at Brattleboro Memorial Hospital, Grace Cottage Hospital, Springfield Hospital, and Mt. Ascutney Hospital and Health Center will be essential partners in this effort. Senior Solutions' staff will work closely with peer agencies, including Health Care and Rehabilitation Services, Visiting Nurse Association of Vermont/New Hampshire, Bayada Home Care, OneCare Vermont, SASH, and Southern Vermont Community Action (SEVCA). Regional long-term care clinical coordinators, Agency of Human Services Windham and Windsor county field directors, Vermont Department of Economic Services, local aging-in-place and cares groups, area police departments, housing authorities, adult day and senior centers, and local and regional transportation agencies are also essential elements of the social services framework we will leverage to achieve improved client outcomes. The new situation tables in Brattleboro, Springfield and Hartford convene many of these partners and are attended by our staff.

Action plan: Senior Solutions' case management team will utilize tools such as person-centered and motivational interviewing to better understand what is important to, and for, our clients. This enables case managers to respect each client's choices and decision making as we work with them to address their unmet needs. The clients will be able to maintain the goal of living in the setting of their choice through active engagement in meeting goals identified on these shared care plans.

1) **Strategy 1**: As part of this process, the case managers will be responsible for working with clients to establish at least one social/health-related goal on their shared care plan. Case managers will provide referrals to community service providers and work with partner agencies and the client's family members/caregivers to ensure continuity of care and to reinforce these social/health related goals. Goals and progress toward achieving those goals will be documented on the client's shared care plan in Peer Place and used to update the RBA measure above.

2) **Strategy 2**: Senior Solutions staff, including lead case managers, case managers, and the operations director, will review the cases of specific clients at weekly and monthly meetings with community-based organizations such as the Medicaid Waiver Team, Bayada Home Care, SASH, and the situation tables and other peer-consultation meetings including Brattleboro's Adult Care Coordinator meetings and Windsor's Blueprint for Health meetings.

Title III-B Person-Centered Planning Common Goal Measure Set 2



Story behind the baseline: Case managers focus on person-centered goals, ensuring that clients' choices and preferences are at the core of the care process. Clients are fully informed about all available care options, enabling them to make empowered decisions that align with their values and goals. Supporting clients in maintaining control over their health decisions is crucial to helping them remain engaged. As individuals' needs change, navigating the complexities of care can become more challenging. Case managers work closely with clients to assess their evolving needs and provide support, all while respecting the client's goals and maintaining their autonomy. Building and nurturing a strong, trusting relationship between case managers and clients is vital to ensure that care is tailored to meet the individual's unique needs, ultimately improving their quality of life.

What Works: Senior Solutions' case management team prioritizes helping older adults and people with disabilities meet their needs through comprehensive benefits screening, application assistance, options counseling, outreach, and strong advocacy. By striving to understand what is important to them and what is important for them, we are better positioned to fully respect their choices and decision-making about living their lives with dignity in the setting of their choice.

Partners: Community health teams at Brattleboro Memorial Hospital, Grace Cottage, Springfield Hospital, and Mt. Ascutney Hospital and Health Center will be essential partners in this effort. Senior Solutions' staff will also work closely with peer agencies,

including Health Care and Rehabilitation Services, Visiting Nurse Association of Vermont/New Hampshire, Bayada Home Care, OneCare Vermont, SASH, and SEVCA. Regional long-term care clinical coordinators, AHS Windham and Windsor county field directors, Vermont Department of Economic Services, local aging-in-place and Cares groups, area police departments, housing authorities, adult day and senior centers, and local and regional transportation agencies are all essential elements of the social services framework we leverage to achieve better client outcomes. The new situation tables in Brattleboro, Springfield, and Hartford convene many of these partners and are attended by our staff.

Action Plan: Senior Solutions' case management team will work with each client to determine their needs, set goals based on what is important to them and for them, and find the resources to help clients live well in the setting of their choice. Case managers will help clients access services and supports, ensuring that identified services are working well for each client, and collaborate with the community partners listed above to ensure reliable delivery of high-quality services and supports. Our staff will advocate with local and state officials on behalf of their clients when they identify systematic gaps in service.

Strategy 1: Senior Solutions case managers will conduct a home visit at least once every 60 days to assess their client's needs, coordinate care, ensure they have the necessary support in their homes, and identify areas where services or adjustments can improve well-being. During these visits, and in interim phone calls, case managers will confirm the client's ongoing commitment to their social/health goals, their progress towards achieving them, and discuss any barriers or needs related to their success with their goals. Case managers will connect their clients to services and supports provided by the partners listed above to help them achieve success. These home visits, interim phone calls, and services provided to the client will be recorded in case notes in Peer Place and will include an assessment of the client's progress towards the social/health related goal(s) on their shared decision plan. This data will be used to update the RBA measure above.

Strategy 2: When and where appropriate, case managers attend community partner meetings such as monthly SASH meetings, Medicaid Waiver Team meetings, home health care agency meetings, and internal meetings such as the monthly case manager meeting. These meetings allow for opportunities to provide updates to providers as well as strategize ways to improve service delivery. Information learned or exchanged will be used to ensure the best possible services are provided.

Title III-C Nutrition: Home-Delivered Meals

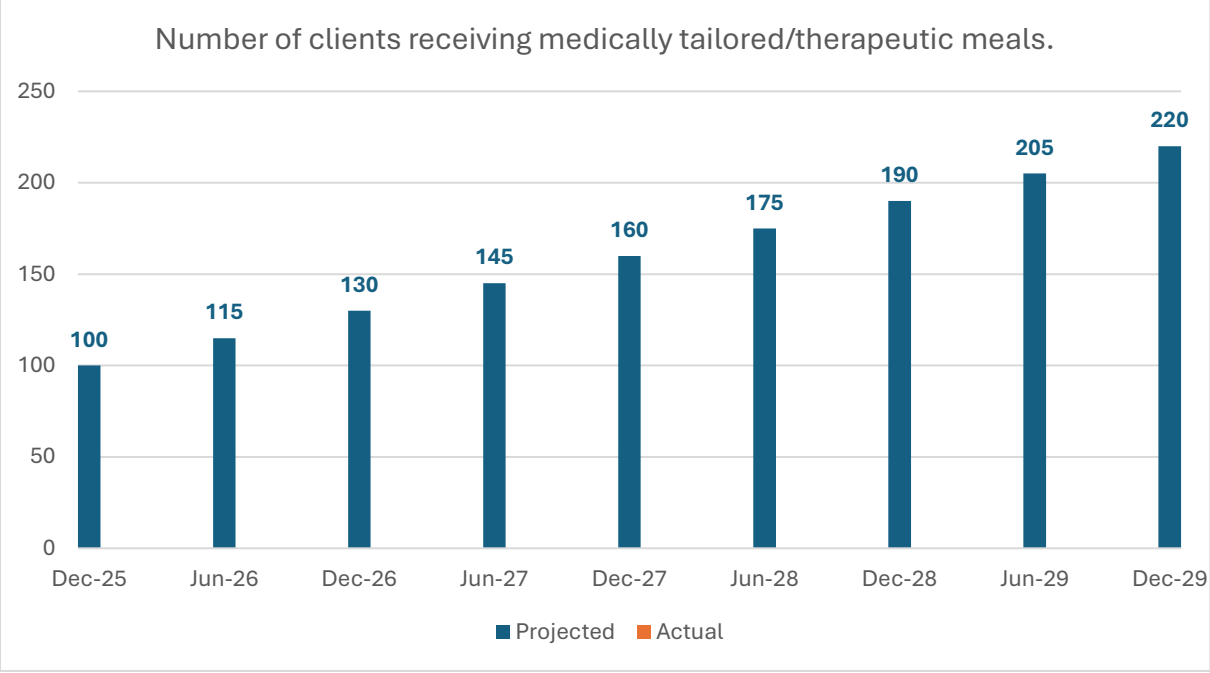
COMMON GOAL: Clients receiving home-delivered meals (HDM) medically tailored/therapeutic meals will report an improvement in their health condition which the medically tailored/therapeutic meals address.

PROGRAM: Nutrition Services Program—Home-Delivered Meals. See the appended Senior Solutions FY26 Budget for a percentage breakdown of the funding for this program.

WHO does the program serve? The program serves Vermonters aged 60 or over who are unable to obtain or prepare meals on a temporary or permanent basis due to a physical, mental, or cognitive condition requiring assistance to leave home. Also eligible is the spouse, regardless of age, of eligible individuals receiving home-delivered meals and individuals under 60 years of age with a disability who reside with an eligible individual receiving HDM. The target populations for this program include low-income older adults, minority older adults, older adults living in rural communities, older adults with limited English proficiency, and older adults at risk of institutional care.

WHAT does the program do? Vermont's OAA Nutrition Services Program promotes the health and well-being of older adults through access to nutritious meals, social contacts, nutrition screening, nutrition education, and nutrition counseling.

Title III-C Nutrition: Home-Delivered Meals Common Goal Measure Set 1



Story behind the baseline: Approximately 75% of Americans' dietary intake is insufficient in fruits, vegetables, and dairy. Furthermore, 63% of Americans exceed the recommended limit for added sugars, 77% surpass the limit for saturated fats, and 90% exceed the chronic disease reduction limits for sodium intake. Additionally, 6 in 10 Americans are living with one or more diet-related chronic diseases, and while many express a desire to improve their diet, many lack the knowledge to do so. Factors such as diminished appetite, a reduced sense of taste and smell, difficulty chewing or swallowing, and mobility loss contribute significantly to malnutrition in older adults. For many seniors, the issue is not overeating but failing to consume sufficient nutrients at a time when proper nutrition is more crucial than ever. A growing body of research supports the positive impact of home-delivered meals on the health and well-being of homebound older adults. This research serves as the foundation for exploring specialized interventions designed to address the unique medical and nutritional needs of individuals living with chronic illnesses, regardless of age—known as therapeutic meal options. Our goal is to increase delivery of therapeutic meal offerings to continue supporting clients with chronic illnesses. Research has shown that such meals can help individuals with current medical conditions maintain or even improve their health.

What Works: For clients who report pre-diabetes, diabetes, or renal conditions, annual assessments of home-delivered meals recipients provide a unique opportunity to offer therapeutic meals, consultations with a registered dietician, and other educational materials. These conversations with clients can also include a review of the benefits of low-sodium and low-fat diets.

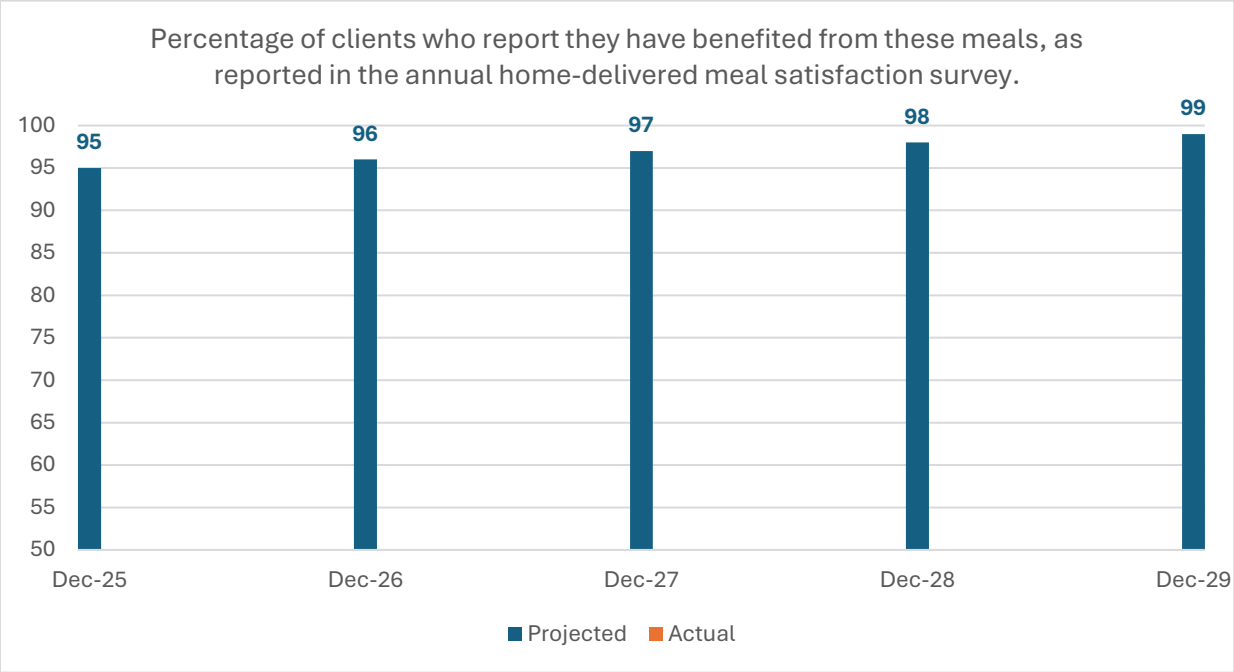
Partners: Partners include our team of consulting registered dieticians, leadership and kitchen teams at home-delivered and congregate meal sites, the Vermont Department of Health, and community partners participating in wellness fairs and other events.

Action plan: Senior Solutions' staff will continue to expand the education and support offered to the leadership and kitchen staff of home-delivered and community meal sites. We will implement workflows and training for needs reviews and conversations on benefits of therapeutic meals in annual assessment calls.

1) **Strategy**: Senior Solutions will include shared assessment and review (yearly and cumulative) of each meal site's current year delivery of therapeutic meals including action steps for improvement and expansion in yearly contracts with HDM meal providers, with the goal of expanding delivery of therapeutic meals as measured in

these assessments. These assessments will be used to update the RBA measure above.

Title III-C Nutrition: Home-Delivered Meals Common Goal Measure Set 2



Story behind the baseline: Approximately 75% of American's dietary intake is insufficient in fruits, vegetables, and dairy. Furthermore, 63% of Americans exceed the recommended limit for added sugars, 77% surpass the limit for saturated fats, and 90% exceed the chronic disease reduction limits for sodium intake. Additionally, 6 in 10 Americans are living with one or more diet-related chronic diseases, and while many Americans express a desire to improve their diet, many lack the knowledge to do so. Factors such as diminished appetite, a reduced sense of taste and smell, difficulty chewing or swallowing, and mobility loss contribute significantly to malnutrition in older adults. For many older adults, the issue is not overeating but failing to consume sufficient nutrients at a time when proper nutrition is more crucial than ever. A growing body of research supports the positive impact of home-delivered meals on the health and well-being of homebound older adults. This research serves as the foundation for exploring specialized interventions designed to address the unique medical and nutritional needs of individuals living with chronic illnesses, regardless of age—known as therapeutic meal options. Our goal is to deliver more therapeutic meals to better support the health of clients with chronic illnesses. Research has shown that such meals can help individuals with current medical conditions maintain or even improve their health. In our 2025 satisfaction survey, 95% (191 of 201) of respondents reported benefiting from their meals in at least one out of four survey questions.

What Works: For clients who report pre-diabetes, diabetes or renal conditions, annual assessments of HDM recipients provide a unique opportunity to offer therapeutic meals, consultations with a registered dietician, and other educational materials. Review with clients of the benefits of low-sodium and low-fat diet like HDM meals can also be integrated into this conversation.

Partners: Partners include our team of consulting registered dieticians, leadership and kitchen teams at home-delivered and congregate meal sites, the Vermont Department of Health, and community partners participating in wellness fairs and other educational events.

Action plan: Senior Solutions' staff will prioritize continuous improvement of our communications with HDM recipients, conveying the benefits of support from registered dietitians to patients whose assessment scores flag them for referrals.

1) **Strategy**: Senior Solutions will provide the HDM coordinator and consulting registered dietitians with talking points and workflows to help them coach HDM clients in making dietary changes that produce noticeable effects. We will assess this effort through the annual HDM client satisfaction surveys, which we conduct and report by both meal site and meal type (regular or therapeutic). Data collected from these surveys will be used to update the RBA measure above.

Title III-D Health Promotion and Disease Prevention

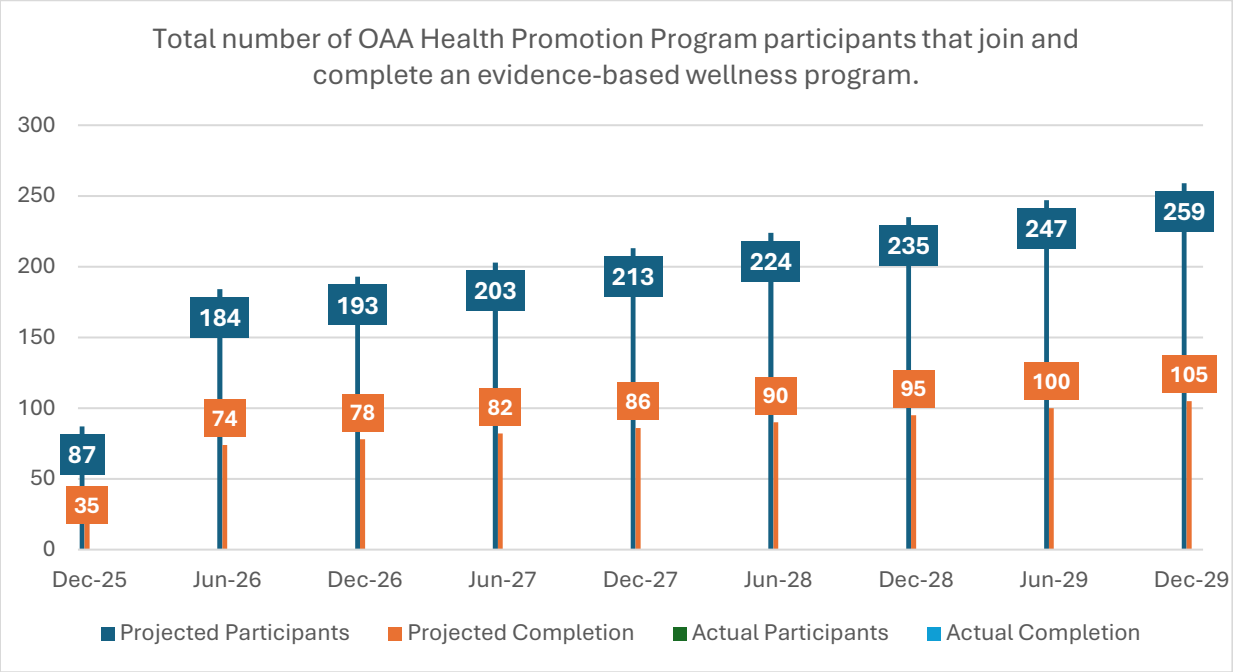
COMMON GOAL: Increase the number of OAA Health Promotion Program participants that join and complete an evidence-based wellness program and set a measurable goal.

PROGRAM: Health and Wellness. See the appended Senior Solutions FY26 Budget for a percentage breakdown of the funding for this program.

WHO does the program serve? This program serves residents who are over age 60 in Senior Solutions' service area, with a focus on those with the greatest economic need, with the greatest social need, and who are at risk for institutional placement.

WHAT does the program do? This program supports healthy lifestyles and promotes healthy behaviors among adults aged 60 and over, using evidence-based disease prevention and health promotion programs that reduce the need for more costly medical interventions. Priority is given to serving older adults living in medically underserved areas and those who are of greatest economic need.

Title III-D Health Promotion and Disease Prevention Common Goal Measure Set 1



Story behind the baseline: While a number of OAA clients have expressed interest in, and participate in evidence-based programs, a gap remains in increasing engagement, program completion, and specific goal setting. Many clients start the programs but do not finish,

and fewer still set measurable goals that are tracked over time. Several factors may contribute to this, including limited awareness of available programs, difficulty in accessing resources, and, for some, a lack of motivation or understanding of how to set achievable health and wellness goals. There may also be an underlying issue of inconsistent communication with participants regarding program benefits, as well as barriers such as transportation challenges, cognitive limitations, and a lack of confidence in using technology for virtual program participation.

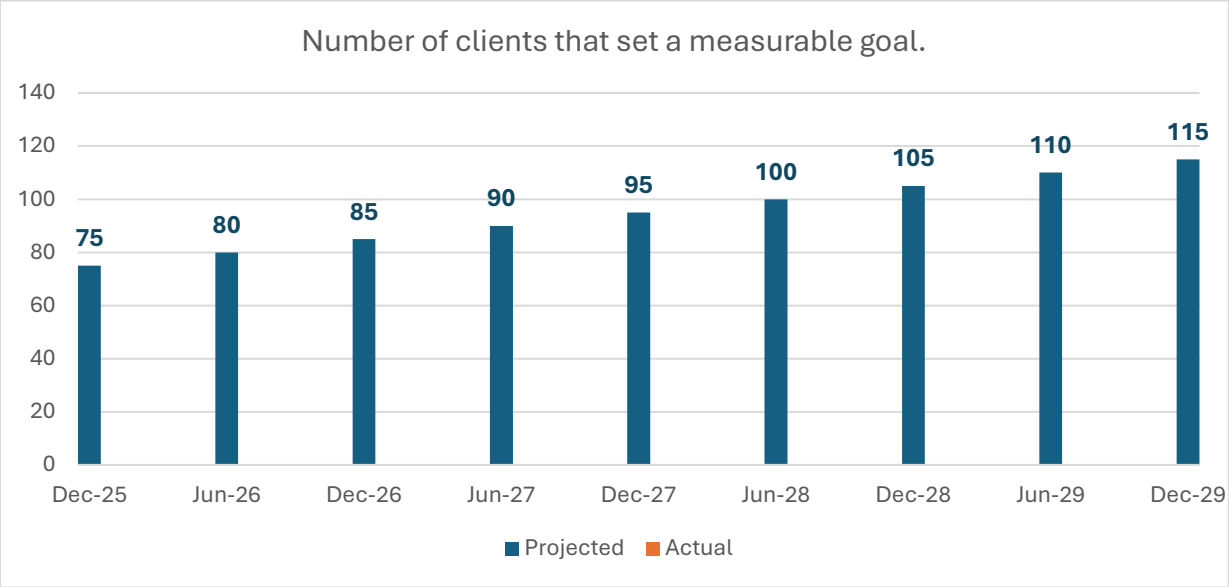
What Works: For older adults, engaging in physical activity can present additional challenges due to social isolation and the loss of mobility and strength. Instructor support for setting realistic goals in the establishment of new healthy habits can help ensure the best outcomes for older participants. Managing participant expectations can ensure a greater sense of achievement and enjoyment in the program. This, in turn, fosters positive word of mouth, attracting new participants while encouraging past participants to return. Initially, a participant's primary goal may be consistent participation in their activity of choice. As healthy habits take root, more specific health objectives can be pursued.

Partners: To create opportunities for older adults to engage in evidence-based health promotion programs, Senior Solutions' wellness staff will work with area senior centers, health care organizations, recreation centers, and local community organizations and groups that support wellness activities.

Action plan:

Strategy: Senior Solutions' wellness staff will work with community partners to expand participation in evidence-informed and evidence-based wellness programming tailored to the needs of older Vermonters, such as Walk with Ease, Arthritis Foundation Slow Aquatics, and tai chi.

Title III-D Health Promotion and Disease Prevention Common Goal Measure Set 2



Story behind the baseline: While a number of OAA clients have expressed interest in, and participate in, evidence-based programs, a gap remains in terms of increasing engagement, program completion, and specific goal setting. Many clients start the programs but do not finish, and fewer still set measurable goals that are tracked over time. Several factors may contribute to this, including limited awareness of available programs, difficulty in accessing resources, and, for some, a lack of motivation or understanding of how to set achievable health and wellness goals. There may also be an underlying issue of inconsistent communication with participants regarding program benefits, as well as barriers like transportation challenges, cognitive limitations, and a lack of confidence in using technology for virtual program participation.

What Works: For older adults, engaging in physical activity can present additional challenges due to social isolation and the loss of mobility and strength. Instructor support for setting realistic goals in the establishment of new healthy habits can help ensure the best outcomes for older participants. Managing participant expectations can ensure a greater sense of achievement and enjoyment in the program. This, in turn, fosters positive word of mouth, attracting new participants while encouraging past participants to return. Initially, a participant's primary goal may be consistent participation in their activity of choice. As healthy habits take root, more specific health objectives can be pursued.

Partners: To create opportunities for older adults to engage in evidence-based health promotion programs, Senior Solutions' wellness staff will work with area senior centers,

health care organizations, recreation centers, and local community organizations and groups that support wellness activities.

Action plan: Senior Solutions' Wellness Staff will collaborate with program sites and instructors to ensure that participants establish a personal goal during their first session and understand that successfully completing the program requires attending at least 60% of the wellness activities.

Strategy: Senior Solutions will partner with wellness programming sites and instructors to:

- Reach a shared understanding of the value to participants in integrating goal setting as a valuable and effective design component of wellness programming, and
- Develop/amend wellness activity data collection tools (rosters) to include attendance goals and other goal setting, building in reporting (submitted in class rosters) on goal setting among wellness activity participants.

When recording and reporting this data, Senior Solutions will review rosters to assess progress on this strategy. The data gathered will be used to update the RBA goal measure set above.

Title III-E: National Family Caregiver Supports

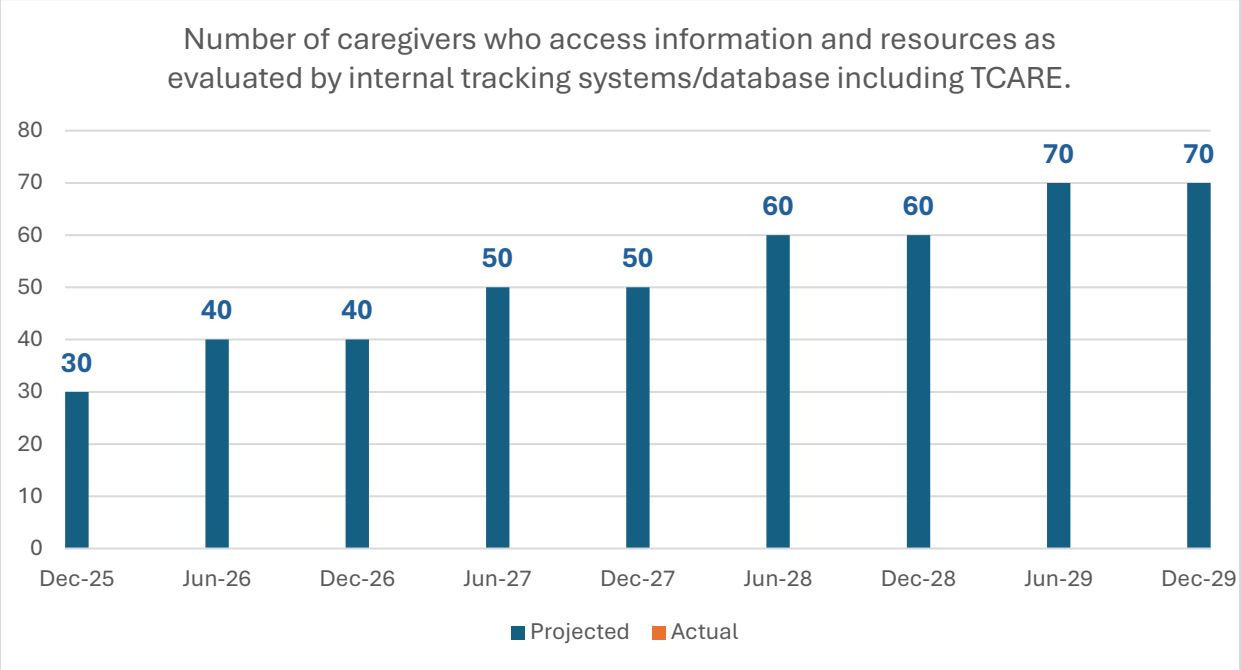
COMMON GOAL: Caregivers will have improved access to information, support, and services.

PROGRAM: Dementia Respite Grant and National Family Caregiver Support OAA grant. See the appended Senior Solutions FY26 Budget for a percentage breakdown of the funding for this program.

WHO does the program serve? These programs serve unpaid caregivers (care partners) who support residents of Windsor and Windham county who are over age 60 and not on Choices for Care long-term care Medicaid or the Veterans Directed home-care program.

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

Title III-E National Family Caregiver Supports Common Goal Measure Set 1



Story behind the baseline: National data indicates that many care partners face challenges in accessing information, support, and services. Approximately 39.8 million

Americans, or 16.6% of the population, provide care to adults with disabilities or illnesses. While care partners provide invaluable support to older adults and individuals with disabilities, many report challenges in accessing the information, resources, and services they need to effectively care for their loved ones. Feedback from care partners indicates a gap in available resources, insufficient guidance on available services, and difficulty navigating complex systems of care. As a result, care partners may feel overwhelmed, unsupported, and unsure of where to turn for assistance. By addressing the barriers care partners face in accessing necessary information and support, we aim to empower care partners with the tools and resources they need to provide high-quality care while reducing their stress and isolation. This will improve the care partner's well-being and enhance the care they can provide for their loved ones.

What Works: The Vermont chapter of the Alzheimer's Association has online resources available for counseling and support services. Our HelpLine staff also refer care partners to Trualta for one-on-one and group counseling. The CARERS Group in Burlington is another option for care partners, accepting six clients, statewide, twice a year. For care partners who are otherwise isolated, memory cafes are an excellent resource to create a sense of community where care partners can share the challenges of caregiving.

Partners: Health Care and Rehabilitation Services (HCRS) is a community mental health designated agency with counselors practicing in four clinics throughout Windsor and Windham county. Other partners include the Vermont Association of Area Agencies on Aging, the Vermont Chapter of the Alzheimer's Association, Brattleboro Hospice, and counselors available through Trualta. We also work with the American Legion Post #5 in Brattleboro, St. Luke's Episcopal Church in Chester, Bugbee Senior Center in White River Junction, and the town of Wilmington to host memory cafes in those communities.

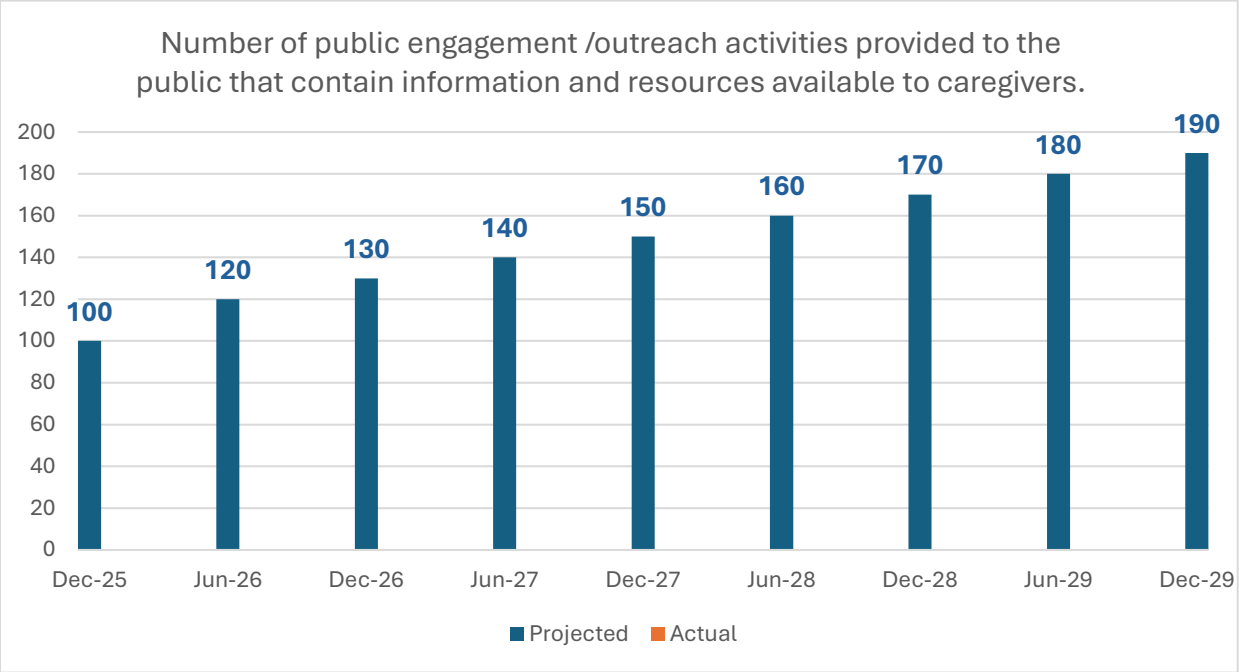
Action plan: Senior Solutions' HelpLine staff will use tools such as the Tailored Caregiver Assessment and Referral (TCARE) to assist in determining at-risk care partners and facilitate referrals to individual, group, and online counseling services, such as Trualta, and other resources. Computer devices will be provided to eligible care partners to enable them to connect with telehealth counseling services.

1) **Strategy 1**: Those who are identified as high risk based on TCARE will receive referrals for individual or group counseling services, such as the UVM Medical Center VT CARERS group, and online resources through Trualta. These clients will be registered in Trualta and TCARE and reported in the RBA chart above.

2) **Strategy 2:** The Caregiver Support Team will screen for eligibility for the Dementia Respite Grant based on income guidelines and diagnosis. Once a client is determined to meet these eligibility requirements, the Caregiver Support Team will allocate funds from the DRG grant to support the client.

3) **Strategy 3**: The Caregiver Support Team will identify eligibility for computer devices by screening for social isolation, internet access, and computer access among DRG grant recipients and caregivers who call the HelpLine. For those who are isolated and do not have internet access or computer access, the Caregiver Support Team will direct them to a low-cost option and work with them to obtain a tablet for their use as needed.

Title III-E National Family Caregiver Supports Common Goal Measure Set 2



Story behind the baseline: National data indicates that many care partners face challenges in accessing information, support, and services. Approximately 39.8 million Americans, or 16.6% of the population, provide care to adults with disabilities or illnesses. While care partners provide invaluable support to older adults and individuals with disabilities, many report challenges in accessing the information, resources, and services they need to effectively care for their loved ones. Feedback from care partners indicates a gap in available resources, insufficient guidance on available services, and difficulty navigating complex systems of care. As a result, care partners may feel overwhelmed, unsupported, and unsure of where to turn for assistance. By addressing the barriers care partners face in accessing necessary information and support, we aim to empower care partners with the tools and resources they need to provide high-quality care while reducing their stress and isolation. This will improve the care partner's well-being and enhance the care they can provide for their loved ones.

What Works: Care partners are often overwhelmed with the day-to-day challenges of providing care to their loved ones and have little time to research counseling options. Outreach to care partners must be strategic and targeted to reach this demographic. Our caregiver support coordinator and a cross-trained HelpLine staff member form Senior Solutions' Caregiver Support Team. The Caregiver Support Team coordinates the National Family Caregiver Support Program (NFCSP), the Dementia Respite Grants Program, TCARE, and referrals to Trualta. Senior Solutions sends materials on Trualta to memory

cafes and outreach sites, includes links to Trualta in Senior Solutions' newsletter, on its website, and in social media posts—all accessible on mobile devices and home computers. Senior Solutions' website contains additional information for care partners, including information on options counseling, TCARE, support groups, memory cafes, and other resources. Media coverage through newspaper articles and public outreach events provides information on counseling resources available within our service area.

Partners: The Vermont Association of Area Agencies on Aging, Vermont Chapter of the Alzheimer's Association online resources and Helpline, Brattleboro Hospice and Bayada Hospice, the Gathering Place, Scotland House, Springfield Area Adult Day Service, Thompson Senior Center, Bugbee Senior Center, Ludlow Senior Center, Springfield Senior Center, Springfield Area Adult Day Service, and the Brattleboro Senior Center.

Action plan: The Caregiver Support Team and HelpLine will continue to provide information and assistance regarding counseling services for care partners, including referrals to Trualta. They will work with the communications director to facilitate public engagement and outreach through newspaper articles, Senior Solutions' e-newsletter, social media posts, website updates, rack cards and brochures, and public outreach events to provide information on counseling resources available within our service area.

1) **Strategy 1**: Senior Solutions staff will maintain information and links about resources available to care partners on the agency's website, include information on Trualta in each monthly e-newsletter, and post about Trualta at least once a month on Facebook.

2) **Strategy 2**: Senior Solutions staff will distribute materials to approximately 18 public outreach sites each month. Staff will distribute rack cards and brochures at monthly memory cafes in Brattleboro, Chester, Ludlow, White River Junction, and Wilmington. Senior Solutions will distribute additional materials at regularly scheduled community partner meetings, such as the situation table in Springfield, and in Brattleboro, Hartstat in Hartford, and the Hartford Community Well-Being Group.

Title VII: Prevention of Elder Abuse, Neglect and Exploitation

GOAL/OUTCOME: Senior Solutions' staff and community partners will demonstrate a greater understanding and awareness of abuse and exploitation of older Vermonters, as evidenced by an increase in referrals to Adult Protective Services (APS) and instances of collaboration among community partners regarding these situations. Senior Solutions will use Title III and Title VII OAA funding to provide support to our communities and older residents for these services.

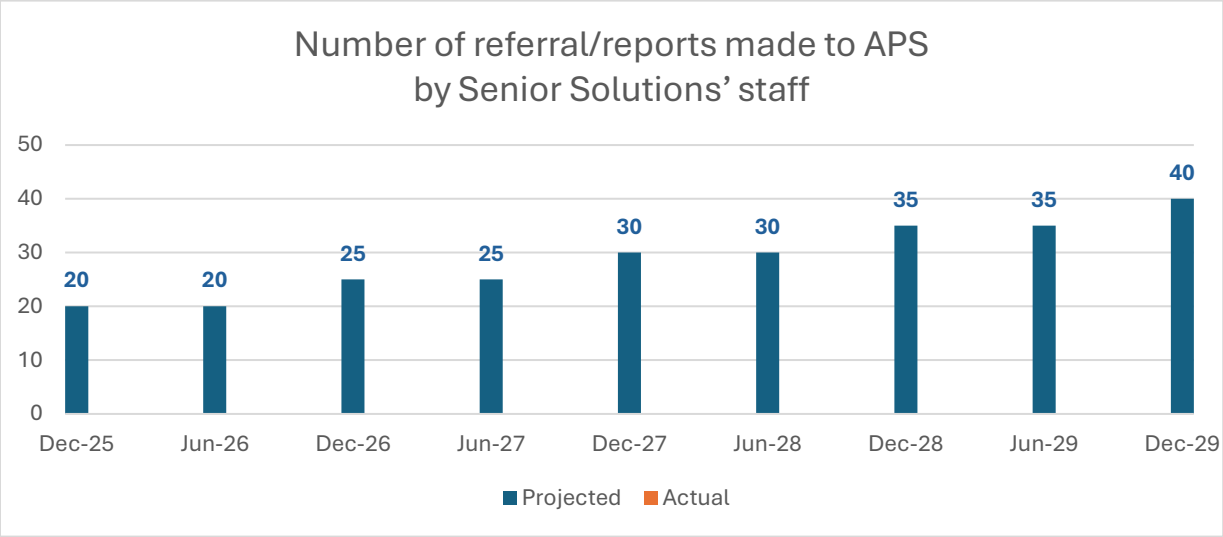
PROGRAM: TITLE VII - Prevention of Elder Abuse, Neglect, and Exploitation. See the appended Senior Solutions FY26 Budget for a percentage breakdown of the funding for this program.

WHO does the program serve? Individuals 60 years and older and younger disabled adults with an inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks, with a focus on those with the greatest economic need, with the greatest social need, and who are at risk for institutional placement.

WHAT does the program do?

- Works to identify individuals being abused, exploited, neglected, and/or who report feeling unsafe.
- Connects staff and individuals to resources including law enforcement as indicated.
- Uses a person-centered approach in assessing and monitoring a client's situation.
- Provides training for staff and community partners to identify abuse, neglect, and/or exploitation.
- Provides resources to evaluate the safety of an individual in their setting of choice.

Title VII: Prevention of Elder Abuse, Neglect and Exploitation Common Goal Measure Set 1



Story behind the baseline: For many years, the issue of elder abuse, neglect, and exploitation was hidden in plain sight. Families and communities were often unaware of the severity of these problems, and many older adults suffered in silence. Older Vermonters, especially those living alone or in vulnerable situations, became easy targets for exploitation and neglect, with few resources dedicated to helping them. Legal and social systems were not yet equipped to handle the complexities of elder care, and societal attitudes often dismissed the concerns of older adults as part of aging. Advocates and professionals began to recognize that preventing elder abuse, neglect, and exploitation was critical to building stronger communities. This realization led to greater emphasis on education, awareness, and community involvement in protecting older adults. The public began to see elder abuse as a societal problem that required collective responsibility. Community organizations came together to ensure that older adults are treated with respect, dignity, and care. Training initiatives have been established to help professionals recognize the warning signs of elder abuse, neglect, and exploitation. These programs focus on identifying signs that might otherwise be overlooked, such as a sudden change in financial circumstances, unexplained injuries, or withdrawal from social activities. These efforts are designed to ensure the proper and timely response to incidents and to prevent their occurrence. While these efforts are still evolving, and challenges persist, the Story behind the baseline is one of awareness, education, and action. Through continued education to raise awareness and provide resources, communities are learning that the prevention of elder abuse, neglect, and exploitation requires a unified approach in which each of us plays a role in safeguarding our older generations.

What Works: It is necessary to provide continuous education of staff and community partners about their role in supporting older Vermonters. Such education must include effective strategies for addressing elder abuse, neglect, and exploitation with a focus on enhancing knowledge and responsiveness leading to better protection for older Vermonters. This approach focuses on several key measures:

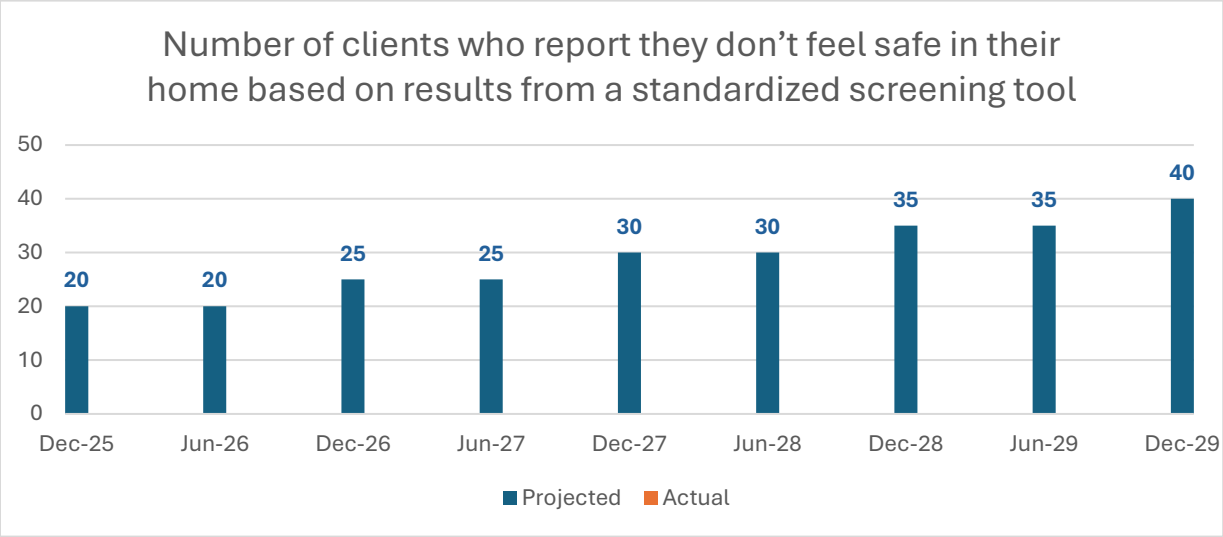
- Increasing the number of substantiated referrals made to APS when abuse or exploitation is reported or suspected, and
- Monitoring client safety and ensuring that staff and community partners complete specialized APS training.
- Shifting from reactive to proactive measures has proven essential.
- Early education and awareness initiatives contribute significantly to a broader understanding of elder abuse as a serious societal issue
- Ensuring that staff and community partners are well-trained to recognize and respond to these reports is critical
- Implementing a proactive response to ensure that clients who report feeling unsafe in their homes are supported.

Partners: Brattleboro Memorial Hospital, Grace Cottage Hospital, North Star Health FQHC, Mt. Ascutney Hospital and Health Center, Springfield Hospital, Alice Peck Day Hospital, Adult Protective Services, the Vermont Department of Disabilities, Aging and Independent Living, Vermont Association of Area Agencies on Aging (V4A), senior centers, meal sites, home health agencies, housing sites, Health Care and Rehabilitation Services, Brattleboro and Springfield situation table collaborations, Hartford Hartstat collaboration, transportation providers, and primary care practices.

Action Plan:

1) **Strategy**: Senior Solutions will implement a standardized system for monitoring and reporting suspected abuse or exploitation. Senior Solutions will implement the use of a standardized screening tool to regularly assess client safety and establish a protocol for immediate action when clients report feeling unsafe.

Title VII: Prevention of Elder Abuse, Neglect and Exploitation Common Goal Measure Set 2



Story behind the baseline: For many years, the issue of elder abuse, neglect, and exploitation was hidden in plain sight. Families and communities were often unaware of the severity of these problems, and many older adults suffered in silence. Older Vermonters, especially those living alone or in vulnerable situations, became easy targets for exploitation and neglect, with few resources dedicated to helping them. Legal and social systems were not yet equipped to handle the complexities of elder care, and societal attitudes often dismissed the concerns of older adults as part of aging. Advocates and professionals began to recognize that preventing elder abuse, neglect, and exploitation was critical to building stronger communities. This realization led to greater emphasis on education, awareness, and community involvement in protecting older adults. The public began to see elder abuse as a societal problem that required collective responsibility. Community organizations came together to ensure that older adults are treated with respect, dignity, and care. Training initiatives have been established to help professionals recognize the warning signs of elder abuse, neglect, and exploitation. These programs focus on identifying signs that might otherwise be overlooked, such as a sudden change in financial circumstances, unexplained injuries, or withdrawal from social activities. These efforts are designed to ensure the proper and timely response to incidents and to prevent their occurrence. While these efforts are still evolving, and challenges persist, the Story behind the baseline is one of awareness, education, and action. Through continued education to raise awareness and provide resources, communities are learning that the prevention of elder abuse, neglect, and exploitation requires a unified approach in which each of us plays a role in safeguarding our older generations.

What Works: It is necessary to provide continuous education of staff and community partners about their role in supporting older Vermonters. Such education must include effective strategies for addressing elder abuse, neglect, and exploitation with a focus on enhancing knowledge and responsiveness leading to better protection for older Vermonters. This approach focuses on several key measures:

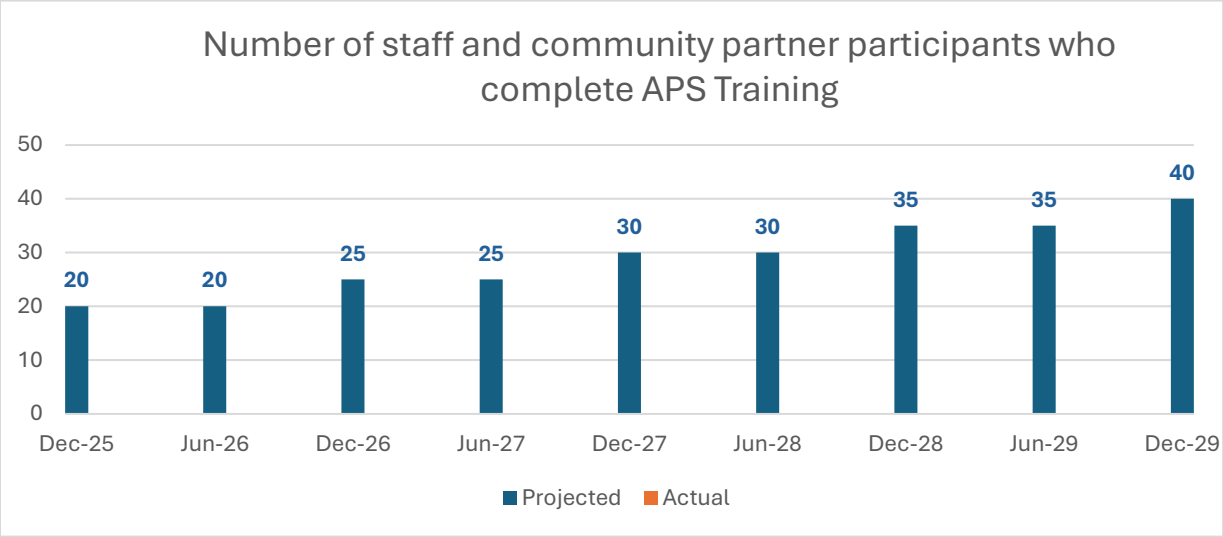
- Increasing the number of substantiated referrals made to APS when abuse or exploitation is reported or suspected, and
- Monitoring client safety and ensuring that staff and community partners complete specialized APS training.
- Shifting from reactive to proactive measures has proven essential.
- Early education and awareness initiatives contribute significantly to a broader understanding of elder abuse as a serious societal issue
- Ensuring that staff and community partners are well-trained to recognize and respond to these reports is critical
- Implementing a proactive response to ensure that clients who report feeling unsafe in their homes are supported.

Partners: Brattleboro Memorial Hospital, Grace Cottage Hospital, North Star Health FQHC, Mt. Ascutney Hospital and Health Center, Springfield Hospital, Alice Peck Day Hospital, Adult Protective Services, the Vermont Department of Disabilities, Aging and Independent Living, Vermont Association of Area Agencies on Aging (V4A), senior centers, meal sites, home health agencies, housing sites, Health Care and Rehabilitation Services, Brattleboro and Springfield situation table collaborations, Hartford Hartstat collaboration, transportation providers, primary care practices.

Action Plan:

1) **Strategy**: When a client reports they don't feel safe in their home, staff will provide the client with resources, counsel them on abuse, make referrals to APS as needed, and modify the emergency plan in their personal care plan to address their safety concerns.

Title VII: Prevention of Elder Abuse, Neglect and Exploitation Common Goal Measure Set 3



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Action Plan:

1) **Strategy 1:** Senior Solutions will provide comprehensive training working with Adult Protective Services, V4A, and DAIL. Rosters from trainings will be maintained by Senior Solutions and used to update the chart above for Common Goal Measure Set 3.
2) **Strategy 2:** Senior Solutions will provide support and resources for internal staff, as well as provide opportunities for debriefing with other community partners as needed. Our agency may provide counseling for staff involved in intense cases.
3) **Strategy**: Senior Solutions will provide continuous community education on the indicators of elder abuse, neglect, and exploitation. By implementing this action plan, Senior Solutions can enhance the communities' ability to effectively recognize and respond to incidents of elder abuse, ensuring that vulnerable older adults receive the protection and care they deserve. This proactive approach addresses immediate needs and contributes to the broader societal effort to prevent elder abuse.

Section E. Agency Plan for Data Management and/or Development

SENIOR SOLUTIONS PLAN FOR DATA MANAGEMENT AND/OR DEVELOPMENT (2025)

Senior Solutions' plan for managing our internal database, implementation, utilization, and compliance with Older Americans Act Performance System (OAAPS) reporting regulations is the following:

A. Data for the OAAPS report is obtained by ongoing data entry into PeerPlace, a customer relationship management (CRM) database utilized by four of the five AAAs in Vermont. Staff conduct intakes and assessments and gather required data, which is entered into the Social Assistance Management System (SAMS) and Peer Place by case managers, as well as HelpLine, outreach, and nutrition and wellness staff. Our data management team oversees and trains staff and program directors on best practices, data collection, and data entry. For some programs, such as our volunteer program and memory cafes, data is maintained in Salesforce and is pulled to meet OAAPS reporting requirements. Senior Solutions provides the financial data in OAAPS format to the DAIL business office for review. The financial data reported in OAAPS matches the data reported in Senior Solutions' financial audit.

B. Senior Solutions conducts quarterly reviews of OAAPS data to ensure data quality, data accuracy, and identify missing data and data gaps. OAAPS data is also used to make business and programmatic decisions. Our data management director attends the weekly management team meetings, provides regular reports to our program directors, and regularly provides OAAPS updates.

C. The executive director reviews the OAAPS 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 OAAPS data for key program areas in its annual report, which is disseminated broadly in electronic and paper formats.

D. It is frustrating for some staff that we need to use multiple data systems to meet our various reporting requirements. We are aware that the state is in the process of developing and deploying a new statewide data system (Brite Systems) that will replace the SAMS system. It is our hope that this new system is a powerful and robust improvement and will allow us to work seamlessly across platforms. We look forward to learning more about Brite Systems, how our data will be migrated to the new system, and how it can integrate with our current database. We hope to be included in the testing process and have an opportunity to provide feedback.

Section F. Continuous Quality Improvement Plan

SENIOR SOLUTIONS CONTINUOUS QUALITY IMPROVEMENT PLAN

PRINCIPLES. Senior Solutions is committed to continuously improving its services, processes, capacity, and outcomes. Our quality improvement process is anchored to the following principles:

- The Senior Solutions board of directors and leadership team promote a culture that values quality service delivery and continual efforts to achieve positive results for recipients. We strive for strong employee performance and successful program outcomes.
- We celebrate our successes, identify opportunities for growth and implement solutions that improve overall service accessibility, staff productivity, and program efficacy.
- Senior Solution takes the input of clients, caregivers, staff, community partners, caregivers, and the board and advisory council into consideration when establishing performance goals and program outcomes.

GOALS: The goals of this Continuous Quality Improvement Plan are to:

- Guide continuous quality improvements in operations and service delivery.
- Ensure a safe environment and high quality of services.
- Meet external standards and regulations.
- Enable Senior Solutions' programs and services to meet annual goals and objectives.

COMPONENTS: The Continuous Quality Improvement plan involves two primary components:

- Measuring and assessing the performance of agency services through the collection and analysis of data including the experiences of clients and caregivers, and community feedback.
- Conducting quality improvement initiatives and taking action where indicated, including the design of new services, and/or improvement of existing services.

DATA: Valid, reliable data will be obtained and used on a regular basis to advance monitoring of outcomes which includes:

1. the functioning of operations that influence capacity to deliver services
2. the quality-of-service delivery systems
3. program results and program performance measures

4. client satisfaction
5. client outcomes

The PeerPlace data management system will be used to capture and analyze data to monitor progress toward the desired outcomes. Salesforce data will be utilized to monitor progress in our volunteer programs. Satisfaction surveys will be conducted regularly to assess client satisfaction with services and to provide opportunities for input.

REPORTS: Program metrics and financial reports including case management billing and productivity, HelpLine metrics, and nutrition and wellness services metrics are reviewed monthly by the Board and management team. These metrics provide useful information for improving programs and practice. The monthly reviews include time to report program issues and strategize solutions. Progress is monitored and separate work groups are convened as needed.

Senior Solutions developed a strategic plan in 2022, following a comprehensive input and development process that included the Board, staff, clients, Advisory Council and community partners. The strategic plan and area plan define key agency goals, objectives and strategies. The management team reviews the strategic plan quarterly and the Executive Director reports quarterly to the Board on plan achievements. These reports are organized according to the goals and serve as an important component of the monitoring process.

PROCESS: When challenges or opportunities for growth arise, the following process will be utilized:

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

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

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

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

Step 5 – Develop and roll out an action plan with key improvement measures, specific benchmarks, and a clearly defined timeline for completion.

Step 6 - Look at the results - confirm that the problem and its root causes have been adequately addressed. Determine whether or not the target has been met.

Step 7 – Start over – return to the first step and use the same process for the next problem.

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

EVALUATION: The management team will evaluate the quality improvement activities conducted each year, including the systems and outcomes, the performance indicators utilized, the findings of the measurements, data aggregation, assessment and analysis processes, and the quality improvement initiatives taken in response to the findings.

The evaluation will include:

- A summary of the progress towards meeting the annual goals/performance measures.
- The outcomes of the measurement process and the conclusions and actions taken in response to these outcomes. A summary will include a brief description of what activities took place, including the progress on the performance measures/indicators.

RECENT QUALITY IMPROVEMENT ACCOMPLISHMENTS: The following are examples of operationalization of the Continuous Quality Improvement Plan:

- Our new database manager works continuously to identify shortcomings in the process of capturing certain data elements for the OAAPS report. She has focused her attention on areas in which data are missing and has implemented a quarterly enhanced review process including an examination of this data.
- Operations Director, Lori Lintner has participated in a statewide process of reviewing and updating all case management program standards in preparation for a NCQA review in March 2026. This work has been extensive and will result in improved program delivery.
- Human Resources Director, Sarah Maguire, is systematically reviewing and updating all staff job titles and descriptions. These updated descriptions will better inform our annual staff evaluation process.
- Nutrition Director, Eliza Eager has standardized all meal site contracts to establish stronger compliance with state nutrition regulations. This standardization supports program eligibility criteria, timely reassessments, accurate reporting of meal participants, compliance with nutrition standards, and adherence to Global Commitment funding requirements.
- In April 2025, we completed a redesign of our website that enhances accessibility for disabled Vermonters by conforming to Web Content Accessibility Guidelines (WCAG 2.1 Level AA), improving navigation, employing best practices in user engagement, and featuring mobile - and tablet-friendly design. The new site has an Events Calendar that includes our Outreach, Memory Cafes, Community Meals,

Wellness programs, and much more. We also have added a Contact Us, Referral, and Volunteer Form. We have seen a significant increase in the use of these forms and especially with our Contact Us and Referral forms, allowing us to reach more people. The new site has an extensive Resource Library that is frequently reviewed and updated. The library can be filtered by a variety of topics and interests, and we have received positive user feedback.

FUTURE FOCUS OF QUALITY IMPROVEMENT: The following quality improvement issues will be a focus for the next year:

- Enhanced utilization of PeerPlace for reporting purposes including case management productivity.
- Uniform implementation of person-centered care planning with all Choices for Care and Older Americans Act clients.
- 100% timely completion of annual staff performance evaluations.
- Improved timeliness of monthly Medicaid billing.
- Improved timeliness of submission of monthly client records.

Section G. Request for Direct Service Waivers

REQUEST FORM FOR A DIRECT SERVICE WAIVER

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

The Council on Aging for Southeastern Vermont d/b/a Senior Solutions requests approval of the State Unit on Aging for direct provision of the following service for Federal Fiscal Years 2026-2029.

Service: Caregiver Training/Education
Service Area: Southeastern Vermont AAA region

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

Our staff have explored collaborations with Springfield Medical Care Systems, Health Care and Rehabilitation Services, Brattleboro Hospice, and the Vermont chapter of the Alzheimer's Association. We have sought to have these organizations make their staff and resources available to Senior Solutions for counseling and support services. We also sought to partner with the University of Vermont CARERS Group to provide counseling referrals for at-risk care partners. *While we attempted to establish relationships with licensed counselors from our community partners, as well as private practitioners to provide counseling to care partners, we have found few resources available due to staffing shortages for counseling staff and barriers to access for our clients.*

In December 2023, Senior Solutions made one-on-one counseling available through the online platform Trualta available to care partners. Trualta is an evidence-based online service that offers articles, webinars, community chats and support groups for care partners. While this is an option for older Vermonters and their care partners who use the internet, for some of our clients Trualta is inaccessible due to a lack of internet access or computer hardware. Where possible, we provide internet-enabled tablets to recipients of the Dementia Respite Grant and National Family Caregiver Support program.

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

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

Please be comprehensive and specific:

For the federal fiscal year 26-29 Area Plan, all Area Agencies on Aging in Vermont facilitated the Statewide Needs Assessment surveys conducted by the Vermont Department of Disabilities, Aging, and Independent Living (DAIL) in preparation for the State Plan on Aging. In September 2024, Senior Solutions staff distributed the Statewide Needs Assessment surveys within the agency's region, prioritizing home-delivered meal recipients and their caregivers.

In addition to the data emerging from this state-wide needs assessment, Senior Solutions' staff conducted an additional online survey of their clients and community partners in February 2025, reviewed reports from multiple state and national sources in February and March 2025, and held two public forums for feedback on the draft Area Plan in July 2025. More than half of respondents to Senior Solutions' survey ranked support for caregivers as one of the top three needs faced by older Vermonters in our service area. Reviews of state and national sources also indicated widespread need for caregiver support.

Recent research reveals a sharp rise in the number of adults who are both employed outside the home and providing care—up from 1 in 7 in 2020 to 1 in 5 in 2023. The time commitment required for caregiving has also grown significantly. In 2020, caregivers averaged nine hours per week; by 2023, that number had nearly tripled to 26 hours. Nearly half of caregivers now devote 10 to 29 hours each week to caregiving, while 27% spend 30 hours or more.[19]

Despite this and the reports of negative impacts associated with caregiving, slightly less than a quarter of family care partners use respite services. As indicated in our previous waiver requests, *we feel this contributes to the difficulty care partners experience in finding the time to access counseling services.* However, more than half of family care partners expressed interest in gaining information and/or education around self-care, medical benefits, long term care and estate planning, and medical conditions.

[19] **The Guardian Life Insurance Company of America.** (2023, Dec.). *Caregiving in America: Standing Up and Stepping In: A modern look at caregivers in the US*. Retrieved from Guardian Life website on July 25, 2025. https://www.guardianlife.com/reports/caregiving-in-america

A report compiled by the Area Agencies on Aging in 2020 dramatically highlights the lack of respite caregivers in Vermont. They report severe understaffing and long waitlists for services. *Family care partners are making heavy sacrifices, and both recipients and families are facing emotional distress as a result--another barrier to accessing counseling services.*

Plan of action to build local provider capacity to provide direct service in the future - *please be comprehensive and specific*:

A key barrier for care partners who would like to access training, education, and other forms of support is the time commitment out of home to access in-person direct services. Trualta is an online platform and learning community that provides in-home access to self-care, educational materials, and counseling on the care partner's schedule. As telehealth becomes an increasing norm for equity in healthcare access, Trualta appears to be an ideal service for care partners in our service area who cannot access or easily access brick-and-mortar resources in their communities. Although there are common elements, each care partner's circumstances have unique elements which make Trualta's in-home, self-paced approach ideal. Our staff will continue to work with older Vermonters and their care partners to find affordable options for connecting to the internet and securing internet-ready devices.

This direct service waiver is approved by: _____for the following time period:_____ Today's Date: _____

Section H: Public Hearing

Senior Solutions solicited input into the area plan through two public forums advertised by email to 411 recipients on July 11, 2025. This email included a link to the draft area plan, a link to RSVP forms for the public forums on July 21st and 22nd, and a link to a webform for providing feedback on the area plan in lieu of attending a forum. Individuals who registered for either public forum received a Zoom meeting link to participate in the forum. Four attendees participated in the public forum on July 21, 2025, and another five attendees participated in the public forum on July 22, 2025. At each public forum, Executive Director Mark Boutwell provided an overview of the Area Plan for the attendees and invited feedback as he reviewed the plan, with an emphasis on the needs assessment and goals sections of the document. Listed below are bullets to summarize the discussion from these forums:

- Senior Solutions was encouraged to employ intergenerational approaches to serving older Vermonters.
- The importance of community collaborations was emphasized, including strategies to extend wellness opportunities into the community using existing providers. Several examples were discussed, including the possibility of coordinating with area gyms and recreation centers to offer free and reduced-price options, such as vouchers and “seniors-only” hours, for older adults without gym memberships. Several potential partners were identified, including the YMCA, Winston Prouty Center, and Brattleboro Recreation & Parks Department.
- Attendees suggested that emergency medical services (EMS) could serve as “eyes and ears” in the community, making referrals to AAAs when they observe an elevated risk of falls or signs of hoarding, self-neglect, and ADRD.
- It was acknowledged that promoting healthy behaviors earlier in life may help to reduce the risk of cognitive decline later in life and suggested that such programming may be of benefit to Vermonters of all ages.
- Senior Solutions was encouraged to explicitly indicate its desire to be universally involved in both Windsor and Windham counties.
- Service providers on the call acknowledged the increasing complexity of cases and the impact of health care costs on clients.
- Senior Solutions was encouraged to consider adding smoking cessation to its suite of wellness programming as a preventative measure for homelessness. According to Vermont Legal Aide, a rising number of cases for potential evictions stem from allegations of smoking within subsidized housing.

- Senior Solutions was also encouraged to add programs that support gardening as a wellness and socialization activity.
- A representative from Vermont Legal Aide noted that they can provide direct programming to help older Vermonters with advanced planning for incapacity later in their lives. Possible partnership and programming around an educational series on advanced directives and power of attorney were discussed.

Appendices

AREA AGENCY ASSURANCES AND REQUIRED ACTIVITIES-
Older Americans Act, As Amended in 2020

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.

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

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

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

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—…

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in

programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and

service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

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

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

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

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

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

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

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

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

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

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

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

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

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

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

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

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

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

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

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

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

(B) Such assessment may include—

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

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

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

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

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

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

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

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the

day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order…

_____ _____

Signature and Title of Authorized Official *Date*

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)
Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(6)(I)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

Section 306(a)(17)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(2)
The plan shall provide that the State agency will —…
(C) *specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306
(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

Section 307(a)(3)
The plan shall—
...
(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*
(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Section 307(a)(10)
The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Section 307(a)(14)
(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

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

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

Section 307(a)(21)
The plan shall —
. . .
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title*,* if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Section 307(a)(27)
(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

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

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

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

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

Section 307(a)(28)
The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(29)
The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a) ELIGIBILITY —
In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307—. . .*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

STANDARD STATE PROVISIONS FOR CONTRACTS AND GRANTS

Revised December 7, 2023

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. Where an authorized individual is either required to click-through or otherwise accept, or made subject to, any electronic terms and conditions to use or access any product or service provided hereunder, such terms and conditions are not binding and shall have no force or effect. Further, any terms and conditions of Party's invoice, acknowledgment, confirmation, or similar document, shall not apply, and any such terms and conditions on any such document are objected to without need of further notice or objection.

3. Governing Law, Jurisdiction and Venue; No Waiver of Jury Trial: This Agreement will be governed by the laws of the State of Vermont without resort to conflict of laws principles. 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 regarding 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:

1. 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.

2. 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.

3. 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.

4. 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: During the term of this Agreement, Party, at its expense, shall maintain in full force and effect the insurance coverages set forth in the Vermont State Insurance Specification in effect at the time of incorporation of this Attachment C into this Agreement. The terms of the Vermont State Insurance Specification are hereby incorporated by reference into this Attachment C as if fully set forth herein. A copy of the Vermont State Insurance Specification is available at: https://aoa.vermont.gov/Risk-Claims-COI.

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: Any liability to the State under the Vermont False Claims Act (32 V.S.A. § 630 et seq.) 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. Use and Protection of State Information:

1. As between the State and Party, "State Data" includes all data received, obtained, or generated by the Party in connection with performance under this Agreement. Party acknowledges that certain State Data to which the Party may have access may contain information that is deemed confidential by the State, or which is otherwise confidential by law, rule, or practice, or otherwise exempt from disclosure under the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq. ("Confidential State Data").

2. With respect to State Data, Party shall:

    1. take reasonable precautions for its protection;

    2. not rent, sell, publish, share, or otherwise appropriate it; and

    3. upon termination of this Agreement for any reason, Party shall dispose of or retain State Data if and to the extent required by this Agreement, law, or regulation, or otherwise requested in writing by the State.

3. With respect to Confidential State Data, Party shall:

    1. strictly maintain its confidentiality;

    2. not collect, access, use, or disclose it except as necessary to provide services to the State under this Agreement;

    3. provide at a minimum the same care to avoid disclosure or unauthorized use as it provides to protect its own similar confidential and proprietary information;

    4. implement and maintain administrative, technical, and physical safeguards and controls to protect against any anticipated threats or hazards or unauthorized access or use;

    5. promptly notify the State of any request or demand by any court, governmental agency or other person asserting a demand or request for Confidential State Data so that the State may seek an appropriate protective order; and

6. upon termination of this Agreement for any reason, and except as necessary to comply with subsection B.iii above in this section, return or destroy all Confidential State Data remaining in its possession or control.

4. If Party is provided or accesses, creates, collects, processes, receives, stores, or transmits Confidential State Data in any electronic form or media, Party shall utilize:

    1. industry-standard firewall protection;

    2. multi-factor authentication controls;

    3. encryption of electronic Confidential State Data while in transit and at rest;

    4. measures to ensure that the State Data shall not be altered without the prior written consent of the State;

    5. measures to protect against destruction, loss, or damage of State Data due to potential environmental hazards, such as fire and water damage;

    6. training to implement the information security measures; and

    7. monitoring of the security of any portions of the Party's systems that are used in the provision of the services against intrusion.

5. No Confidential 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 United States, except with the express written permission of the State.

6. Party shall notify the State within twenty-four hours after becoming aware of any unauthorized destruction, loss, alteration, disclosure of, or access to, any State Data.

7. State of Vermont Cybersecurity Standard Update: Party confirms that all products and services provided to or for the use of the State under this Agreement shall be in compliance with State of Vermont Cybersecurity Standard Update in effect at the time of incorporation of this Attachment C into this Agreement. The State of Vermont Cybersecurity Standard Update prohibits the use of certain branded products in State information systems or any vendor system, and a copy is available at: https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives.

8. In addition to the requirements of this Section 12, Party shall comply with any additional requirements regarding the protection of data that may be included in this Agreement or required by law or regulation.

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 this 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, and shall include this provision in all subcontracts for work performed in Vermont. 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. Offset: The State may offset any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any offset of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided in 32 V.S.A. § 3113.

16. Taxes Due to the State: 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.

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, Party is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order. 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), as amended by Section 17 of Act No. 142 (2010) and by Section 6 of Act No. 50 (2011).

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 ("Confidentiality and Protection of State Information"); 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. Regulation of Hydrofluorocarbons: Party confirms that all products provided to or for the use of the State under this Agreement shall not contain hydrofluorocarbons, as prohibited under 10 V.S.A. § 586.

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: https://bgs.vermont.gov/purchasing-contracting/debarment.

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

24. Vermont Public Records Act: Party acknowledges and agrees that this Agreement, any and all information obtained by the State from the Party in connection with this Agreement, and any obligations of the State to maintain the confidentiality of information 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 lockouts) ("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 use the State's logo or otherwise 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:

1. **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 this Agreement at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement 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 Agreement immediately, and the State shall have no obligation to pay Party from State revenues.

2. **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.

3. **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:

1. **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 Federal Audit Clearinghouse within nine months. If a single audit is not required, only the Subrecipient Annual Report is required. 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.

2. **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.

3. **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:

1. **Certification Regarding Use of State Funds:** If Party is an employer and this Agreement is a State-funded grant in excess of $1,000, 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.

2. **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. AREA PLAN

CONTRACT EFFECTIVE DATE: 10/01/2026

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.

2.2 Covered Entity's HIPAA Privacy Officer and HIPAA Security Officer contact information is posted at: http://humanservices.vermont.gov/policy-legislation/hipaa/hipaa-info-beneficiaries/ahs-hipaa-contacts/

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. Electronic PHI Security Rule Obligations.

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. <u>Reporting and Documenting Breaches</u>.

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 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.

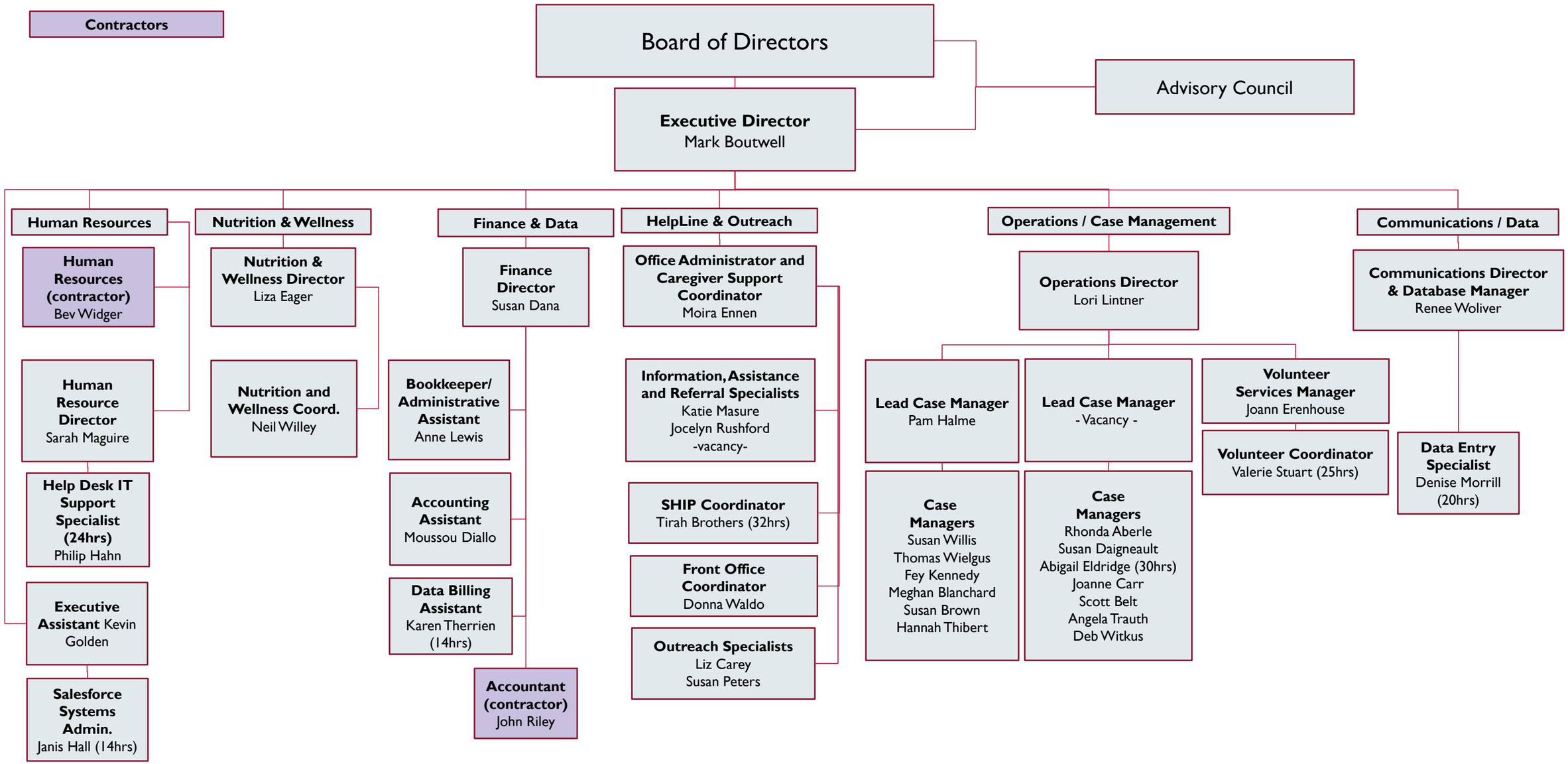
2-1-1 Database: If Party provides health or human services within Vermont, or if Party provides such services near the Vermont border readily accessible to residents of Vermont, Party shall adhere to the "Inclusion/Exclusion" policy of Vermont's United Way/Vermont 211 (Vermont 211), and will provide 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.

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.

SENIOR SOLUTIONS STAFF CHART



ADVISORY COUNCIL 2025

First	Last	Town/Organization
Priscilla	Allbee	Town of Westminster
Becky	Arbella	Town of Dover
Gloria	Cristelli	Town of Newfane
Anne	DuBosque	Town of Jamaica
Janet	Farley	Town of Windsor
Terri	Finigan	Town of Wardsboro
Jennifer	Fitzgerald	None
Pril	Hall	Town of Thetford
Donna	Jacobs	Town of Brattleboro
Sally	Laurent	Town of Windsor
Carol	Lynch	Town of Dummerston
Carla	Meskill	Town of Marlboro
Retta	Murphy	Town of Weston
Heather	Robertson	The Gathering Place
Marylynn	Scherlin	Town of Vernon
Beth	Spicer	Town of Westminster
Jean	Strong	Town of Ludlow
Midge	Tucker	Town of Plymouth
Jane	Wheeler	Town of Brattleboro

BOARD OF DIRECTORS 2025

Terms	Name	Officer/Committee Roles	Address	Phone/Work/E-mail
1st: July 2023 – June 2026	**Leland Dale Wilson** Retired, attorney and social service grant/contract manager	Treasurer, Board of Directors Finance Committee	150 Oak Grove Ave Brattleboro, Vt. 05301	802-689-6762 Lelandw2000@yahoo.com
1st: Dec 2019 – Nov 2022 *2nd: Dec 2022 – Nov 2025*	**Teresa M. Volta** RSVP Volunteer Center Program Coordinator (NH)	Interim President, Board of Directors Chair, Public Policy/Programming Committee Finance Committee HR/Board Development Committee	289 Kirk Meadow Rd Springfield, Vt. 05156	802-558-5130 Vtladyslipper@gmail.com
1st: Oct 2021 – Sept 2024 *2nd – Oct 2024 – Sept 2027*	**Beth Spicer** Retired Vermont Public Guardian	Chair, Advisory Council Chair, HR/Board Development Committee Secretary, Board of Directors	23 Butler Hill Rd Westminster West, Vt. 05346	802-536-5037 bspicer1@gmail.com
1st: September 2024 – June 2026	**JoAnne C. Blanchard** Executive Director of Valley Village	Finance Committee	217 Damon Rd Springfield, Vt. 05156	802-289-4069 jblanchard@valleyvillagevt.org
1st: March 2025 – Sept 2025	**Lou Witherite** Retired		681 Western Ave Brattleboro, Vt. 05301	802-922-0606 lwitherite@aol.com
1st: March 2025 – Sept 2025	**Dawn Slade** Valley Village		16 Howe Rd Williamsville, Vt. 05362	802-585-2816 Dawn.Slade@gmail.com

The Senior Solutions' E-mail: information@seniorsolutionsvt.org

Senior SOLUTIONS
Area Agency on Aging in Southeastern Vermont

Senior Solutions
Emergency Operations Plan

July 2025

Agency Profile

Agency Name: Senior Solutions

Address: 38 Pleasant Street, Springfield VT 05156

County: Windsor

Phone: 802-885-2655 **Fax:** 802.357.4721

Email Address: info@seniorsolutionsvt.org

Agency Administrator: Executive Director, Mark Boutwell

Address: 38 Pleasant Street, Springfield VT 05156

Phone: 802-885-2655 **Secondary Phone:** 802-245-3688

Emergency Phone: 802-369-4641

Emergency Operations Plan Coordinator: Lori Lintner

Address: 38 Pleasant Street, Springfield VT 05156

Phone: 802-885-2655 **Secondary Phone:** 802-755-7328

Emergency Phone: 603-209-3900

Average Daily Census: Clients: 22 clients per day (5,800 clients per year)
Employees: 37

Specialty Services: Resources, Case Management, Home-Delivered and Community Meals, Legal Assistance, Medicare Information and Counseling, Options Counseling, Caregiver Support, Senior Companions and Friendly Visitors, HelpLine, Transportation Assistance, Veteran Directed Care, Volunteer Opportunities, Wellness Programs, Special Services Funding

Emergency Phone Numbers

Police, Fire, Ambulance	911
Poison Control	800-222-1222
Senior Solutions Executive Director: Mark Boutwell	802-369-4641
Springfield Office Landlord & Utilities: Holy Family Parish, Lori Limoges - Manager	802-885-4123
Brattleboro Office Maintenance: Jake Rover, Brattleboro Real Estate Investments	802-490-8362
Windsor Office Landlord: Windsor Improvement Corp Property Manager: Springfield Reg Development Corp (Heather Hartford)	802-885-3061
Springfield Telephone: Avaya/Ring (through EuropaIT)	(802) 275-4848
Springfield Internet Service: V-Tel	802 885 9002
Brattleboro Internet Service: Firstlight	888-832-4976
Telephone equipment: EuropaIT	(802) 275-4848
Computers, Network: EuropaIT	(802) 275-4848
Vermont Emergency Management Public Information Officer: Mark Bosma	800-347-0488
Springfield Town Health Officer: Paul Stagner	802-885-4546

In An Emergency Situation Always Call 911

- - Fire
- - Medical Emergency/Rescue (**DO NOT attempt to transport another employee or client in a medical emergency)**
- - Hostile threatening person
- - Theft or other unlawful act

Table 1
Primary and Satellite Offices

Primary Agency			
Agency Name	**Address (Street, City, State, Zip)**	**County**	**Contact #**
Senior Solutions	38 Pleasant Street Springfield, VT 05156	Windsor	802-885-2655
Branch Offices			
Agency Name	**Address (Street, City, State, Zip)**	**County**	**Contact #**
Senior Solutions	205 Main Street, Suite 4 Brattleboro, VT 05301	Windham	802-885-2655
Senior Solutions	1 Railroad Avenue, Windsor, VT 05089	Windsor	802-885-2655

Signature Page

Senior Solutions, Council on Aging for Southeastern Vermont

Executive Director

08/14/2025
Date

Record of Changes

This is a continuing record of all changes to the Emergency Operations Plan.

Change Number	Date of Change	Description of Change	Initials
1	12/18/19	Made EOP Coordinator Joann Erenhouse	CAW
2	10/03/23	EOP Coordinator is now Lori Lintner Executive Director is now Mark Boutwell	
3	5/15/24	Changes and updates	RLW
4	07/16/25	Finalizing suggested changes from 05.15.24	LL & KLG
5	08/14/25	Additional changes to out-of-date information	KLG

Record of Distribution

This plan has been provided to the following personnel and/or agencies.

Recipient Name	Department/Agency	Date Distributed	Initials
State Unit on Aging	DAIL	07/17/25	LL
State Unit on Aging	DAIL	08/15/25	KLG

Contents

1. INTRODUCTION

A. Purpose

An All-Hazards Emergency Operations Plan (EOP) will be established in order to protect the life and health and safety of Senior Solutions staff and clientele. This plan will follow recommended federal guidance and be updated regularly to reflect changing hazard conditions and reflect updates within the working environment of the agency.

Particular attention shall be given to critical areas of concern which may arise during any “all hazards” emergency whether required to evacuate or to sustain in place. The six (6) critical areas of consideration are:

- Communications.
- Resources and assets
- Safety and security
- Staffing
- Utilities
- Clinical activities

The EOPs must be exercised and reviewed annually.

B. Scope

The emergency operations plan (EOP) is designed to guide planning and response to a variety of hazards that could threaten the safety of clients, staff, and visitors, the environment of the agency, or adversely impact the ability of the agency to provide services. The plan is also designed to meet state and local planning requirements.

The Executive Director will be responsible for activating the plan. Activation of the plan will be conducted in conjunction with agency command staff as well as local emergency management and public health personnel.

C. Assumptions

The assumptions statement shows the limits of the EOP, thereby limiting liability. The following assumptions delineate what is assumed to be true when the EOP was developed.

- Identify top five hazards.
- Identified hazards will occur.
- Agency staff are familiar with the EOP.
- Agency staff will execute their assigned responsibilities.
- Executing the EOP will save lives and reduce damage.

2. CONCEPT OF OPERATIONS

A. Incident Management

Incident management activities are divided into five phases: mitigation, preparedness, planning, response, and recovery. These phases are described below:

- **Mitigation:** Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. This may include installing generators for backup power, implementing and enforcing building codes, and raising electrical panels to protect them from possible flood damage. **Senior Solutions' mitigation strategy is training staff to recognize emergencies and having them know how to appropriately act when a situation arises.**

- **Preparedness:** Preparedness activities develop the response capabilities that are needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those procedures, and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary. **Senior Solutions' preparedness strategies include all of these activities.**

- **Planning:** Planning is a methodical way to think through the entire life cycle of an organizational problem or a potential crisis. Planning provides a systematic process to engage the whole community in: Determining required capabilities, establishing a framework for roles and responsibilities, envisioning desired outcomes, and selecting ways to achieve those desired outcomes. **Senior Solutions' planning strategies are written in this EOP.**

- **Response:** Response activities include those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. **Senior Solutions' strategies for response are written in this EOP.**

- **Recovery:** Recovery focuses on restoring operations to a normal or improved state of affairs. It occurs after the stabilization and recovery of essential functions. Examples of recovery activities include the restoration of non-vital functions, replacement of damaged equipment, agency repairs, organized return of clients into the agency, and reconstitution of client records and other vital information systems. Another key consideration in the recovery and response phases of an incident is the tracking of staff hours, expenses, and damages incurred as a result of the emergency. Detailed records will need to be maintained throughout an emergency to document expenses and damages for possible reimbursement or to properly file insurance claims. **Senior Solutions' strategies for recovery are detailed in the Continuity of Operations Plan.**

B. Plan Activation

The emergency operations plan will be activated in response to internal or external threats to the agency. Internal threats could include fire, bomb threat, loss of power or other utility, or other incidents that threaten the well-being of clients, staff, and/or the agency itself. External threats include events that may not affect the agency directly but have the potential to overwhelm agency resources or put the agency on alert.

Persons Responsible for Plan Activation

Once a threat has been confirmed, the employee obtaining the information must notify their supervisor immediately. If the employee cannot contact their supervisor, they must immediately contact the Executive Director directly.

The supervisor should in turn contact the Executive Director. The Executive Director will assess the situation and initiate the plan if necessary.

The following individuals have the authority to activate the emergency operations plan:

Table 2
Individuals Responsible for Emergency Operations Plan Activation

Primary: Mark Boutwell, Executive Director	802-245-3688 (daytime) 802-369-4641 (after hours)
Backup 1: Lori Lintner, Operations Director	802-755-7328 (daytime) 603-209-3900 (after hours)
Backup 2: Susan Phelps, Finance Director	802-755-7338 (daytime) 802-384-4710 (after hours)

Alerting Staff (On and Off Duty)

To notify staff that the emergency operations plan has been activated; those within the agency will be contacted first through an automated text message.

Staff away from the agency at the time of activation will be contacted by an automated text message. The Operations Director is the individual responsible for ensuring staff are alerted.

Alerting Response Partners

The agency works closely with several external partners **(See Annex A: Communications)**. The Operations Director will be the individual responsible for contacting these external agencies to notify them that the emergency operations plan has been activated.

3. ROLES AND RESPONSIBILITIES

During an event, specific roles and responsibilities will be assigned to individual positions/titles as well as agency departments.

A. Essential Services

The table below identifies the departmental roles and responsibilities during plan activation.

Table 3
Roles and Responsibilities

Essential Services	Roles and Responsibilities	Lead Point of Contact	Secondary Point of Contact
Emergency Case Management, Information & Assistance, State Health Insurance	Assistance calls, SHIP, community benefits, caregiver services, other grant-funded programs	Operations Director	HelpLine Manager
Emergency Non-CM Clients (Core Dependents)	Older adults who have no family or friends to rely on	Lead Case Managers	Operations Director
IT Support	Telephone & computer problems; have master list of keys for all files; payroll	Communications and Data Director	Data Entry Specialist
Nutrition, Wellness, & Transport	Congregate meals, home delivered meals, wellness programs, elderly and disabled transportation	Nutrition & Wellness Director	HelpLine Manager
Public Relations & Backup Support	Handle questions related to community partners & problem solve in areas of need	Executive Director	Board Members Communications Director
Human Resources	Manage staff questions. Set up EAP as needed	Human Resources Director	Executive Director

Table 4
Critical Functions of Agency

Time Frame	Functions
Daily/Weekly	HelpLine calls State Health Insurance Plan (SHIP) problem solving Case Management (Choices for Care, Moderate Needs, Options Counseling, Veterans Directed Care, Self Neglect) Unscheduled, walk-in clients and visitors Oversight of home-delivered meals Volunteer Coordination (Senior Companions, Friendly Visitors) IT support Time sheet approval Requests for funds (as needed)
Bi-weekly	Payroll Vendor & respite checks Bank deposits
Monthly	Choices for Care end of month reconciliation of records Choices for Care billing Insurance changes & updates

B. Positions

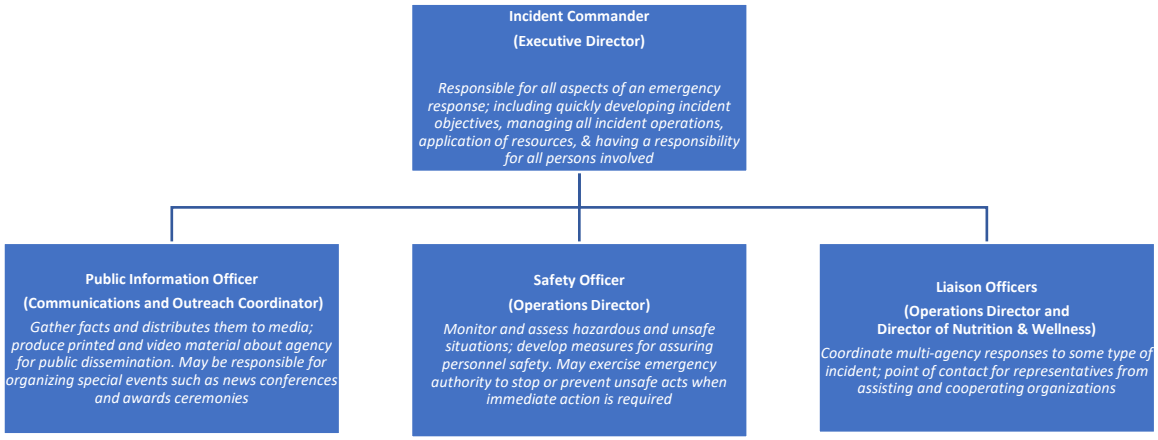
Identifying and assigning personnel in accordance with the Incident Command System (ICS) depends a great deal on the size and complexity of the incident. The ICS is designed to be flexible enough so that the number of staff needed to respond to an incident can be easily expanded or contracted.

4. COMMAND AND COORDINATION

A. Command Structure

Command will be organized according to the Incident Command System (ICS). The chart below illustrates the structure of response activities and orders of succession under the ICS. The chart shows the chain of command and the span of control under each level of management. It also illustrates the flexibility of ICS to expand or contract response activities based on the type and size of the event.

Organizational Chart



Orders of Succession

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow agency policies for the key agency personnel and leadership. The following table lists position specific personnel.

Table 5
Key Personnel and Orders of Succession

Command and Control	Primary	Successor 1	Successor 2
Incident Commander	Executive Director	Operations Director	Finance Director
Public Information Officer	Communications and Data Director	Executive Director	Operations Director
Safety Officer	Operations Director	Executive Director	Finance Director
Liaison	Executive Director	Operations Director	Director of Nutrition & Wellness

Delegation of Authority

Delegations of authority specify who is authorized to make decisions or act on behalf of agency leadership and personnel if they are away or unavailable during an emergency. Delegation of authority planning involves the following:

- Identifying which authorities can and should be delegated,
- Describing the circumstances under which the delegation would be exercised, including when it would become effective and terminate,
- Identifying limitations of the delegation,
- Documenting to whom authority should be delegated, and
- Ensuring designees are trained to perform emergency duties.

Table 6
Delegations of Authority

Authority	Type of Authority	Position Holding Authority	Triggering Conditions
Close office/branch	Emergency Authority	Executive Director and Operations Director	When conditions make coming to or remaining in the agency unsafe
Represent agency/organization when engaging Govt. Officials	Administrative Authority	Executive Director	When the pre-identified leadership is not available
Activate agency/organization's memorandum of understanding/mutual aid agreements	Administrative Authority	Executive Director	When the pre-identified leadership is not available

B. Local Emergency Operations Center Coordination

This organization will coordinate fully with the **Vermont Department of Health**, should follow the prescribed Incident Command System, and integrate fully with community agencies in activation for a disaster event or during exercises. In addition, Senior Solutions will provide information on client needs during initial planning with the local emergency management agency (to include essential services). The agency will participate in any regional/county coalition/local emergency planning committee.

C. Public Health Coordination

The **Management Team** will coordinate planning and response activities with public health. Activities may include:

- Following disease reporting requirements at Vermont Department of Health List of Reportable Diseases PDF. http://www.healthvermont.gov/sites/default/files/documents/2016/11/hs_orid_vt_reportable_disease.pdf
- Participating in public health planning initiatives.
- Receiving guidance and health alerts through the Federal Emergency Management Agency (FEMA).
- Participating in any after-action planning as requested from public health officials.

5. CLIENT MANAGEMENT IN AN EMERGENCY

A. Behavioral Health Services to Clients

Prior to an emergency, the **Operations Director** will establish links with local community mental health centers and community service organizations to identify community resources that can respond to the mental health needs of clients in an emergency. Current contact information will be maintained for these organizations so clients, their families, and others can be referred to those resources if needed.

During and after an emergency, the **Operations Director** will coordinate with community mental health resources to provide support for clients.

6. UTILITIES

A. Alternate Means of Meeting Office/Branch Building Utility Needs

In the event of an outage, the **Front Desk Manager** will call the power company to report the outage and get an estimated time that the power will be restored. The **Front Desk Manager** will notify all departments of the power failure and the status of repair. In the event a power failure happens after normal business hours, the **Executive Director** will immediately notify the **Management Team** to report the outage.

7. EVACUATION

A. Decision Making: Evacuate or Shelter-in-Place

The decision whether to advise staff to evacuate or shelter-in-place will rest with the **Executive Director.** This person will be responsible for deciding which action to take and when evacuation or shelter-in-place activities should commence. The decision will be made in consultation with agency staff and external stakeholders such as emergency management, fire department, or public health personnel.

Factors to be considered in making the decision to evacuate or shelter-in-place include: the nature and timing of the event, the location or projected path of the threat such as in the case of a flooding incident, ice storm or hurricane, and the vulnerability of the client or staff member.

The chart below identifies hazards that could necessitate the need for the evacuation or shelter-in-place of staff, who is responsible for making the decision, who is to be consulted, the timeline of activities, and factors that should be considered in deciding whether to evacuate or shelter-in-place.

Table 7
Evacuation or Shelter-in-Place Decision Making Chart*

Hazard	Decision Authority	Alternate	Consulting Parties	Timeline	Triggers for Evacuation
Severe Weather (thunderstorm, lightning, high wind, micro/macro bursts, power outage, ice storms, heavy snow, blizzards, nor'esters)	Incident Commander	Safety Officer	VT Emergency Management	48 hours prior to arrival of storm	Location and intensity of flooding, erosion, power outage, etc.
Flood	Incident Commander	Safety Officer	VT Emergency Management	48 hours prior to arrival of storm	Flash flooding, erosion, flooded roadways
Structural Fire	Incident Commander	Safety Officer	Local Fire Chief	Immediately	Likelihood of fire (i.e. heating appliance), smoke poisoning

* adapted from Springfield, VT Local Hazard Mitigation Plan
https://springfieldvt.gov/vertical/sites/%7B234B28A5-DB73-489E-ABFA-F2FB1EF67C08%7D/uploads/02.16.2024_Springfield_LHMP_Draft.pdf

B. Client Records and Maintenance

All critical client information is maintained in PeerPlace and SAMS. Critical data includes:

- Client information (e.g., clinical data, physician orders, care plans)
  - Name
  - Social Security Number
  - Medicaid or other health insurance number
  - Date of Birth
  - Diagnosis
  - Current drug/prescriptions and dietary regimens
  - Name and contact of next of kin/responsible person/Power of Attorney

- Family information (e.g., contact information)

- Signed HIPPA and Release of Information forms

C. Evacuation Locations & Routes

If the agency is damaged to the extent normal working procedures cannot continue, or it is determined that evacuation is warranted due to fire, an approaching storm, or other hazard, staff may be asked to evacuate their respective office (Springfield, Windsor, Brattleboro). Evacuation Sites and Routes are included in Attachment B.

8. GLOSSARY

Activation - When all or a portion of the plan has been put into motion.

After-Action Report (AAR) - A report that includes observations of an exercise or real event and that makes recommendations for improvements. The purpose of the after-action report is to document the overall performance of the organization during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, issues, opportunities for improvement, and best practices.

Communications Redundancy - A communications system wherein alternative modes of communication are present in case a component fails.

Decontamination - The process of making safe by eliminating poisonous or otherwise harmful substances, such as noxious chemicals or radioactive material.

Delegations of Authority - Specifies who is authorized to make decisions or act on behalf of agency leadership and personnel if they are away or unavailable during an emergency.

Hazard Vulnerability Analysis (HVA) - Identifies possible hazards, including their probability, severity, frequency, magnitude, and locations/areas affected. Available at: https://vem.vermont.gov/sites/demhs/files/documents/2018SHMP-VermontProfileHazardAssessment.pdf

Health Insurance Portability and Accountability Act of 1996 (HIPAA) - U.S. government legislation that ensures a person's right to buy health insurance after losing a job, establishes standards for electronic medical records, and protects the privacy of a client's health information.

Homeland Security Exercise and Evaluation Program (HSEEP) - Developed by the Department of Homeland Security (DHS) as a threat and performance-based exercise program that provides doctrine and policy for planning, conducting, and evaluating exercises. HSEEP was developed to enhance and assess terrorism prevention, response, and recovery capabilities at the local, state, and federal levels. HSEEP training courses are free and available online.

Human-Caused Events - An event that is a result of human intent, negligence, or error, or involving a failure of a man-made system. Includes terrorism, criminal events, biological events, hazardous material and chemical spills, extended power outages, fires, or any event for which a human is responsible.

Improvement Plan (IP) - Identifies specific corrective actions, assigns to responsible parties, and establishes targets for completion.

Incident Command System (ICS) - A standardized, on-scene, all-hazards incident management approach that allows for the integration of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; and establishes common processes for planning and managing resources.

Isolation - The separation of an ill client or staff member from others to prevent the spread of an infection or to protect the individual from irritating or infectious environmental factors.

Key Personnel - Personnel designated by their department, organization, or agency as critical to the resumption of mission-essential functions and services.

Mission Essential Functions (Essential Functions) - Activities, processes, or functions that could not be interrupted or unavailable for several days without significantly jeopardizing the operation of the department, organization, or agency.

Responder Management System (RMS) - A secure registration system and database for health professional volunteers willing to respond to public health emergencies.

Mitigation - The stage of emergency management where activities are conducted that eliminate or reduce the possibility of a disaster occurring. For healthcare operations, this might include the installation of generators for backup power, the installation of hurricane shutters, or the raising of electrical panels to protect from possible flood damage. State Hazard Mitigation Plan: https://vem.vermont.gov/plans/SHMP

Mutual Aid Agreements (MAA) - Arrangements made between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. These are also referred to as inter-local agreements or Memorandum of Understanding (MOU).

National Incident Management System (NIMS) - A systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

Natural Disasters - The effect of a natural hazard that affects the environment and leads to financial, environmental, and/or human losses. Includes severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, floods, and wildfire events.

Orders of Succession - Ensures leadership is maintained throughout the agency during an event when key personnel are unavailable.

Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee for protection against infectious materials.

Preparedness - The stage of emergency management where activities are conducted to develop the response capabilities needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those procedures, and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

Public Health - The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.

Public Information - Information that is disseminated to the public via the news media before, during, and/or after an emergency or disaster.

Recovery - The stage of emergency management that focuses on restoring operations to a normal or improved state of affairs. This stage occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment, and agency repairs.

Response - The stage of emergency management that includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans, triaging, and treating staff or clients that have been affected by an incident.

Vital Records, Files, and Databases - Records, files, documents, or databases, which if damaged or destroyed, would cause considerable inconvenience and/or require replacement or re-creation at considerable expense. For legal, regulatory, or operational reasons, these records cannot be irretrievably lost or damaged without materially impairing the organization's ability to conduct business.

Vulnerable Populations - Vulnerable populations are adults who are geriatric, disabled, or have serious chronic conditions or addictions.

9. ACRONYMS

AAR/IP	After-Action Report/Improvement Plan
COOP	Continuity of Operations
DHS	Department of Homeland Security
EMS	Emergency Medical Services
EMA	Emergency Management Agency
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
HC	Healthcare
HIPAA	Health Information Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard and Vulnerability Analysis
HVAC	Heating, Ventilation, and Air Conditioning
ICS	Incident Command System
IS	Independent Study
JIC	Joint Information Center
MAA	Mutual Aid Agreement
MRC	Medical Reserve Corps
MOU	Memorandum of Understanding
NIMS	National Incident Management System
OEPR	Office of Emergency Planning and Response
POC	Point of Contact
POD	Point of Distribution
PPE	Personal Protective Equipment
RMS	Responder Management System
SHIP	State Health Insurance Program
VDH	Vermont Department of Health
VEM	Vermont Emergency Management

10. ATTACHMENTS

Attachment A: Training Plan

Attachment B: Routes to Evacuation Sites

Attachment C: Vermont State Department of Health Regional Public Health Emergency Preparedness Map

Attachment D: Employee Emergency Call Back Roster

Attachment E: Volunteers Emergency Call Back Roster

Attachment A: Training Plan

All Management Staff will be trained initially and every year thereafter.

Training:

- Emergency Preparedness Policies and Procedures
- Annual AED and First Aid Training with local EMS/Fire Department
- ICS 100
    - Personnel who will have a direct role in response to an incident will be trained in ICS-100 (Introduction)
    - These classes are offered through FEMA online or through VEM for free

The agency should be able to provide documentation of completion of all trainings.

National Incident Management System (NIMS)

Federal Emergency Management Agency (FEMA)
https://training.fema.gov/is/

Attachment B: Routes to Evacuation Sites

Springfield
The designated reporting location for staff and volunteers will be **Holiday Inn Express (**818 Charlestown Rd, Springfield, VT 05156).

To get there from the Springfield office:

1. Head south on Pleasant Street toward Summer Street
2. Turn right onto Summer Street
3. Turn left onto Main Street
4. Continue onto VT-11 E/Clinton Street
5. Turn left into Holiday Inn Express parking lot

To get there when travelling down I-91 southbound:

1. Drive south on Interstate-91
2. Exit highway at Exit 7 toward Springfield
3. Bear right at fork
4. Holiday Inn Express will be on the right

To get there when travelling up I-91 northbound:

1. Drive north on Interstate-91
2. Exit highway at Exit 7 toward Springfield
3. Bear right at fork
4. Holiday Inn Express will be on the right

Brattleboro
Alternate location is **Putney Food Co-op (**8 Carol Brown Way, Putney, VT 05346).

To get there from the Springfield office:

1. Head south on Pleasant Street toward Summer Street
2. Turn right onto Summer Street
3. Turn left onto Main Street
4. Continue onto VT-11 E/Clinton Street
5. Bear right onto I-91 south. Follow I-91 S to US-5 N in Dummerston.
6. Take Exit 4 from I-91 S toward Putney
7. Turn right on US-5 north
8. Turn left onto Carol Brown Way- co-op is on the right

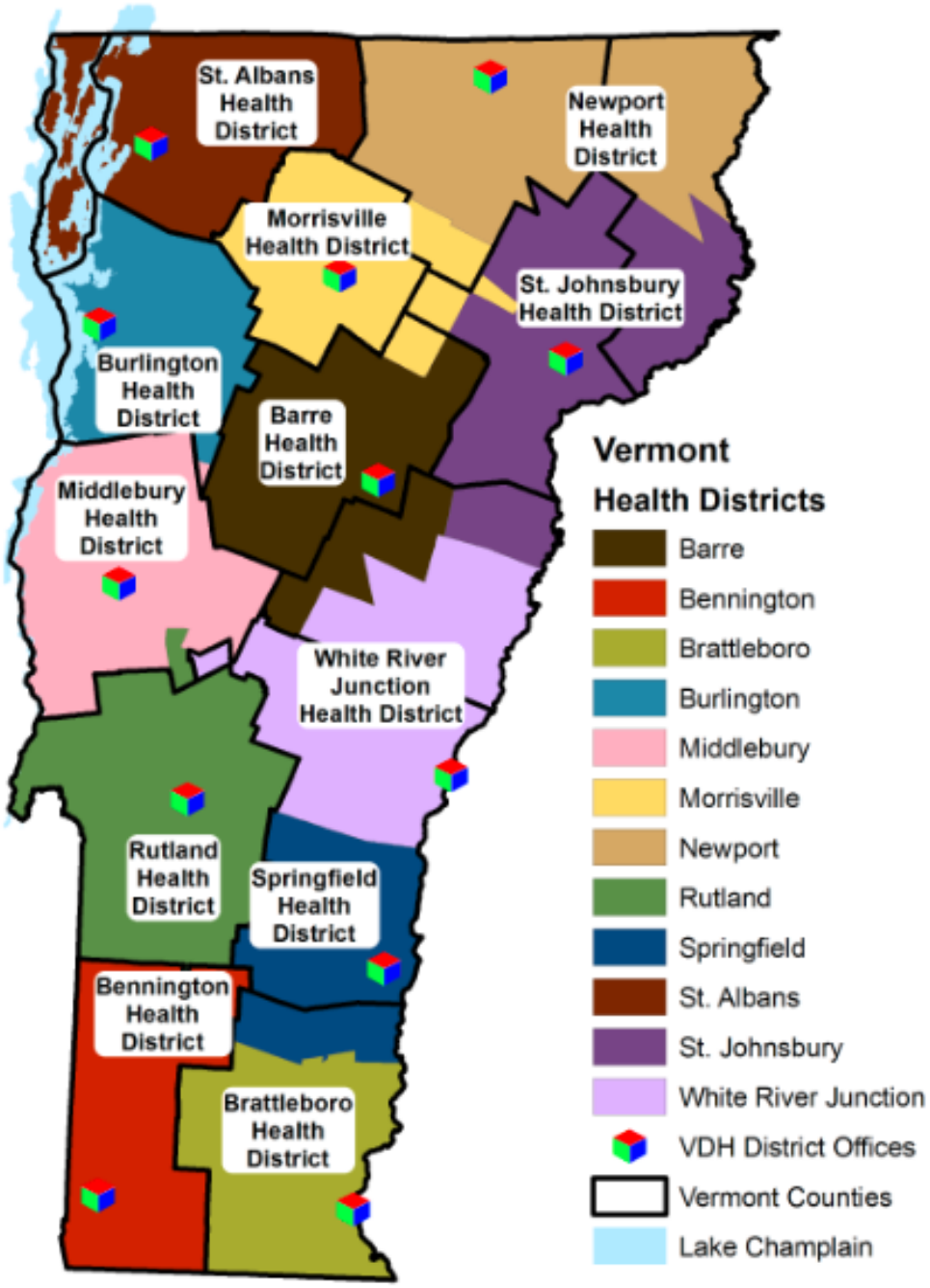
To get there when travelling down I-91 southbound:

1. Drive south on Interstate-91
2. Exit highway at Exit 4 toward Putney
3. Bear right at fork
4. Turn left onto Carol Brown Way- co-op is on the right

To get there when travelling up I-91 northbound:

1. Drive north on Interstate-91
2. Exit highway at Exit 4 toward Putney
3. Turn left onto Putney Landing Road
4. Turn left onto Carol Brown Way- co-op is on the right

Attachment C: Vermont State Department of Health Regional Public Health Emergency Preparedness Map



*taken from: http://www.healthvermont.gov/GIS

Public Information

The **Public Information Officer** will have the responsibility for coordinating media and public information. All media inquiries should be directed to the **Public Information Officer**. No other staff member should interact directly with the media unless they have approval from the **Public Information Officer.**

Planning Activities

An agency's plan should include the following communication planning activities the agency is or will be conducting; providing safety and education information to clients as necessary, collaboration with other agencies, and/or community service organizations for clients who need assistance. To ensure communication with clients is consistent and timely during an emergency, this agency has established and will continue to develop current contacts for clients and working relationships with local, state, and federal partners to ensure that client safety needs are met during a disaster. Clients who are able to participate in their own evacuation should be informed and aware of their roles and responsibilities in the event of a disaster.

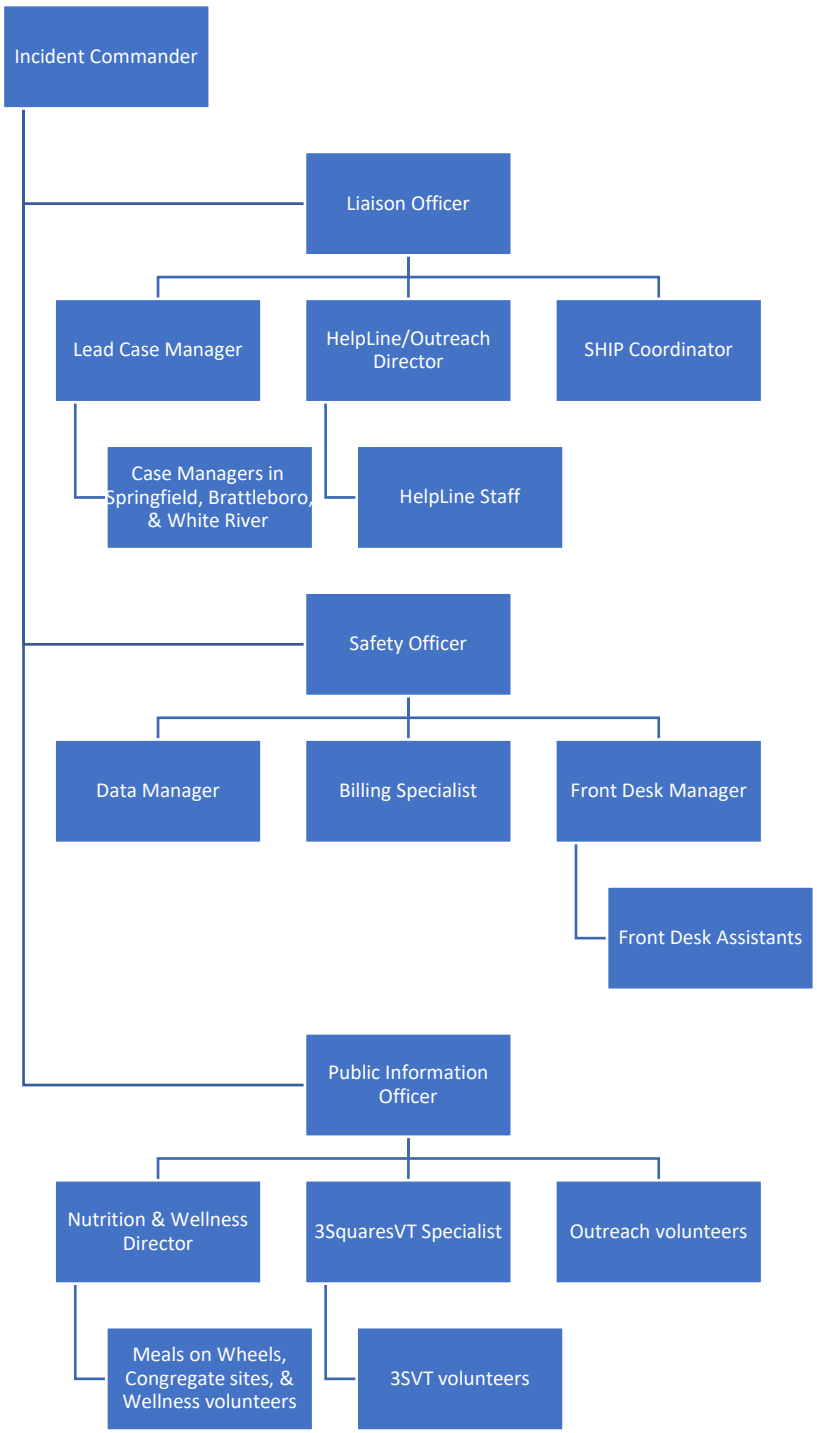
Communication with Other Organizations

The **Liaison Officer** will be responsible for providing key information to other organizations. Key information to be shared with other partner organizations in the community during a disaster includes:

- Command structures, including names and contact information for the command center,
- Resources and assets that can be shared, and
- Processes for the dissemination of the names of clients and the deceased for tracking purposes.

Attachment D
Employee Emergency Call Back Roster
Springfield, Brattleboro, Windsor

Name	Phone	Staffing Role
Mark Boutwell	802-369-4641	Executive Director Incident Commander
Lori Lintner	802-755-7328	Operations Director Liaison Officer & Safety Officer
Joann Erenhouse	802-733-7988	Volunteer Coordinator
Malcolm Hamblett	802-755-7315	Lead Case Manager
Moira Ennen	802-885-2655 x2109	HelpLine/Outreach Director
Tirah Brothers	802-755-7249 x 2129	State Health Insurance Program (SHIP) Coordinator
Donna Waldo	802-885-2655 x2103	Front Office Coordinator
Liza Eager	802-755-7295	Nutrition & Wellness Director
Renee Woliver	802-275-8222	Communications and Data Director Public Information Officer
Pam Halme	802-731-9451	Lead Case Manager
Sue Phelps	802-885-2655 x2105	Finance Director



Attachment E
Volunteers Emergency Call Back Roster
28 February 2019- Windham & Windsor County

Agency Contact	Volunteer Roles
Volunteer Coordinator	Friendly Visitors Senior Companions
Nutrition and Wellness Director	Meals on Wheels drivers Congregate meal coordinators Wellness programs volunteers
3SquaresVT Specialist	3SquaresVT volunteers

*each Agency Contact will maintain lists of volunteer contacts for their responsible program(s) and will contact the appropriate volunteers in time of emergency if needed

11. ANNEXES

Annex A: Communications

Annex B: Safety and Security

Annex A: Communications

Internal Communication

To ensure personnel are adequately informed throughout the course of emergency response activities, the agency will provide updates and general information to staff through regularly scheduled briefings, agency internal website, e-mail, etc. This flow of information regarding the incident will continue throughout the emergency until the all-clear signal is given.

Communication with External Response Partners

The **Public Information Officer** will provide updates to external organizations within **twelve (12) hours.** To communicate with external agencies, the agency will use a **Senior Solutions email account.**

Table 8
External Contacts, Windham County

Agency	Purpose for Contact	Contact Name/Title	Phone	Alternate Contact Info
VT Chief Medical Examiner	Ensures superior death investigations in a system that will operate efficiently and serve the needs of the citizens of Vermont	-	802-863-7320	-
VT Emergency Management	Manages all external communications for VEM before, during, and after an emergency event; contact is the lead during EOC activations and is responsible for crisis communications during all events	Mark Bosma	800-347-0488	802-244-8721
Emergency Medical Service - SIREN - Statewide Incident Reporting Network	An integrated system that responds to everyday medical emergencies every day by providing emergency		800-244-0911	

	medical treatment and transportation of sick and injured patients			
EPI (hotline number)	Epidemiology, in case of reportable infectious disease	Cailin Barlow	802-289-0590	-
Springfield Fire	Use 911 as primary and Fire Dept. as secondary	-	802-885-4546	-
Emergency Planner/ Emergency Response Coordinator	Manages all external communications for VEM before, during, and after an emergency event; contact is the lead during EOC activations and is responsible for crisis communications during all events	Mark Bosma	800-347-0488	802-244-8721
Springfield Police Department	Use 911 as primary and Police Dept. as secondary	-	802-885-2113	-
Surrounding Hospitals	-	Brattleboro Memorial Hospital Grace Cottage	802-257-0341 802-365-7357	-

Table 9
External Contacts, Windsor County

Agency	Purpose for Contact	Contact Name/Title	Phone	Alternate Contact Info
VT Chief Medical Examiner	to ensure superior death investigations in a system that will operate efficiently and serve the needs of the citizens of Vermont	-	802-863-7320	-
Emergency Management Agency	manages all external communications for VEM before, during, and after an	Mark Bosma	800-347-0488	802-244-8721

	emergency event; contact is the lead during EOC activations and is responsible for crisis communications during all events			
Emergency Medical Service	An integrated system that responds to everyday medical emergencies every day by providing emergency medical treatment and transportation of sick and injured patients	Scott Cooney	802-295-3232	802-598-0061
EPI (hotline number)	Epidemiology, in case of reportable infectious disease	Cailin Barlow	802-289-0590	-
Brattleboro Fire	Use 911 as primary and Fire Dept. as secondary	-	802-254-4831	-
Emergency Planner/ Emergency Response Coordinator	manages all external communications for VEM before, during, and after an emergency event; contact is the lead during EOC activations and is responsible for crisis communications during all events	Mark Bosma	800-347-0488	802-244-8721
Police Department	Use 911 as primary and Police Dept. as secondary	-	802-257-7946	-
Surrounding Hospitals	-	Brattleboro Memorial Hospital	802-257-0341	-

Annex B: Safety and Security

Internal Security Measures

Depending on the incident that occurs, a localized agency lockdown will ensue. The Incident Specific Appendices (pg. 37) detail which incidents requires an agency lockdown.

- Entrances and Exits
  - *Main entrance* by Reception Desk
  - *SW exit only* by HelpLine suite
  - *NE exit only* in Large Conference Room
  - *NW exit only* by Case Management suite

Table 10
Internal Security Assignments

Area to Secure	Assigned Staff	Contact Information
Main Entrance	Front Desk Manager	885-2655 x110
NE Exit in Large Conference Rm.	Front Desk Manager	885-2655 x110

Controlling Access

Employees will park in their regular parking spaces and must present agency issued ID to **Front Desk Manager**. All others seeking entrance to the agency shall be directed to **the church's upstairs meeting room** for directions or other information.

Coordination with Local Law Enforcement Agencies

In the event of an internal or external incident **the local Fire Department (Table 8)** can be called to assist. They will assist with security of the perimeter and manage traffic flow if needed. Any request for additional resources must be coordinated through **Vermont Emergency Management (Table 8).**

Attachment F: Vermont Hazard Vulnerability Analysis

A hazard vulnerability analysis (HVA) conducted by the **Vermont Department of Health** provides details on local hazards including type, effects, impacts, risk, capabilities, and other related data. The top five hazards below are taken from the Vermont Profile and Hazard Assessment: https://vem.vermont.gov/sites/demhs/files/documents/2018SHMP-VermontProfileHazardAssessment.pdf

Vermont Hazard Vulnerability Analysis Results

1. Rainstorm/Thunderstorm
2. Winter storm
3. Heat
4. Landslide
5. Drought

12. INCIDENT SPECIFIC APPENDICES

Appendix A: Active Shooter

Appendix B: Biological or Chemical Event

Appendix C: Bomb Threat

Appendix D: Cyber Attack

Appendix E: Explosive Event or Fire

Appendix F: Extended Power Outages

Appendix G: Floods

Appendix H: Hazardous Materials/Decontamination

Appendix I: Hurricanes

Appendix J: Nuclear/Radioactive Event

Appendix K: Pandemic Influenza/Infection Control/Isolation

Appendix L: Severe Weather/Extreme Temperatures/Winter Storms

Appendix M: Wildfire

Appendix N: Hostile Intruder

Appendix A: Active Shooter

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and/or populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within ten to fifteen minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation. This annex is designed to minimize the negative impacts and to provide an appropriate response in the event of an incident involving a person with a weapon within the agency.

Organizational Plan:

- Send out staff-wide email with alert
- Contacting response partners
- Agency Lockdown Policy

Links:

http://www.dhs.gov/publication/active-shooter-how-to-respond

http://training.fema.gov/is/courseoverview.aspx?code=IS-907

Appendix B: Biological Event or Chemical Event

A biological event is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines, or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water, or in food. Terrorists may use biological agents because they can be extremely difficult to detect and may not cause illness for several hours to several days. Some bioterrorism agents, such as the smallpox virus, can be spread from person to person and some, such as anthrax, cannot.

A chemical event is the intentional use of toxic chemicals to inflict mass causalities and mayhem on an unsuspecting civilian population. A chemical event often refers to the use of military chemical weapons that have been illicitly obtained or manufactured anew. However, a chemical event could also be an accidental release such as the unintentional explosion of an industrial chemical factory, a tanker car, or a transport truck in proximity to a civilian residential community, school, or worksite.

Planning efforts need to be made for these specific biological attacks: Aerosol Anthrax, Plague, Food Contamination, and Foreign Animal Disease.

Planning efforts need to be made for these specific chemical attacks: Blister Agent, Toxic Industrial Chemicals, Nerve Agent, and Chlorine Tank Explosion.

Organizational Plan:

- Send out staff-wide email with alert
- Contacting response partners
- Shut down heating, ventilation, and air conditioning
- Personal protection equipment plan/training
- Infection control plan
- Isolation/quarantine plan
- Treatment plan
- Decontamination procedures

Links:
http://www.fema.gov/pdf/emergency/nrf/nrf_BiologicalIncidentAnnex.pdf

https://www.ready.gov/Bioterrorism

http://www.dhs.gov/topic/biological-security

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4904a1.htm

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4904a1.htm

Appendix C: Bomb Threat

A bomb threat can be delivered as either a written or verbal notification of intent to detonate an explosive or incendiary device with the intent of causing harm to individuals or of causing damage to or the destruction of physical property. Such a device may or may not exist. While a good number of bomb threats are pranks, bomb threats made in connection with other crimes such as extortion, hijacking, and robbery are quite serious.

Organizational Plan:

- Send out staff-wide email with alert
- Contacting response partners
- Bomb Threat Call Checklist
- Agency Lockdown Policy
- Evacuation Decision Maker(s) with contact information
- Evacuation with meeting locations identified
- Search procedures for each department
- Train staff on awareness of suspicious packages

Link:

https://emilms.fema.gov/is906/assets/ocso-bomb_threat_samepage-brochure.pdf

Appendix D: Cyber Attack

Cyber security involves protecting that infrastructure by preventing, detecting, and responding to cyber incidents. Unlike physical threats that prompt immediate action such as stop, drop, and roll in the event of a fire, cyber threats are often difficult to identify and comprehend. Among these dangers are viruses erasing entire systems, intruders breaking into systems and altering files, intruders using your computer or device to attack others, or intruders stealing confidential information. The spectrum of cyber risks is limitless. Threats, some more serious and sophisticated than others, can have wide-ranging effects on the individual, community, organizational, and national level.

Organizational Plan:

- Policies and procedures for employee use of your organization's information technologies
- Procedures for securing all computer equipment and servers with specific individual access permissions
- Procedures to report lost items for employees
- Procedures to prevent unauthorized data transfer via USB drives (e.g., thumb drives/flash drives) and other portable devices
- Policies and procedures to disable inactive accounts, including those of transferred or terminated employees, after a set time period
- Procedures on how to address potential cyber security vulnerabilities with medical devices

Links:

http://www.ready.gov/cyber-attack

http://www.fema.gov/pdf/government/grant/hsgp/fy09_hsgp_cyber.pdf

http://www.phe.gov/Preparedness/planning/cip/Documents/cybersecurity-checklist.pdf

Appendix E: Explosive Event or Fire

An unintentional explosion can result from a gas leak in the presence of an ignition source. These leaks/explosions can occur in building lines, infrastructure pipelines, or transportation. The principal explosive gases are natural gas, methane, propane, and butane, because they are widely used for heating purposes. However, many other gases, like hydrogen and acetylene, are combustible and have caused explosions in the past. Gas explosions can be prevented with the use of intrinsic safety procedures to prevent ignition.

Improvised Explosive Devices, commonly referred to as IEDs, have become common tools of domestic and international terrorists. According to the Agency for Healthcare Research and Quality (AHRQ), due to the public accessibility of explosive materials and bomb-making knowledge, a domestic terrorist attack would probably take the form of a conventional explosive munitions attack. An explosive device may consist of explosives alone or may be combined with biological, chemical, or radiological materials. The AHRQ states that a “lack of knowledge about primary blast injuries and failure to recognize a blast’s effect on certain organs can result in additional morbidity and mortality.”

Fire is a rapid oxidation process that releases energy in varying intensities in the form of heat and often light, and generally creates and releases toxic vapors. Fire does not have to be in immediate proximity to be fatal. The reduced oxygen and production of smoke and fumes can replace breathable air, creating an anaerobic environment that leads to asphyxiation. Not all fires create visible smoke. Inside a building where airflow is restricted, the risk of dying from oxygen starvation is greatly increased.

Planning efforts need to be made for these specific explosive attacks: Gas Leak/Explosion and IEDs.

Organizational Plan:

- Send out staff-wide email with alert
- Contact response partners
- Mass fatality and casualty
- Medical surge
- Blast injuries
- Secondary devices
- Shut down heating, ventilation, air conditioning, power, oxygen, and gas to affected area(s)
- Close doors and windows
- Evacuation with meeting locations identified
- Fire extinguishers (types, location, and training)
- Smoke detector locations
- Sprinkler systems

- Disaster Resiliency and National Fire Protection Association (NFPA) Codes and Standards
  - Refer to the NFPA Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

Links:

http://www.dhs.gov/topic/explosives

http://www.ready.gov/explosions

https://www.osha.gov/SLTC/etools/hospital/hazards/fire/fire.html

http://www.nfpa.org/safety-information/for-consumers/escape-planning/basic-fire-escape-planning

https://www.osha.gov/SLTC/etools/hospital/hazards/fire/fire.html

http://www.nfpa.org/safety-information/for-consumers/escape-planning/basic-fire-escape-planning

Appendix F: Floods

Floods are one of the most common hazards in the United States. A flood is the inundation of a normally dry area caused by an increased water level in an established watercourse. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire basins and multiple states. Flooding can also occur along coastal areas as a result of abnormally high tides, storms, and high winds.

Organizational Plan:

- Send out staff-wide email with alert
- Contact response partners
- Shut down power to affected area(s)
- Evacuation with meeting locations identified
- Monitor weather radio and media outlets

Links:

http://www.ready.gov/floods

https://www.osha.gov/dts/weather/flood/index.html

Appendix G: Hazardous Materials/Decontamination

Hazardous Materials incidents occur when a hazardous substance has been dispersed into the environment in a manner that has the potential to harm people. These emergencies can result from the release of toxic substances in any quantity, the release of large quantities of a substance that is not problematic when used in smaller and controlled amounts, or from the results of combining two otherwise non-hazardous substances. Release can be in vapor, aerosol, liquid, or solid form.

Organizational Plan:

- Send out staff-wide email with alert
- Contact response partners
- Identify sources of hazardous materials/waste
- Decontamination Plan
- Runoff of contaminated water during decontamination
- Identify necessary emergency actions to save lives and protect the staff and the environment
- Evacuation with meeting locations identified
- Identify exposure procedures
- Infection Control Plan

Links:

http://www.ready.gov/hazardous-materials-incidents

https://www.osha.gov/SLTC/hazardouswaste/training/decon.html

Appendix H: Hurricanes

A tropical cyclone, also called a hurricane depending on its location and strength, is a storm system characterized by winds reaching a constant speed of at least seventy-four miles per hour and possibly exceeding two hundred miles per hour. On average, a hurricane's spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rain falls. Tornado activity may also be generated from these spiral cloud bands. Hurricanes are unique in that the vortex or eye of the storm is deceptively calm and almost free of clouds with very light winds and warm temperatures. Outside the eye, a hurricane's counter-clockwise winds bring destruction and death to coastlands and islands in its erratic path. High winds and heavy rains from hurricanes impact inland regions many miles from the coast.

Organizational Plan:

- Contact response partners
- Storm surge zones
- Hurricane evacuation routes
- Evacuation Plan
- Staffing needs
- Monitor weather, radio, and media outlets
- Reference Severe Weather Plan

Links:

http://www.ready.gov/hurricanes

http://emergency.cdc.gov/disasters/hurricanes/index.asp

http://www.nws.noaa.gov/om/hurricane/index.shtml

Appendix I: Nuclear/Radioactive Event

While nuclear power facilities have multiple mechanical, technological, and procedural redundancies to minimize technological failure and human error, it is prudent to have a plan for dealing with the possibility of a catastrophic failure at a nuclear facility or threat of an act of terrorism. Likewise, radiological events occur without warning and will require rapid responses to decontaminate and treat those who may have been exposed.

Organizational Plan:

- Send out staff-wide email with alert
- Contact response partners
- Proximity to nuclear facility (plume projections)
- Evacuation with meeting locations identified
- Identify exposure procedures
- Decontamination Plan
- Identify necessary emergency actions to save lives and protect the staff
- Nuclear medicine

Links:

http://www.ready.gov/nuclear-power-plants

http://www.ready.gov/nuclear-blast

http://www.ready.gov/radiological-dispersion-device-rdd

http://www.remm.nlm.gov/

Appendix J: Pandemic Influenza/Infection Control/Isolation

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness, and can sweep across the country and around the world in a very short time. It is expected that such an event could overwhelm local healthcare systems as an increased number of sick individuals seek healthcare services. In addition, the number of healthcare workers available to respond to these increased demands will be reduced by illness rates similar to pandemic influenza attack rates affecting the rest of the population.

Organizational Plan:

- Send out staff-wide email with alert
- Contact response partners
- Infection Control Plan
- Isolation Plan
- Immunization Policy
- Preventative measures (e.g., personal protective equipment, hand sanitizer)
- Staff absenteeism due to illness

Links:

http://www.flu.gov/

http://www.ready.gov/pandemic

http://www.cdc.gov/flu/pandemic-resources/index.htm

http://www.healthvermont.gov/sites/default/files/documents/2016/11/hs_orid_vt_reportable_disease.pdf

Appendix K: Severe Weather/Extreme Temperatures/Winter Storms

Severe Weather

Severe weather is any atmospheric phenomenon that can cause property damage or physical harm.

Extreme Temperatures

The loss of the heating, ventilation, and air conditioning (HVAC) system in a agency is a serious technological failure under certain conditions. During times of extreme weather, such as a frigidly cold winter or usually hot summer, the failure of these systems can create harmful and fatal conditions for clients.

Winter Storms

Snow and accompanying ice can immobilize a region and paralyze a city. Ice can bring down trees and break utility poles, disrupting communications and utility service. It can also immobilize ground and air transportation. The agency may find itself completely on its own for several days.

Organizational Plan:

- Send out staff-wide email with alert
- Contact response partners
- Loss of heating, ventilation, and air conditioning
- Identify necessary emergency actions to save lives and protect the staff
- Monitor weather radio and media outlets
- Severe weather
    - Hail
    - Intense cloud to ground lightning
    - Torrential rain
    - Strong winds (micro-bursts, straight line winds)
    - Tornadoes
    - Extreme cold and heat
    - Ice and snow

Links:

http://www.ready.gov/severe-weather

http://www.ready.gov/tornadoes

http://www.ready.gov/heat

http://www.ready.gov/winter-weather

Appendix L: Wildfire

Each year, thousands of acres of land and dozens of structures are destroyed by fires that can start at any time of the year. Wildfires have a variety of causes including arson, lightning, debris burning, and carelessly discarded cigarette butts. Adding to the fire hazard is the growing number of people living in new communities built in areas that were once open land.

Organizational Plan:

- Send out staff-wide email with alert
- Contact response partners
- Shut down heating, ventilation, and air conditioning
- Close doors and windows
- Smoke (inhalation, visibility)
- Evacuation with meeting locations identified

Links:

http://www.ready.gov/wildfires

https://www.osha.gov/dts/wildfires/index.html

http://www.readyforwildfire.org/wildfire_action_plan

Appendix M: Hostile Intruder

A number of tragic shooting incidents in public spaces and campuses around the country have heightened the community's concern and awareness about what steps to take if ever confronted with a similar situation. These incidents have demonstrated that preparedness, alertness, quick action, immediate notification, and rapid response are imperative. A hostile intruder is defined as individual(s) activity that is immediately causing death and/or serious bodily injury. The activity is not contained and there is immediate risk of death or serious injury to numerous potential victims. In most cases, hostile intruders use a firearm(s) and display no pattern or method for selection of their victims. In some cases, hostile intruders can use other techniques such as verbal abuse, physical aggression, and/or knives to carry out their attack

Planning considerations:

- Follow ALICE steps (alert, lockdown, inform, counter, evacuate)
  - Send out staff-wide email with alert
  - Contact response partners
  - Close and lock doors and windows
  - Evacuation with meeting locations identified

Links:

https://bgs.vermont.gov/security/active-shooter

https://www.alicetraining.com/

Senior Solutions FY26 Budget - Revenue as % of Program

Revenue as % of program	Home Delivered Meals	Congregate Meals	Care Public Information	Care Respite	Case Management	Info and Assistance	Legal Assistance	Medicare Benef. Svcs. (SHIP)	Nutrition Counseling	Sr. Companion Prog.
Older Americans Act	46%	100%	16%	48%	1.35%	79.97%	43.56%	5.54%	100.00%	50.35%
Choices for Care	0%	0%	0%	0%	85.56%	0.00%	0.00%	0.00%	0.00%	0.00%
Donations	1%	0%	0%	0%	1.34%	0.00%	0.00%	0.00%	0.00%	0.00%
General Fund	18%	0%	84%	0%	0.00%	20.03%	56.44%	17.61%	0.00%	24.41%
Local and Other	5%	0%	0%	0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Federal	30%	0%	0%	0%	5.43%	0.00%	0.00%	76.85%	0.00%	25.25%
Other State	0%	0%	0%	52%	6.32%	0.00%	0.00%	0.00%	0.00%	0.00%