



State of Rhode Island
Division of Elderly Affairs

STATE PLAN ON AGING

OLDER AMERICANS ACT OF 1965, AS AMENDED

October 1, 2019 to September 30, 2023

Gina M. Raimondo, Governor

Rose Amoros Jones, Director

Table of Contents

Section	Page
Verification and Intent	2
Executive Summary	3
Context	5
Focus Areas	9
Goals and Objectives	23

Attachments

Appendix A:	State Plan Assurances and Required Activities
Appendix B:	Summary of Public Outreach
Appendix C:	Recent Accomplishments and Future Priorities
Appendix D:	Demographic Information
Appendix E:	Resource Allocation Plan
Appendix F:	Division Organizational Chart
Appendix G:	DEA Programs Summary

Verification of Intent

The Rhode Island Division of Elderly Affairs' State Plan on Aging ("State Plan on Aging") is hereby submitted for the State of Rhode Island and Providence Plantations for the period October 1, 2019 through September 30, 2023. Included are all assurances and plans to be implemented by the Rhode Island Division of Elderly Affairs under provisions of the Older Americans Act of 1965, as amended through Public Law 109-365, enacted October 17, 2006 (the "Act").

The Single State Agency named above has the statutory authority to develop and administer the State Plan on Aging, in accordance with all requirements of the Act, and is primarily responsible for the development of comprehensive and coordinated systems for the delivery of services to elders and adults with disabilities in Rhode Island, and to serve as the effective and visible advocate for those it serves.

The State Plan on Aging for Federal Fiscal Years 2020 through 2023, hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

I hereby approve this Plan as Her Excellency; Governor Gina M. Raimondo's Designee and submit it for approval to the Assistant Secretary for Aging, Administration on Aging, U.S. Department of Health and Human Services.

Rose Amoros Jones
Director
Rhode Island Division of Elderly Affairs

Date

Executive Summary

As the Designated State Unit on Aging, the Rhode Island Division of Elderly Affairs (DEA) is charged with developing and administering a State Plan on Aging (Plan), in compliance with all federal statutory and regulatory requirements. The Plan carries out the complementary objectives of the federal Older Americans Act, Administration for Community Living, and the State of Rhode Island. As Rhode Island's chief advocate for people over 55 years of age and adults with disabilities, DEA coordinates all state activities under the purview of the Older Americans Act and administers funding under Titles III and VII –in addition to National Family Caregiver Support programs.

Rhode Island's older adult population is growing rapidly. Over 31 percent of Rhode Islanders are 55 or older versus 28 percent nationally, and our state has the highest proportion in the United States of those 85 or older¹. On February 25, 2019, Governor Gina M. Raimondo appointed Rose Amoros Jones director of DEA to build upon the Division's progress and accelerate its work on behalf of older Rhode Islanders and adults with disabilities. Under the Director's stewardship, DEA will continue to play a critical role in advancing the well-being of its constituents and preparing the State to meet the demands of this growing and vital population.

Rhode Island's 2019 –2023 State Plan on Aging is designed with the age wave in mind and the recognition that people's needs are diverse and multi-dimensional as they age. The Plan, which sets forth a strategic framework and measurable goals, will serve as DEA's blueprint from October 1, 2019, through September 30, 2023, to strengthen organizational operations and program offerings that help those DEA serves live well. This work is anchored in a people-first philosophy and the agency's values of choice, connection, equity, safety, and performance.

In designing Rhode Island's Plan, DEA sought to create a document and an approach that are responsible and responsive to people's lived experiences, while promoting ongoing community engagement. DEA solicited feedback from more than 1,000 consumers and engaged a wide array of community partners and providers to inform development of this Plan.

DEA believes the best way to support people is to meet them where they are. Through 2023, the agency will continue to take a place-based approach to service delivery, further investing in its network of programs, developing robust online tools and outreach campaigns, and streamlining processes. The vision for the future is to ensure there is 'no wrong door' in Rhode Island for older adults and those with disabilities when seeking information or help with short-and/or long-term needs.

Consistent with the organizational mission and vision for a comprehensive system of home and community-based services for FFY 2020 through FFY2023, goals for the Rhode Island's State Plan on Aging are as follows:

¹ U.S. Census Bureau. *20013-2017 American Community Survey 5-Year Estimates*.

1. Provide Choice – A person should be the primary author of her/his own life and have access to the information and supports needed to thrive.
2. Enhance Connection – People should have opportunities to connect with each other, with help, and with their greater community. Our work should be coordinated to make this possible.
3. Ensure Equity – All Rhode Islanders should be able to participate fully in society and benefit from available programs and services.
4. Promote Safety – Older adults and those with disabilities should have the opportunity to live with dignity, feel safe in their homes and communities, and know that their needs will be met.
5. Emphasize Performance – Those we serve benefit most when we are responsible stewards of resources, make smart investments in line with people’s needs, and hold ourselves accountable to achieving established goals.

Objectives and strategies to achieve these Goals are detailed below, starting on page 23.

This State Plan on Aging is submitted in compliance with Section 305(a) (1)(A) of the Older Americans Act of 1965, as amended through Public Law 109-365, enacted October 17, 2006. DEA is the designated State Agency on Aging for the State of Rhode Island and has chosen to continue to designate Rhode Island as a single planning and service area. This State Plan on Aging includes all assurances for state agencies and area plans as detailed in the Older Americans Act as amended. The mandated assurances of compliance with provisions of the Older American Act can be found attached hereto as Appendix A.

CONTEXT

Introduction

Rhode Island's older adult population is growing rapidly—a phenomenon fueled by maturing baby boomers, sharp declines in mortality, and dramatic increases in ethnic minority communities. Over 31 percent of Rhode Islanders are 55 or older versus 28 percent nationally, and our state has the highest proportion in the United States of those 85 years or older². The adults with disabilities community has also grown in Rhode Island, with 20 percent of residents having a disability³.

Our work at the Rhode Island Division of Elderly Affairs (DEA) is centered around meeting the short-and long-term needs of these populations. We believe all Rhode Islanders should have an opportunity to live an inspired life, of their choosing, that allows them to age healthfully and happily. Inherent in this belief is an acknowledgment that people's needs and preferences are diverse and multi-dimensional as they age and that people are best served when we take a holistic approach and align efforts and resources across public and private sectors.

DEA continues its leadership and focus on enhancing partnerships, integrating programming, and maximizing available funding to strengthen supports for elders, adults with disabilities, and their caregivers. In 2018, Governor Gina M. Raimondo directed DEA to engage older Rhode Islanders, their caregivers, and community partners in the work to update our state's plan on aging and build upon our progress over the last four years. The insights gleaned from these interactions informed the goals and investment priorities set forth in Rhode Island's 2020-2023 State Plan on Aging. This new Plan provides the strategic framework for DEA's work over the next four years and is anchored in our values of choice, connection, equity, safety, and performance; through it, we will make prudent investments with state resources, federal discretionary grants, and Older Americans Act funding (Titles III and VII) across key program areas.

Our work at DEA supports the State's broader efforts to evaluate and strengthen the continuum of long-term care services in Rhode Island. A complementary outreach effort in 2018—*Inspired Living in Rhode Island*—produced additional insights and recommendations on needed investment, including in workforce, transportation, information, and quality of life. These insights informed Governor Raimondo's State Fiscal Year 2020 budget proposal and will continue to help shape DEA's path forward. Similarly, the state's recently updated *State Plan on Alzheimer's Disease and Related Disorders* will serve as a blueprint for action in addressing Alzheimer's in Rhode Island. The disease affects 23,000 Rhode Islanders and more than 50,000 family members and

² U.S. Census Bureau. 20013-2017 American Community Survey 5-Year Estimates.

³ U.S. Census Bureau. 20013-2017 American Community Survey 5-Year Estimates.

caregivers. In 2020, we will join partners to release a comprehensive plan to meet the needs of caregivers in Rhode Island.

Research shows that most people desire to age in community whenever possible. By supporting this aim, we not only promote better health outcomes and quality of life –for older adults, those with disabilities, and their caregivers –but also help stall, if not avoid, more costly institutional care and strain on Medicare, Medicaid, and other social security programs. Success in our work would not be possible without many partners across government, community, and business. Through the 2020-2023 State Plan on Aging, DEA will continue to foster collaboration and partnership to benefit Rhode Islanders. At the same time, we will remain engaged with those we serve, refining goals and success measures as required, to ensure our work remains relevant and responsive to people’s needs and preferences.

Organizational Structure. The Rhode Island Department of Elderly Affairs (“DEA”) was created in 1977 by Title 42 Chapter 66 of the Rhode Island General Laws, which prescribed the organization and function of the Department. As of July 1, 2011, the Department of Elderly Affairs was merged into the Department of Human Services and became a division of the Department of Human Services. DEA continues to serve as the State Unit on Aging and is led by a Director who is appointed by and reporting to the Governor. A full-time staff of approximately thirty (30) full-time equivalents (“FTE”) carries out the responsibilities of the Division with an annual budget for the 2019 fiscal year of approximately \$21 million dollars. DEA is charged with the role of advocate for elders and persons with disabilities. In the 2020 budget proposal, under consideration by the Rhode Island General Assembly at the time of submission of this Plan, Governor Raimondo has planned an official name-change for the agency, from “Division of Elderly Affairs” to “Office of Healthy Aging”. If passed by both chambers of the General Assembly, the change will take effect July 1, 2019. DEA’s organizational chart is attached hereto as Appendix F.

DEA administers Older Americans Act funding under Titles III and VII for Senior Nutrition; Abuse/Protective Services/Elder Rights; Senior Centers and Supportive Services; Information, Referral and Assistance; Health Promotion; and the Long-Term Care Ombudsman. Staff administers approximately 140 community-based grants to such grantees as regional nutrition projects; senior centers; older volunteer programs; and regional case management agencies. DEA administers statewide health promotion/disease prevention activities for low-income minority elders through local senior centers and community-based agencies. In addition, staff is responsible for program monitoring, policy, planning and program development and providing technical assistance as well as informational resources to all community grant recipients and local municipalities in the development of local senior programming.

Title III program funds are awarded by DEA in compliance with Older Americans Act requirements to target low income, minority older persons. The Division is the state agency responsible for administering family support services under the National Family Caregiver Support Program (“NFCSP”) enacted in the 2000 Older Americans Act Amendments. The NFCSP further enhances Rhode Island’s ability to develop initiatives that support informal caregivers’ access to information about available services, caregiver training, caregiver support groups, respite

care and other supplemental services coordinated with agencies having working relationships and reputations for providing quality supportive services.

As the State's population ages, we anticipate a growing demand for supportive services to assist with developmental disabilities, behavioral and mental health services. As their need for medical care increases, aging Rhode Islanders are placing, and will continue to place, an increasing strain on Medicare, Medicaid and other social security programs. The chronic illnesses and disabilities of these individuals become more challenging as they age and acquire additional age-related illnesses and disabilities. The cost of care increases and provides programming challenges to the traditional elder services system. DEA has taken the lead in building a collaborative relationship between the providers, sister state agencies, elder advocates, and consumers to strengthen and develop programs and resources to enhance the lives of Rhode Island elders. The Division's continuing leadership, visibility and strategic management of resources will ensure that the needs and issues of Rhode Island's elders are addressed. DEA will continue to focus on strategies that enhance partnerships, integrate programs, and leverage funds to minimize service gaps and provide needed service enhancements that support elders, adults with disabilities and their caregivers. Maturing baby-boom cohorts, sharp declines in mortality, and dramatic increases in the minority and adults with disabilities community will amplify the challenges faced by a full range of social institutions and human service programs.

Highlights of Recent and Current Activities. DEA continues to seek to deliver services more efficiently and to make our programs sustainable. This includes the reorganization of DEA programs, collaboration with other agencies, and other initiatives. Appendix C of this document provides a representation of recent accomplishments as well as future priorities for the Division.

Collaboration with Other Agencies. DEA is looking to expand many of its long-standing partnerships with sister state agencies. With the RI Department of Health, DEA is strengthening its participation in the Community Health Network Program, meant to more efficiently and effectively connect individuals with community-based health and wellness programs. Recent successful efforts also include capitalizing on the State's Health Equity Zone program to encourage greater focus and consideration for the older adult population.

In the area of behavioral health, DEA is increasing its commitment to supporting and serving the older adult population with these special needs. Specific examples include participation on a recently created cross-agency working group for complex protective services cases, sitting on the State's behavioral health population redesign planning group, and joint service delivery with the RI Department of Behavioral Healthcare, Development Disabilities, and Hospitals to proactively outreach and respond to older adults with mental and behavioral health concerns.

As DEA looks for new ways to better support older adults caring for minors, our organization will begin to participate on the RI Department of Children, Youth and Families Kinship Advisory Council. Moving forward, DEA hopes to increase its coordination capacity to identify older adults caring for minors and connect them to our Title III E funded grandparents as caregivers programs. Other efforts in the field of caregiving include continued support of the newly formed Family

Caregiver Alliance of RI as it develops the first State Plan on Caregiving; and as the Caregiver Alliance looks to build a coalition of state agencies and community partners serving individuals from across the lifespan to better coordinate caregiver supports.

In the field of education, DEA is advancing efforts to collaborate with the RI Department of Education (RIDE) and the RI Office of Postsecondary Commissioner on two important initiatives. Beginning in federal fiscal year 2018, a pilot initiative was introduced utilizing Title IIIB funding to develop a replicable model meant to encourage intergenerational engagement. In the coming years, DEA hopes to expand this intergenerational pilot to other communities in collaboration with RIDE. Separately, as the State's Lifespan Respite discretionary award continues to expand to additional nursing programs throughout Rhode Island, DEA has included the Office of Postsecondary Commissioner in simulation demonstrations and conversations about future opportunities for expansion.

FOCUS AREAS

A. Older Americans Act Core Programs

1. Title III and Title VI Program Coordination

According to the U.S. Census, Rhode Island's Native American population is quite small. Approximately 5,280 Native Americans live in Rhode Island, and nearly 700 of Rhode Island's Native Americans are age 65 or older.⁴ DEA does not receive Title VI funding for Native American programs. DEA seeks to reach out to our State's Native American population, the Narragansett Indian Tribe, by making Title III funds available to the Tribe. Specifically, we allocate annually a portion of our Title III C congregate meal funding to the Narragansett Indian Tribe for its meal site, and in calendar 2018, the Narragansett Indian Tribe meal site served 3,197 meals.

In addition, DEA distributes by competitive bid approximately \$375,000 annually in Title III B funds which may be used for a variety of supportive services for older individuals and adults with disabilities in order to empower them to remain independent and self-sufficient. Pursuant to the terms of the Request for Proposals, Tribal organizations are eligible and invited to apply for these funds. DEA also reaches out to the Narragansett Indian Tribe to ensure that it is aware of funding opportunities for which it is eligible to apply, as well as of the variety of programs and services that are available to the Tribe's older individuals and adults with disabilities.

2. Strengthen Title III and Title VII Programs

DEA constantly seeks ways to improve the delivery of Older Americans Act core services.

Nutrition. At 9.6 percent, Rhode Island is among the ten states with the highest rates of food insecurity among seniors. The percentage of older adults who face the most severe levels of food insecurity is the highest in the country at 5.4 percent⁵. Many seniors experiencing hunger have limited income and reduced mobility. Working with partners and other state agencies, DEA is addressing the challenges of meeting the needs of this vulnerable population.

As part of her efforts to grow Rhode Island's economy and support healthy families and communities, in spring 2016 Governor Raimondo announced the hiring of the State's (and the nation's) first director of food strategy to lead the development of Rhode Island's first comprehensive Food Strategy. In fall 2017, the Rhode Island Hunger Elimination Task Force (HETF) was established, with the objective of ensuring equitable food access and food security for all Rhode Islanders. The work of the HETF is integrated in the state's broad efforts to grow its food economy and address food insecurity.

⁴ U.S. Census Bureau. American Community Survey 2013- 2017 5-Year Estimates.

⁵ Feeding America: *The State of Senior Hunger in America in 2017, 2019*

In RI state fiscal year 2016, Governor Raimondo included in her proposed budget an additional \$330,000 in state general revenue funding for the home-delivered meals program. The increased level of funding has been sustained each year since, with the goal to minimize the client waitlist.

DEA continues to work with Meals on Wheels of RI, Inc., the home-delivered meals provider, to ensure there will be no interruption in meal delivery during inclement weather; this is included as a requirement in the scope of work. When feasible, Meals on Wheels delivers an extra meal the day before a storm is expected, and Meals on Wheels publicizes delivery of the extra meal, together with closure announcement(s), so seniors and caregivers have comfort that there will be no interruption in meal delivery. Annually, Meals on Wheels seeks grant funding support for provision of shelf-stable meals in the event that an emergency prevents weekday deliveries. For the last six years, Meals on Wheels has been able to provide five (5) shelf stable meals each winter to seniors for use when service is interrupted.

In recent years, increasing participation in the Congregate Meal Program has been a challenge, likely driven by the stigma associated with “meal sites”. In DEA’s experience, meal sites are often viewed as places for “old people”. In response, DEA established a Restaurant/Voucher program that is operated through a collaborative effort between the service provider agencies and restaurants such as Uncle Tony’s, Pizza J, and Newport Creamery. The program uses vouchers to attract older adults who may prefer a less “traditional” meal site program setting. Under this program, the restaurants offer special menus for seniors that meet the requirements of the Act, and the program otherwise is operated in compliance with Title IIIC (e.g., contributions are voluntary). DEA continues to innovate and connect more older adults to nutritious meals – especially those with significant social and economic need.

Supportive Services and Senior Centers. DEA’s Senior Centers and Supportive Services Program is funded with Title IIIB funds. Every four (4) years DEA awards funds for this program through a competitive bidding process. We continuously update the scope of work for this program, based on our review of program performance, in order to ensure the availability of critical services for Rhode Island’s seniors throughout the State. In the most recent round of competitive applications, DEA incentivized submissions where supportive services would be shared beyond the applying organization. This effort was intended to spread services more broadly. The first iteration was met with some success and is an incentive we are considering maintaining in future rounds of funding. Lastly, as we plan for a shift in delivery and deployment of our State’s ADRC over the coming years, the focus and scope of accepted service activities under this program may be adapted to promote other emerging pilots and initiatives.

Health Promotion. DEA administers a Health Promotion and Disease Prevention Program using Title IIID funds. The goal of this program is to provide evidence-based health programs. These grants are awarded by competitive bid every five (5) years. DEA has succeeded in having a variety of programs offered, notwithstanding the limited funding available. Programs currently offered include Chronic Disease Self-Management Program, A Matter of Balance, Arthritis Walk with Ease, and Diabetes Prevention.

Supplementing these services, DEA has joined and strengthened its coordination with our sister agency, the Rhode Island Department of Health (RIDOH). Through this partnership, DEA is taking a more purposeful approach to planning, coordination, and delivery of programming. Examples of this include utilization of the RIDOH Community Health Network Program, joint planning sessions on coordination of grant applications and program service delivery, and serving as members of relevant committees. Beginning in federal fiscal year 2018, DEA advanced coordination efforts by sustaining an additional Diabetes Prevention program that had lost its RIDOH funding. Moving forward, DEA is considering the potential to contract with other RIDOH funded partners, with a focus on supporting those who are working toward sustainable financing through means such as Medicare billing.

Case Management. Case management services are provided for DEA by contracted community agencies. Case management agency staff assist DEA in the implementation and oversight of protective services designed to keep elders safe in the community. Regularly scheduled meetings are held between DEA administrators and case management agency supervisors for the purpose of addressing: 1) specific concerns and challenges related to protective services clients; and 2) an ongoing review of changes in DEA policy and procedures. The case management agencies also play an integral role in the provision of home and community care services through the performance of assessments, application and enrollment assistance, and the development, implementation and monitoring of care plans.

The case management program is divided into different geographic regions, with each agency assigned to a specific area of the State. Title IIIB funds are allocated to agencies based on the population need in their respective regions. For example, the regions of the state most densely populated and with lowest average incomes see notably more service units for protective service delivered in a given year, as compared to the rest of the state.

As of July 1, 2012, the DEA case management agencies became formal operating partners in The POINT; currently, there are four (4) case management agencies, each assigned to cover specific geographic regions of the state to ensure statewide case management coverage. The DEA case management agencies receive sustainable Medicaid and CNOM funding for the person-centered counseling and case management services they provide in connection with the enrollment of seniors in Medicaid and CNOM services.

Person-Centered Counseling; Information, Referral and Assistance. A key component of DEA's efforts to strengthen its provision of person-centered counseling and information, referral, and assistance services is The POINT, Rhode Island's Aging and Disability Resource Network. Since March 2010, the main, statewide office of The POINT has been hosted and managed by United Way of RI and co-located with the state's 2-1-1 system. In addition to this main office, there are regional POINT offices throughout the State. The POINT is funded with Title IIIB and Title IIIE funds.

Under a previous State Plan on Aging, DEA integrated the delivery of SHIP, SMP, MIPPA and POINT services for those populations served by DEA. As a result, responsibility for these programs throughout the state now is divided among five (5) lead agencies, with each lead having

responsibility for the delivery of all of these programs in an integrated, coordinated and efficient manner within a specific geographic region of the state. The integrated project began on January 1, 2014. The number of agencies now providing POINT services is 24 and the network is able to reach targeted populations. In addition, the Ocean State Center for Independent Living is a partner in the provision of POINT services for adults with disabilities.

DEA is currently exploring opportunities to strengthen the POINT network. As we enter a new four (4) year state plan period, promising opportunities exist to align The POINT with the State's broader efforts to create a "No Wrong Door" model in Rhode Island. Performance measures for The POINT can be found under Goal I in the Goals and Objectives section, beginning on page 23.

Caregiver Supports. DEA allocates much of its Title III E National Family Caregiver funds to support the statewide respite program, CareBreaks. Respite recipients must meet the eligibility requirements as outlined in the Act. At the start of federal fiscal year 2019, a waitlist for the CareBreaks program existed after several years of open availability. Identified reasons for this growth in demand are an ever-increasing population of caregivers in need and greater use of program services due to promotion efforts. Continued demand is expected. As part of the state's broader effort to develop a caregiver's state plan, DEA is exploring opportunities to enhance this program.

An area for targeted growth for Title III E funding is through State's Grandparents as Caregivers program. Formerly, DEA partnered with a sole provider, YMCA of Greater Providence, to offer afterschool programming and summer camp scholarships at multiple location to those 18 and younger with a grandparent or older adult guardian seeking respite supports. Thanks to increased funds in federal fiscal year 2018, the State expanded its Grandparents as Caregivers program to the YMCA of Pawtucket, which offers similar services in the communities of Pawtucket, Central Falls, Lincoln, and Woonsocket. This expansion will result in DEA meeting its 10% cap on utilizing Title III E funds for older adults caring for minors.

3. Increase the Business Acumen of Aging Network Partners

In line with our performance focus area, we will work with our partners over the next four years to improve their business acumen. Strengthening capacity across our network is key to best serving consumers:

- The POINT Network Redesign - Under Rhode Island's new State Plan on Aging, the aging and disability resource network will be enhanced. More robust training opportunities, engagement, and streamlined processes across organizations will be introduced and help strengthen partners' business acumen.
- Data & Technology - DEA works with all grantee agencies to improve their data collection and grant reporting and to help partners understand the importance of good data practices to their operations. In 2019, we will begin rollout of active contract management to partner

organizations – in addition to introducing new technology that enhances case management coordination across community living and elder rights & safety programs.

Interagency Coordination

- Under the ACL Lifespan Respite grant, we are working to strengthen Rhode Island’s newly established Family Caregiver Alliance. With our partners, we will develop and implement a robust marketing communications plan over the next two years and increase engagement and coordination with state agency partners that serve caregivers across the lifespan.
- To maximize resources and enhance partners’ capacity, we are coordinating with state health and human service agencies who have a shared goal of developing and expanding community partnerships helping to connect people with social supports. For example, we are working with Rhode Island’s Department of Health to: 1) grow our state’s health equity zone initiative, which brings local organizations together to address community-identified needs, such as food access, housing, and/or transportation; and 2) expand evidence-based health and wellness programs across the state.
- To better promote socialization among homebound elders and intergenerational understanding, we are working with partners to grow the Senior Companion and Students for Seniors programs. Formal and informal community social supports have been identified as an important component to community living which our State Plan on Aging embraces wholeheartedly.
- Through public/private partnerships, such as Governor Raimondo’s Hunger Elimination and Overdose Prevention & Intervention Task Forces, we are supporting the state’s broader efforts to address critical issues, such as mental illness, addiction, and food insecurity. Our work centers around better coordinating programs and initiatives across the state that connect people with needed resources.

DEA will continue to seek new opportunities to improve its partners’ business acumen.

4. Work Toward Integration of Health Care and Social Services Systems

DEA seeks opportunities to collaborate with other agencies, both inside and outside state government, to integrate health and social services systems. Current and new efforts in this area include:

Department of Health. DEA works closely with RIDOH in several areas. The State Unit on Aging has assisted RIDOH with marketing and outreach for the Chronic Disease Self-Management Programs (CDSMP). RIDOH was recently awarded a new round of CDSMP funding, and DEA will assist with marketing and outreach through The POINT and through DEA’S Title IIIB Senior Centers and Supportive Services program. Additionally, RIDOH has offered its electronic

resource and referral database, the Community Health Network Program, as an avenue for sharing DEA programs and services to community health providers. Recognizing that senior centers are a valuable tool to reach community-based seniors, DEA includes in its Title IIIB Senior Centers and Supportive Services program scope of work a requirement that grantees assist with promotion of, and recruitment for, CDSMP.

In addition, both the *A Matter of Balance* and CDSMP workshops take place at senior and other community centers, increasing the likelihood that participants will benefit from other available programs.

Financial Alignment Demonstration. The Medicare-Medicaid dually eligible (MME) population often have complex physical and behavioral healthcare needs, requiring that DEA utilize an innovative outreach and service delivery approach.

By way of background, in May of 2014, EOHHS issued a competitive bid for Medicare-Medicaid Plan (MMP) vendors to administer Phase II of RI's Financial Alignment Demonstration (FAD). The FAD supported and implemented health plans to manage healthcare benefits and services to individuals enrolled in both Medicare and Medicaid. The MMP (known as Integrity) was awarded to Neighborhood Health Plan of RI (NHPRI). Integrity is a capitated model which manages both an individual's Medicare and Medicaid services and benefits, including Long-Term Services and Supports (LTSS).

In 2018, DEA successfully applied for the Affordable Care Act (ACA) Support for Beneficiary Counseling for States Participating in the Medicare-Medicaid Financial Alignment Demonstration Funding Opportunity (CMS-1J1-17-001). This funding opportunity provided a continuation of the 2015 ACA SHIP and ADRC Person-Centered Counseling for Medicare-Medicaid individuals in State with Approved Financial Alignment Models grant (CMS-1N1-14-001) that was awarded to DEA. The 2018 continuation award provides one-on-one counseling activities on health coverage opportunities, including Integrity, and all other services available to an individual. In addition to one-on-one options counseling, the 2018 continuation grant focuses on outreach activities to locate dually-eligible beneficiaries who can benefit from options counseling and enrollment assistance.

5. Integrate Core Programs with ACL Discretionary Programs

ADRC/SHIP/SMP/MIPPA. As referenced, DEA integrates the delivery of SHIP, SMP, MIPPA and POINT (ADRC) services. As a result, responsibility for these programs throughout the state now is divided among five (5) lead agencies, with each lead agency having responsibility for the coordinated delivery of all four (4) programs in their respective regions. Each grantee is required to collaborate and sub-contract with at least two (2) local community organizations to ensure services are available where people are in the community.

SMP/Title IIIC Congregate Nutrition. DEA was recently awarded a five-year SMP grant. In order to help expand the program's reach to targeted populations, the SMP program will be collaborating

with the Title III C congregate nutrition providers to coordinate SMP outreach in conjunction with congregate meal sites.

Respite. *CareBreaks*, funded by DEA through a combination of Older Americans Act National Family Caregiver Program funds and state general revenue funds from the Rhode Island General Assembly, and operated by Catholic Social Services of Rhode Island, is the state’s primary respite program. Through *CareBreaks*, families can access safe, affordable, temporary care for their loved ones, providing a needed break from caregiving duties. Services are coordinated through qualified home healthcare providers, adult day providers, and assisted living or nursing care facilities and cost-shares are based on level of need.

Since 2009, DEA has received Lifespan Respite funding from ACL. Most recently, in August 2017, DEA received a three-year Lifespan Respite grant from ACL. The goal of the current project is to further integrate, bring to scale, and achieve long-term sustainability of Lifespan respite services in the State. This goal will be achieved through the following objectives: (1) build upon the sustainability of the workforce development initiative by, (a) targeting nursing students, offering respite services as a clinical placement option for course credit, and (b) the development of a replication toolkit; (2) improve awareness about and access to respite services through, (a) The POINT, (b) the creation of one or more strategically located webpages and links, (c) the strengthening of the State’s recently established Family Caregiver Alliance of RI, and (d) provision of respite services for caregivers of individuals of all ages. Given its expertise in managing respite services, Catholic Social Services of Rhode Island administers these services as part of the CareBreaks respite program.

CDSMP. DEA assists the Rhode Island Department of Health in the Stanford University Chronic Disease Self-Management Program (“CDSMP”), *Living Well Rhode Island*, that began in 2006. This program supplements DEA’s Title III D health promotion activities and supports our efforts to focus on programs and services that will help elders and adults with disabilities to live independently in the community with a high quality of life for as long as possible. Individuals with developmental disabilities; persons who suffer severe, debilitating trauma; those who suffer from serious and persistent mental and physical illnesses; and people who struggle with addiction to alcohol and other substances are living longer today because of better medical treatment and more compassionate social policies. These individuals are now aging into the traditional long-term care system. Self-management and prevention of further disability and disease are keys to preventing unnecessary institutionalization.

Elder Rights and Safety. DEA works to empower older adults and those with disabilities to age healthfully and happily and to feel safe in their homes and communities.

In the State’s effort to respond to increased referrals to its ERS unit, fueled in part, by the increasing older adult population, DEA applied for, and received, an Elder Justice Program enhancement grant in 2018. The award is enhancing operations and services under the ERS unit to:

- Deploy technology for tracking, monitoring, and reporting investigations;
- Strengthen training for ERS staff;

- Host the state’s first summit on elder rights and safety.

Other project activities, such as the partnership with the BHLINK, Rhode Island’s 24-hour crisis and triage center for individuals with behavioral health needs, will deliver enhanced services to the impacted ERS population for both victim and alleged perpetrators.

DEA also offers a Volunteer Guardianship Program (VGP), funded by general revenues allocated by the Governor and General Assembly. The VGP connects qualified individuals in need of a healthcare decision-maker with vetted and trained guardians

Alzheimer’s Disease. Historically, DEA has contracted with Alzheimer’s Association, RI Chapter, for the delivery of programs and supports for individuals, and their families, diagnosed with dementia. Under an ACL award received in 2018, DEA core programs including Information and Referral, Alzheimer’s services and Respite will jointly work with other community partners to implement a state-wide dementia-capable component to its aging and disability resource network. Other activities from this three-year grant include the delivery of supportive programming through training to caregivers (Powerful Tools for Caregivers) and their loved ones with dementia (Persons Living with Alzheimer’s Diagnosis). Also included as an outcome under the award is better care transition measures to support and encourage primary care practices to more proactively screen for, and refer, cases of dementia and Alzheimer’s to The POINT.

Performance Measures: Performance measures for Focus Area A can be found under Goals I, II, III, IV, and V in the Goals and Objectives section below.

B. AoA Discretionary Grants

Alzheimer’s Disease Program Initiative (ADPI). In 2018, DEA applied for and was awarded an ADPI grant from the Administration for Community Living (ACL) for a total project cost of \$848,925. As part of this award, DEA will overhaul the state’s home and community-based system of services, resulting in a dementia-capable system. Efforts in this project will focus on workforce training and the provision of direct service to persons living with dementia and their caregivers.

Project partners under this award include Catholic Social Services of RI, the United Way of RI (operates the statewide POINT call and walk-in center), Alzheimer’s Association-RI Chapter, Rhode Island College, Rhode Island Geriatric Education Center through University of Rhode Island, Healthcentric Advisors, and Hebrew SeniorLife. The institutions of higher education will focus on training of direct service providers and target primary care practices to improve detection, identification, care planning, and referral of individuals diagnosed with dementia to community providers. Further, other listed partners will engage in training for both persons with dementia and their caregivers to help with disease management and coping mechanisms.

Elder Justice. As noted above, in 2018, DEA applied for and was awarded an elder justice innovation grant from ACL. The award is enhancing operations and services under the Elder Rights and Safety unit to:

- Deploy technology for tracking, monitoring, and reporting investigations;
- Strengthen training for ERS staff;
- Host the state's first summit on elder rights and safety.

Other project activities, such as the partnership with the BHLINK, the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals' 24-hour triage and call center for individuals with behavioral health needs, will deliver enhanced services to the impacted ERS population for both victim and alleged perpetrators.

Lifespan Respite Grant. DEA is in the second year of a three-year, Lifespan Respite grant from ACL. Through this funding, DEA launched the Nursing Student Respite Workforce Initiative, working with the Rhode Island College School of Nursing, the University of Rhode Island College of Nursing, Salve Regina University Nursing program, New England Institute of Technology Nursing program. DEA and the higher education institutions are training and pairing senior-level nursing students with families in need of respite care. Other partners in the grant are Heathcentric Advisors (the State's CMS-designated quality improvement organization), Catholic Social Services of RI, and The POINT, working to further integrate, bring to scale and achieve long-term sustainability of Lifespan respite services in the State. This goal will be achieved through the following objectives: (1) expand the Rhode Island Student Nursing Workforce Initiative among higher education nursing programs in the state; (2) enhance the framework of the State's respite program through the newly incorporated Caregiver Alliance; and (3) improve awareness about, and access to, respite services, to include continued funding of the CareBreaks respite program that was implemented under a previous Lifespan Respite grant. Anticipated outcomes include: (1) a statewide system to help support a sustainable respite provider workforce; (2) better access to, and awareness of, available respite services in the State for families and/or caregivers; and (3) a strengthened Caregiver Alliance that will advocate for expansion and sustainability of respite services in Rhode Island.

SMP. DEA has operated Rhode Island's Senior Medicare Patrol (SMP) program since 2006. Through SMP, DEA and its partners assist Medicare beneficiaries, their families and caregivers in preventing, detecting and reporting cases of fraud or abuse. DEA constantly works to improve and expand the program. In 2017, RI SMP coordinated efforts of 82 volunteers who provided over 8,300 hours of service to nearly 12,100 members of the community.

DEA was recently awarded a five-year SMP grant. The primary goal of this new funding opportunity is to improve the capacity of a statewide SMP, with targeted efforts to reach isolated and vulnerable populations. The project's objectives are: (1) Increase statewide capacity to educate and assist targeted and general populations; (2) improve beneficiary education and inquiry resolution; (3) improve efficiency while enhancing operational and quality results; and, (4) target training and education to better serve evolving priority populations. SMP is part of DEA's new Integrated Program, discussed in Context Section, beginning on page five, above.

Medicare Improvements for Patients and Providers Act (MIPPA). DEA oversees the MIPPA program in Rhode Island, established through a grant from ACL. DEA collaborates with its Integrated community partners to accomplish the goals of the MIPPA grant. Primary goals include

outreach and enrollment assistance to Rhode Island’s low-income Medicare beneficiaries who may be eligible for two (2) primary Medicare cost-sharing programs: the Medicare Premium Payment Program (MPP) and the Low-Income Subsidy Program (LIS).

DEA utilizes data prepared by the federal government to locate low-income Medicare beneficiaries in each region of the state. Based on this data, DEA distributes MIPPA funds to each Integrated region according to the percentage of low-income beneficiaries located in each area. For the time period of April 1, 2017, to March 31, 2018, there were 203,875 RI Medicare beneficiaries. Of this total, 57,800 were considered low-income. During this time period, RI increased the number of beneficiaries contacted as compared to the same time period the year prior by 2.24%.

State Health Insurance Assistance Program (SHIP). DEA manages the Rhode Island SHIP, which provides one-on-one, personalized counseling about Medicare benefits and services. Trained SHIP counselors and volunteers are available to answer questions and to assist with health insurance related questions and problems. SHIP services include community outreach, information, and education. Medicare beneficiaries are referred by SHIP counselors and volunteers to other programs and services, as necessary.

DEA SHIP has performed among the highest rated SHIP programs across the 54 states and territories. In the six-month period of July 1, 2018 to December 31, 2018, Rhode Island SHIP counselors and volunteers assisted 8,640 beneficiaries. During this same six-month period, RI SHIP performed 412 outreach events. SHIP, like SMP, is part of DEA’s Integrated Program, discussed in Context Section above.

The demand for effective SHIP counseling continues as prescription drug prices continue to increase and become prohibitive for many older adults. The Rhode Island SHIP seeks to ensure Rhode Island’s Medicare beneficiaries are enrolled in the right coverage for their prescription drug needs, minimizing cost and coverage gaps.

Due to annual changes in the Medicare Part D program, DEA works with The POINT agencies, senior centers and community centers each year to host statewide enrollment events for Medicare beneficiaries before, during, and after the official Medicare Part D open enrollment timeframe. DEA trains SHIP counselors and volunteers to provide clear, concise, and accurate information to Medicare beneficiaries about their Medicare prescription drug plan (also referred to as a “Medicare Part D plan”) and health insurance coverage plan options.

Performance Measures: Performance measures for Focus Area B can be found under Goals I, II, III, and IV in the Goals and Objectives section below.

C. Participant-Directed/Person-Centered Planning

DEA seeks to ensure the programs and services we offer are person-centered and delivered in the least restrictive environment. Clients are assessed through our case management network, and

through the person-centered planning process, are provided an opportunity to choose services that will meet their needs, values and desires and decide how those services will be delivered.

Efforts are currently underway, led by the Executive Office of Health and Human Services (EOHHS), to re-design Rhode Island's Long-Term Care system which envisions a statewide, person-centered 'No Wrong Door' (NWD) system, allowing consumers and caregivers to make informed decisions about their long term services and supports (LTSS). The primary focus is to increase capacity and use of home- and community-based services, while decreasing institutional care utilization across the state. To achieve reform, it is critical to educate individuals and caregivers about LTSS options, to provide opportunity for individuals to be engaged in the decision-making process about options, preferences and values, and to ensure successful transitions to community living for current nursing home residents.

Rhode Island plans to implement NWD in three phases. The state is proposing to use Money Follows the Person (MFP) rebalancing funds to acquire assistance in building a robust NWD infrastructure in phase I. During phase I, scheduled to take place through December of 2020, the state will focus on pre-eligibility activities including strengthening person-centered options counseling, conducting marketing and outreach, and expanding and improving The POINT. In phase II, the eligibility phase, the state will work on person centered planning, assessments, clinical and financial eligibility, and service planning through December 2021. Lastly, phase III will ensure the NWD system includes enhanced care/case management and continuing quality assurance and improvement through December 2022.

In addition, according to Rhode Island General Laws 40-8.14 and 40-8.15, EOHHS is tasked with implementing an Independent Provider Model by October 1, 2019. The Independent Provider Model is a consumer-directed model where the client will have employer authority. Through an assessment process, the state will determine the hours of care; and through the person-centered planning process, the consumer will decide how the care will be provided and who will provide it. DEA has been actively involved in the development of the IP Model.

Lastly, under the Alzheimer's Disease Program Initiative award received in September 2018, DEA and project partners will advance person-center planning, to include dementia specific context, through direct service worker training and training of primary care practices under an initiative to increase early detection.

Performance Measures: Performance measures for Focus Area C can be found under Goal I in the Goals and Objectives section below.

D. Elder Justice

Protective Services. The DEA Elder Rights and Safety Unit is responsible for receiving and investigating reports of elder abuse, neglect, financial exploitation and self-neglect of Rhode Islanders age 60 and older. Excluding self-neglect, acts of alleged abuse include those by a family

member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation, or abandonment. Elder Rights and Safety Unit collaborates with state and local police departments and the Rhode Island Attorney General, as appropriate.

Each fall, an all-day training named the Senior Police & Fire Advocate Information and Resource Conference is held for first responders and aging network professionals on issues relating to elder safety and justice. The 2018 conference title was *Keeping Older Adults Safe*, and focused on Aging and Disability Resource Network services, as well as the collaborative work of DEA and law enforcement professionals. During the 2018 state fiscal year DEA investigated 1,359 reports of self-neglect and 1,502 reports of abuse.

The Elder Rights and Safety Unit also operates the Early Intervention Program, a timely response that includes the assessment of risk and the provision of interventions to reduce/eliminate harm in cases where there is a reported element of risk to an older adult. This process begins when the report does not meet the criteria for abuse or self-neglect as defined by DEA but there is a concern for the safety of the older adult. In state fiscal year 2018, DEA responded to 161 early intervention cases.

Elder Rights. Rhode Island Legal Services (“RILS”) receives Title IIIB funding from DEA for the provision of legal services to low-income older Rhode Islanders. Through its Elder Law Project (“ELP”), RILS provides legal representation with respect to a variety of legal issues, such as landlord-tenant, foreclosures, and tax/public benefit issues.

The Rhode Island Bar Association (“RIBA”) also receives Title IIIB funding. RIBA runs a lawyer referral network for the elderly, linking older Rhode Islanders to attorneys who can assist with any legal matters. Under the grant from DEA, older adults receive a free half hour consultation with an attorney.

LTC Ombudsman. In 2016 ACL performed a review of Rhode Island’s LTC Ombudsman Program and provided ongoing technical assistance to assist Rhode Island in complying with the federal Ombudsman rule. ACL accepted the Rhode Island work plan in July 2018, and in June 2019 provided notice that ACL review was complete. In addition, DEA promulgated new Rules and Regulations in 2017, [Title 218, Chapter 40- Rules and Regulations Governing the Long Term Care Ombudsman Program] which updated the Rules to reflect areas of concern identified in the final rule.

Performance Measures: Performance measures for Focus Area D can be found under Goal IV in the Goals and Objectives section below.

QUALITY MANAGEMENT

DEA seeks to improve the quality of its programs in various ways:

Volunteer Management. The recruitment of volunteers to help staff programs is an important element of the Older Americans Act and various Administration for Community Living programs. One such program that depends in large part on volunteers is the Senior Medical Patrol (SMP). DEA uses a portion of its SMP funds for a volunteer coordinator who devotes his/her time to assist the Rhode Island SMP project director and regional partner agencies in the expansion and maintenance of a volunteer program that meets the current and future needs and requirements of the SMP. ACL SMP “Volunteer Risk and Program Management” (VRPM) policies and procedures have been implemented to provide the entire Rhode Island SMP volunteer workforce with a consistent, safe, and efficient work environment. The SMP volunteer coordinator and project director collaborate with regional partner agencies to continue implementation of the new systems, processes, and infrastructures for the program that are required by ACL. These steps address risk management and continue to strengthen the SMP volunteer management system. In 2017, RI SHIP integrated the SMP Volunteer VRPM for all SHIP Volunteers. This integration, a requirement of ACL, implemented RI-specific VRPM’s for all SMP and SHIP Volunteers creating consistency among SHIP and SMP volunteers with respect to policy, procedures and service delivery. This integration, and the lessons learned, can provide valuable guidance to DEA with respect to volunteering and other DEA programs.

Technology. For many years, The POINT partner agencies used a software program that was limited in its utility and did not allow DEA to meet ACL’s ADRC criteria (e.g., coordinate services among agencies, track clients for follow-up, etc.) or to effectively evaluate the performance of the partner agencies. DEA determined that it was essential to replace this system and located funds to allow procurement of a vendor-hosted, web-based software database system to replace the previous outdated system. Training on the new system took place in January 2015, and the system became fully operational on February 1, 2015. One of the remaining challenges under the current ADRC system is that two separate information and tracking systems remain in place. One system remains at the state-wide call center, which also operates as the Rhode Island 2-1-1. The other system supports the regional partner organizations and DEA. Under a planned enhancement in FFY2020, DEA will be working with partner organizations to move the entire ADRC system under one unified client support and tracking system.

Data Collection; Program Quality. DEA staff work with grantee agencies to improve their data collection and program performance. DEA holds bi-monthly trainings with grantees in the Integrated SHIP/POINT/SMP/MIPPA program. The SHIP/POINT/SMP/MIPPA program managers regularly review the data entered by the grantee agencies, and trainings and refreshers in data collection are conducted regularly. Likewise, the Home and Community-Based Services program supervisor holds monthly meetings/trainings with the case management agency supervisors and addresses data entry issues when necessary, as well as other program issues. The Title IIIB program manager also work with partner agencies, as needed, to improve data collection. For Federal programs in which data is not entered electronically by grantees, DEA requires the

submission of quarterly program reports which are reviewed by the program managers; when questions or issues arise, DEA works with the grantee agencies to resolve them.

Home- and Community-Based Services (HCBS). In addition to the monthly meetings with the case management supervisors, the DEA HCBS staff audit case management agency records on a quarterly basis to ensure all documentation is in place and services are being provided in a prompt, efficient and proper manner.

Consumer Input. In 2018, DEA entered into a Memorandum of Understanding with the Rhode Island College Healthcare Administration Program to support their convening of focus groups around the State to more deeply probe issues of concern to elder community residents. DEA obtained a summary of the findings from seven of the focus groups (targeted at different regions of the state and towards several minority communities) to inform the drafting of the 2019 to 2023 State Plan. Further, DEA initiated its first ever state-wide survey to solicit more precise feedback from older Rhode Islanders as part of the State Plan development. DEA was pleased to receive over 700 completed surveys, with support from senior centers in administering and collecting responses. Surveys were provided to Rhode Island College (RIC), who aggregated the results and ran a deeper analysis. At the conclusion of the Focus Group Project in December 2018, RIC compiled a formal report delivered to DEA in February 2019, analyzing their findings which DEA will use to inform budget priorities and to develop future programs and policies.

In Spring 2019, Director Jones and the DEA Executive Team shared a draft of this State Plan through formal presentations and informal round-table discussions. We engaged consumers, stakeholders, and advocates across the state at thirteen (13) events to ensure the goals and objectives in this Plan expressed the needs and desires of those we're charged with serving.

Other consumer input is gathered through requests for client feedback on services delivered through the state-wide home delivered meals program, congregate nutrition programs, and The POINT. In each of these situations, a requirement for solicitation of consumer feedback is built in to vendor contracts and must be made available to DEA on an as requested basis.

Our work will continue to be guided by robust community outreach through 2023.

OTHER PROGRAMS

For a description of all DEA programs, please see Appendix G. These programs create a system of supports and services critical to elders, adults with disabilities, as well as their families and caregivers, enabling them to live healthful and happy lives.

GOALS AND OBJECTIVES

Our work is guided by a ‘people first’ philosophy and anchored in five core values. Through 2023, we will continue to build on our legacy of advocacy and service to elders and adults with disabilities in Rhode Island. Each of the core values are operationalized in the goals and objectives below.

GOAL I

PROVIDE CHOICE – A PERSON SHOULD BE THE PRIMARY AUTHOR OF HER/HIS OWN LIFE AND HAVE ACCESS TO THE INFORMATION AND SUPPORTS NEEDED TO THRIVE

Objective 1.1

Strengthen the aging and disability resource network by introducing new technology, improving training, better coordinating service delivery, and standardizing processes across partners.

Strategies:

- In October 2019, procure performance-based contract with Point partners, coordinating and strengthening delivery of ADRC, SHIP, SMP, MIPPA, APS services for all elders and adults with disabilities.
- Standardize screening and assessment, training, and data collection protocols across network partners by 2020 –to support consistent, robust options counseling.
- In 2020, strengthen the provision of person-centered counseling and connection to resources for all DEA populations.

Objective 1.2

Service Promotion + Utilization: Develop and implement a robust marketing communications plan to promote available services and increase utilization.

Strategies:

- By year-end 2020, redesign DEA’s official website to provide more robust information about available resources and programming.
- In 2019/20, develop and implement a media strategy to promote programs and initiatives across target audiences; activities will include partner outreach, social media, earned and paid media, special events, and collateral development.
- In 2020, host Rhode Island’s first statewide conference on aging to raise awareness and foster conversation about programs and issues affecting older Rhode Islanders and adults with disabilities.

Objective 1.3

Caregiver Supports: Embrace a whole-family approach, improving resources available to caregivers and connecting families to information and training opportunities.

Strategies:

- In 2020, release Rhode Island’s first caregivers’ strategic plan –with the goal to develop robust supports and tools for all caregivers.
- As part of ADRN enhancement, in 2020, strengthen coordination of services under CareBreaks, Lifespan Respite and Alzheimer’s programs.
- Grow and sustain participation in the Respite Nursing Student Workforce Initiative; expand partnership to all six of Rhode Island’s nursing programs by 2023.
- Continuous: grow awareness and engagement in statewide Caregiver Alliance.

Goal I Performance Measures:

1. By end of FFY2020 – have 100% of ADRC partner organizations trained on unified data management and screening tools.
2. Achieve and maintain participation of the Respite Nursing Student Workforce Initiative to 80 students annually.

GOAL II

ENHANCE CONNECTION – PEOPLE SHOULD HAVE OPPORTUNITIES TO CONNECT WITH EACH OTHER, WITH HELP, AND WITH THEIR GREATER COMMUNITY. OUR WORK SHOULD BE COORDINATED TO MAKE THIS POSSIBLE.

Objective 2.1

Work toward an ‘Age Friendly’ Rhode Island by partnering with municipalities on policies that promote livable communities for all ages.

Strategies:

- Continue to collaborate with Age Friendly Rhode Island and the City of Newport on a county-wide ‘Age Friendly’ designation.
- Continuous: Partner with the Rhode Island Department of Health on ‘Age Friendly’ initiatives through Health Equity Zones.
- In 2020, work with the Rhode Island Department of Environmental Management to formalize “age-friendliness” as a criterion for new municipal recreation grant awards.

Objective 2.2

Promote development and success of community networks that help older adults and those with disabilities participate in the community and access resources.

Strategies:

- As funding allows, continue to invest annually in programming at senior, community centers in all 39 cities and towns.
- Build on intergenerational programs across RI such as the Students for Seniors initiative.
- Support the success of programs funded under Rhode Island Medicaid ‘Money Follows the Person’ grant program.
- Continuous: Promote expansion of Village networks across the state.
- Continuous: Promote programs such as PACE that support elderly Rhode Islanders to access services and avoid social isolation.

Objective 2.3

Continue to exercise and expand authorities under Rhode Island’s Comprehensive 1115 Waiver for Medicaid and non-Medicaid-eligible persons that help people age in place.

Strategies:

- In 2020, expand the income limit of DEA’s Home & Community Care Co-Pay program from 200 to 250 FPL.
- In 2020, exercise the state’s new authority to offer home-delivered meals as a “preventative services” for all Medicaid LTSS clients.
- Continuous: Work with Rhode Island’s Executive Office of Health & Human Services to exercise waiver authority for respite services.

Objective 2.4

Further integrate service delivery for DEA programs and support broader State efforts that benefit older Rhode Islanders.

Strategies:

- Establish regular cross-unit meetings to review caseloads, explore synergies, and address service gaps.
- Establish regular network partner meetings to review operations, progress toward goals, and explore opportunities for improvement.
- In 2020, support launch of an Independent Provider program. • By 2023, support development of a ‘fully functional’ ADRC/NWD.
- Continuous: Work with the General Treasurer Office to expand financial counseling services for elders and adults with disabilities.

- Continuous: Support cross-agency efforts to improve transit options for elders and adults with disabilities.
- Continuous: Partner with the Department of Labor & Training, others to strengthen the healthcare workforce and employment opportunities for elders and adults with disabilities.
- Continuous: Partner with Veterans Services, others to strengthen housing supports for seniors and adults with disabilities.

Goal II Performance Measures:

1. Support City of Newport in achieving Age Friendly designation by 2023.
2. By 2023 expand the Students for Seniors program from initial single pilot site to five (5) more communities, for a total of six (6) sites throughout Rhode Island.
3. By 2023 implement a standardized person-centered options counseling approach to entirety of the ADRC network.

GOAL III

ENSURE EQUITY – ALL RHODE ISLANDERS SHOULD BE ABLE TO PARTICIPATE FULLY IN SOCIETY AND BENEFIT FROM AVAILABLE PROGRAMS AND SERVICES.

Objective 3.1

Continue to collaborate with partners on health promotion and quality-of-life initiatives – especially for high-risk populations.

Strategies:

- In 2020, develop sustainable chronic-disease education programs with partners.
- In 2020, implement evaluation tool for senior centers to measure value + impact.
- By 2022, make health and wellness a required activity for Title IIIB grants.
- Continuous: Partner with the Department of Health, others to offer health promotion programming to older adults and people with disabilities.

Objective 3.2

With Rhode Island’s Hunger Elimination Task Force, strengthen elders and adults with disabilities’ access to healthful foods.

Strategies:

- In 2020, with partners, collect state-level data on food insecurity among seniors and adults with disabilities; use insights to inform interventions.

- Continue to build on coordination and community efforts by expanding Health Equity Zone partnership with RI Department of Health.
- Continuous: Promote a robust mix of meal programs; explore partnership with the Department of Education to offer intergenerational café program.
- Continuous: Collaborate with the Department of Human Services to promote SNAP participation among older adults.

Objective 3.3

Support the State’s broader efforts to tackle the addiction crisis in Rhode Island and strengthen the behavioral healthcare system for all populations.

Strategies:

- Over the next four years, partner with the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, others to support elder liaisons at BH Link –Rhode Island’s 24/7 crisis & triage center for people struggling with mental illness or addiction.
- Continuous: Participate on the Rhode Island Elder Mental Health Advisory Council.
- Continuous: Support work of the Overdose Task Force and cross-agency behavioral healthcare team to improve access to treatment and erase the stigma associated with mental illness and addiction.

Objective 3.4

Support work under the 2019 Update: Rhode Island State Plan on Alzheimer’s Disease and Related Disorders to strengthen resources available to those with Alzheimer’s and related dementias, their families and caregivers.

Strategies:

- Build capacity within the state to deliver Powerful Tools for Caregivers training to support new and established caregivers across the lifespan.
- As part of ADRN enhancement, by 2021, ensure all network partners receive “dementia-capable” training.

Objective 3.5

Diverse Populations: Collaborate with state, community partners to better connect ethnic and cultural minority populations with programs and supports.

Strategies:

- In 2020, implement the Benefit Enrollment Program, targeting Spanish/Portuguese speaking communities in three core communities.

- Continuous: Expand engagement with and services to aboriginal and tribal communities in Rhode Island.
- Continuous: Collaborate with Veterans Affairs to ensure aging and disabled veterans are connected to DEA programs.
- Continuous: Work with partners to better understand needs of and provide resources to older LGBTQ+ community.

Goal III Performance Measures:

1. Recruit 230 older adults per year to participate in CDSMP and or other evidence-based health promotion programs.
2. By 2021 expand HEZ initiative from initial pilot site to three (3) additional communities, for a total of four (4) sites throughout Rhode Island.
3. In FFY2020, establish a base line, and then achieve a year over year increase in the number of referrals made to BH Link regarding older adult population with behavioral health needs.
4. By 2023 work with community partners to have 16 new Powerful Tools for Caregivers workshop leaders trained, eight (8) will be bilingual.
5. Engage with individuals and partner organizations of the LGBTQ+ community to conduct a needs analysis and develop a report by end of FFY2020 with recommendations for increased coordination and supports to this target population.

GOAL IV

ADVANCE SAFETY – OLDER ADULTS AND THOSE WITH DISABILITIES SHOULD HAVE THE OPPORTUNITY TO LIVE WITH DIGNITY, FEEL SAFE IN THEIR HOMES AND COMMUNITIES, AND KNOW THAT THEIR NEEDS WILL BE MET.

Objective 4.1

Work with Rhode Island Legal Services and the Rhode Island Bar Association to promote and provide legal help to older adults with social and/or economic needs.

Strategies:

- Continuous: train all elder rights & safety staff, including Long-Term Care Ombudsman, on available legal services and how to access them.
- Over the next four years, increase the number of volunteer guardianships and expand services to eligible populations such as veterans, state hospital residents, and developmental disability community.
- Continuous: Coordinate legal support services with the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals and the Disability Law Center.

Objective 4.2

Strengthen protections and rights for elders and those with disabilities by promoting ombudsman program and collaborating with partners on stronger laws and policies.

Strategies:

- In 2019, initiate roll out of new tracking system for adult protective services that integrates with DEA's case management client tracking platform and automates intake process.
- Continuous: Participate on the Rhode Island Elder Abuse Multi-Disciplinary Team to regularly review open cases and discuss needed reforms to increase the number of successful convictions.
- Continuous: Participate on the Rhode Island Senate Task Force on Elder Abuse and Financial Exploitation and support resulting policy recommendations.
- Continuous: strengthen training across –and coordination of –legal services, under the Legal Services Developer requirement of OAA.

Objective 4.3

Raise awareness about elder abuse and neglect prevention, Rhode Island's mandatory reporting laws, and the Elder Abuse Hotline, 401.462.0555.

Strategies:

- In 2020, implement a robust outreach strategy, as part of DEA's broader marketing plan, to highlight the agency's elder justice work.
- Over next four years, host an annual Elder Rights & Safety Summit, bringing together government and community leaders, older Rhode Islanders, community advocates and caregivers to review laws and practices and discuss system gaps.
- Continuous: Collaborate with the Rhode Island Attorney General and others to educate and provide training to community partners and providers regarding elder abuse, self-neglect and financial exploitation.

Goal IV Performance Measures:

1. With Rhode Island Legal Services and community partners, conduct 24 outreach events annually to raise awareness about available services.
2. By 2023, grow the Volunteer Guardianship pool by 30% of current levels.
3. By FFY2020 use new Protective Service Platform to collect and submit fully compliant NAMRS report.
4. Conduct quarterly trainings in coordination with RI Attorney General's office to relevant partners and providers in the community on issues of elder abuse, neglect, and exploitation.

GOAL V

IMPROVE PERFORMANCE – THOSE WE SERVE BENEFIT MOST WHEN WE ARE RESPONSIBLE STEWARDS OF RESOURCES: MAKE SMART INVESTMENTS IN LINE WITH PEOPLES NEEDS AND HOLD OURSELVES ACCOUNTABLE TO ACHIEVING ESTABLISHED GOALS.

Objective 5.1

Improve collection and use of data to inform operations and policy-making by investing in technology and enhancing, streamlining client management systems and processes.

Strategies:

- In 2020, implement adult protective services client tracking system to automate intake process, better monitor cases, and support richer program integration.
- In 2020, shift all network partners to a single case management system.
- Review data, success measures quarterly during cross-unit meetings to continuously improve operations.

Objective 5.2

Adopt active contract management principles to increase value, align investments with goals, track progress, engage partners, and maximize available resources.

Strategies:

- By January 2020, train key staff in active contract management.
- In 2019/20, identify dedicated resource to manage DEA’s investments portfolio and work with partners.
- Promote investments through agency marketing plan, placing at least one media profile per quarter.
- Continuous: Adopt success measures across focus areas and contracts; require regular reporting on progress.

Objective 5.3

Adopt LEAN principles and promote professional development opportunities for all employees.

Strategies:

- Offer LEAN 101 training to all employees; by 2023, complete process mapping exercise in each unit and implement recommendations.
- Host quarterly ‘Lunch and Learns’ to foster discussion and increase understanding of key topics.
- Promote OTD staff training opportunities.

- Host federally required training opportunities for staff and partners.

Objective 5.4

Be intentional about soliciting feedback from each other and those we serve on an ongoing basis and sharing insights with local and national partners.

Strategies:

- In 2020, implement internal engagement strategy to promote information sharing and feedback loops to better coordinate work.
- Require partners to conduct annual customer satisfaction surveys.
- Collaborate with partners to host quarterly town halls.
- Meet regularly with stakeholders –seniors and disability community.
- Serve on Rhode Island’s Congressional senior advisory councils to encourage ongoing dialogue around national and local issues.

Objective 5.5

Volunteerism: Continue to promote and increase volunteerism across core Older Americans Act programs.

Strategies:

- Increase diversification of DEA senior companions to better reflect population utilizing program.
- Host annual volunteer recognition event and promote work of volunteers as part of agency’s marketing communications plan.

Goal V Performance Measures:

1. Achieve 100% employee completion of LEAN 101 by beginning of FFY2021.
2. Maintain community engagement and responsiveness by hosting four (4) town halls per year.
3. Over the next four years, increase the number of male senior companions by 200% - with a focus on veterans.
4. Engage in four (4) media profiles per year.

Appendix A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Section 305(a)(2)(E)

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).

Examples of DEA's focus on this requirement:

- In 2011, DEA evaluated the geographic distribution of older adults in the State, with a focus on older individuals with greatest economic need and older individuals with greatest social need. Because of this analysis, DEA reorganized the case management regions and re-allocated the Title IIIB case management funds based on the population needs within the regions. In 2018, DEA made the decision to modify its funding mechanism by allocating funds within the six regions based on service unit delivery. An assessment based on a multi-year analysis showed that certain regions required and received greater case management support over others. Starting in 2019, a service delivery assessment will be conducted annually, with reallocation of funds based off reporting data.
- DEA uses these same regions for the Integrated SHIP/POINT/SMP program. In addition, for this program, DEA requires the grantees to partner with at least two established local community organizations in order to better reach local populations with culturally competent services.
- At the main statewide office of The POINT, the portal to the State's ADRC, services are provided in English, Spanish and Portuguese. Also, other employees of the office where the main POINT is located are available to assist in Khmer and Italian. In addition, the main office of The POINT contracts with a company providing interpretation services for approximately 200 languages and dialects. If a caller needs assistance in a language other than those listed above, The POINT calls the translation service and an interpreter assists with the call. The main POINT office makes these translation services available to the other POINT network agencies.
- The Title IIID program gives priority to serving elders living in medically underserved areas of the State or who are of greatest economic need. DEA focused delivery to low-income, minority, and/or medically underserved communities in Rhode Island by targeting service-delivery to specific areas of the state where the identified populations reside.
- DEA requires its SMP sub-grantee agencies to develop relationships in ethnic racial minority communities with established organizations to share the SMP message and to

overcome cultural and language barriers to recruit and train senior volunteers to educate and assist their peers in their communities.

Section 306(a)(17)

DEA has a responsibility to ensure that Rhode Island's elder and disabled adult populations have adequate access to available state and community emergency preparedness, response and recovery services. Elders and disabled adults are special populations who often need extra support to successfully respond and recover from disaster and/or emergencies. To fulfill this responsibility, DEA participates in state-wide collaborative planning and response efforts in cooperation with EOHHS and the Rhode Island Emergency Management Agency (RIEMA).

To facilitate coordinated planning and response, the Director of DEA, or his/her designee, is a member of The Rhode Island Emergency Management Advisory Council (EMAC). The purpose of the EMAC is to review information and programs regarding emergency management and to make recommendations and advise the Governor in such issues. This group is chaired by the Lieutenant Governor and meets regularly to confer on emergency planning and management issues that require cross-agency collaboration.

Elders and adults with disabilities are especially vulnerable to consequences from a catastrophic disaster or other emergency. Strategies to address this vulnerability include disaster and/or evacuation protocols, sheltering, food, water, sanitation and medication needs, among others. RIEMA works closely with civic, health, federal, state and municipal governments and emergency preparedness officers to ensure that the needs of this population are met. DEA will continue to collaborate with RIEMA and other state and local agencies to ensure that appropriate support is provided to these special populations during an emergency.

In order to help vulnerable community living adults to receive needed supports during an emergency, such as people who use ventilators or other life support systems, and people with mobility or other disabilities, the State maintains a Special Needs Emergency Registry, administered by the Rhode Island Department of Health (RIDOH). Enrolling in the Special Needs Emergency Registry lets police, fire and other first responders better prepare for, and respond to the needs of vulnerable populations during a hurricane, storm or other emergency.

The information submitted to the Rhode Island Special Needs Emergency Registry is shared with local and state first responders and emergency management officials. RIDOH and RIEMA work with E-911 to notify first responders when they are responding to a household that may have someone enrolled in the Registry residing at that location. This notification allows first responders additional time to consider how to best respond to that incident. Strict confidentiality is always maintained and only those that have a reason to access the information are authorized to do so.

The DEA Continuity of Operations Plan (COOP) is designed to ensure that the essential functions of DEA continue to operate, and that vital programs and services also continue to be provided to elders and adults with disabilities in the event of a natural, human, technological, national security

emergency or pandemic. The DEA COOP includes procedures for continuing the essential functions of the Division, identifies key leadership staff with delegated authority and those individuals in orders of succession, addresses the issue of an alternate facility and/or virtual office, securing of vital documents and records and seeks to address the need for training and exercises to ensure that DEA staff understand the COOP and the role(s) each is to play in the event the emergency plan is activated. DEA works closely with RIEMA, the leading agency for development and deployment of COOP's governing state agencies.

Section 307(a)(2)

N/A; Rhode Island has no area agencies on aging. DEA's Resource Allocation Plan is set forth in Appendix E.

Section 307(a)(3)

N/A; Rhode Island has no rural areas. According to the Economic Research Service of the U.S. Department of Agriculture, all of Rhode Island's five (5) counties are "metropolitan" (Bristol, Kent, Newport, Providence, and Washington).

Section 307(a)(10)

N/A; Rhode Island has no rural areas. Please see our previous response.

Section 307(a)(14)

Please see Appendix D for our Demographic Analysis.
Please see our response to **Section 305(a)(2)(E)** above for the response to this Section.

Section 307(a)(21)

According to the U.S. Census, Rhode Island's Native American population is quite small. Approximately 5,280 Native Americans live in Rhode Island, and slightly more than 700 Native Americans residing in Rhode Island are age 65 or older.⁵ DEA receives no Title VI funding for Native American programs. DEA seeks to reach out to our State's Native American population, the Narragansett Indian Tribe, by making Title III funds available to the Tribe. Specifically, DEA allocates annually a portion of our Title IIIC congregate meal funding to the Narragansett Indian Tribe for its meal site, and in calendar 2018, the Narragansett Indian Tribe meal site served 3,197 meals.

⁵ U.S. Census Bureau. American Community Survey 2013- 2017 5-Year Estimates.

In addition, DEA distributes by competitive bid Title IIIB funds which may be used for a variety of supportive services for older individuals and adults with disabilities, empowering them to remain independent and self-sufficient. Pursuant to the terms of the Request for Proposals, Tribal organizations are eligible and invited to apply for these funds. DEA also reaches out to the Narragansett Indian Tribe to ensure that it is aware of funding opportunities for which it is eligible to apply, as well as the variety of programs and services available to the Tribe's older individuals and adults with disabilities.

Section 307(a)(29)

Please see our response to **Section 306(a)(17)** above.

Section 307(a)(30)

Please see our response to **Section 306(a)(17)** above.

Section 705(a)(7)

- (1) DEA operates a Long Term Care Ombudsman Program, meeting the requirements of Title VII of the Older Americans Act and applicable state law. Given the size of the State, Rhode Island has a single, statewide Ombudsman office with no local or regional offices. DEA contracts with and houses the program at a non-profit organization. DEA has strengthened its Title VII Ombudsman program through the adoption of regulations that address conflicts of interest and other areas of concern. To come into compliance with the final rule put out by the federal government related to Ombudsman programs, DEA went through a review and update process of its State regulation. Rhode Island's update State regulation was approved and enacted in July 2018.

DEA operates a Protective Services Program for older adults. This program is described in more detail on page 19 of the State Plan Narrative.

DEA operates a Legal Assistance Development Program. The Legal Assistance Developer coordinates with the Title IIIB program manager for the grant awards with Rhode Island Legal Services and with the Rhode Island Bar Association (discussed on page 19 of the Narrative). The Legal Assistance Developer also responds to inquiries received by the Division that relate to legal issues and concerns and helps individuals to obtain legal assistance. The Legal Assistance Developer also reviews proposed state legislation that may affect older Rhode Islanders. The Legal Assistance Developer assists with the drafting and amending of DEA program regulations, looking out for elder rights in the

process, and conducts public hearings with respect thereto. The Legal Assistance Developer helped to draft the Long Term Care Ombudsman Program regulations.

- (2) Please see Appendix B for a discussion of the public input process. Also, in 2018, DEA entered into a Memorandum of Understanding with the Rhode Island College Healthcare Administration Program to support their convening of focus groups around the State to more deeply probe issues of concern to elder community residents. DEA obtained a summary of the findings from five of the focus groups to inform the drafting of the 2019 to 2023 State Plan. At the conclusion of the Focus Group Project (which ended in January 2019), RIC submitted a report to DEA analyzing their findings, which DEA is using to inform budget priorities and develop future programs and policies.
- (3) Please see discussion of DEA ADRC and information, referral and assistance activities on page 11 of the State Plan Narrative and elsewhere throughout the Narrative. Rhode Island has no area agencies on aging.
- (4) The State will use funds made available under subtitle A of Title VII for each Title VII 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 subtitle A, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- (5) Rhode Island has no local Ombudsman entities.
- (6) Please see discussion of DEA's Protective Services Program on page 19 of the State Plan Narrative. In addition, DEA operates this program in accordance with Title VII of the Older Americans Act, as well as RI General Laws Sections 42-66-8 through 42-66-11.

DEA receives reports of abuse on its dedicated intake line. All information gathered in the course of receiving reports and making referrals are confidential, except for situations where disclosure is permitted by law. Only DEA Protective Services Unit staff are permitted to have access to DEA's Protective Services records, and only to the extent needed to perform their assigned duties.

The DEA Protective Services Unit is prohibited by law from providing services or assistance to an alleged victim without his/her consent.

The DEA Protective Services Unit conducts an ongoing outreach campaign directed at the public professionals to educate them about abuse and self-neglect and the services provided by the Protective Services Unit. Presentations often are made to companies, church groups, community agencies, etc.

Appendix B

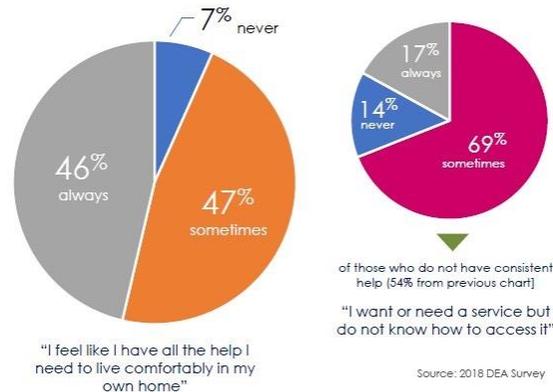
SUMMARY OF PUBLIC HEARING AND COMMUNITY OUTREACH

As we move ahead, DEA will continue to focus on advancing meaningful programming, advocacy, and policy to benefit older Rhode Islanders and adults with disabilities. Our work is anchored in our five (5) core values – choice, connection, equity, safety and performance – and made possible by many partners.

In 2018, DEA collaborated with organizations across the state to convene seven (7) focus groups – in addition to a formal public hearing –to inform the 2019 to 2023 State Plan on Aging. We engaged over 100 people across senior and community centers, assisted-living facilities, and advocacy organizations, doubling our in-person reach from 2015. For the first time, DEA conducted a statewide survey to solicit feedback regarding people’s experiences, service gaps, and priorities. More than 700 responses were collected.

The input received through the survey and community meetings confirmed what we also heard through the *Inspired Living in Rhode Island* forums: people desire to age in community and need help in connecting to other people and services and affording to live independently as they age. Major themes included:

- Access and affordability of reliable transportation
- Feelings of social isolation and loneliness
- Value of health and wellness programs
- Desire for stronger supportive communities



In Spring 2019, the DEA Executive Team shared a draft of this Plan through formal presentations and informal round-table discussions. We engaged consumers and advocates at fifteen (15) events to ensure the goals and objectives in this Plan expressed the needs and desires of those we’re charged with serving.

Our work will continue to be guided by robust community outreach through 2023. We look forward to continuing to work with local and federal partners to bring quality services and supports to older Rhode Islanders and to further the work accomplished together under the Older Americans Act.

Appendix C

RECENT ACCOMPLISHMENTS AND FUTURE PRIORITIES

OUR PROGRESS

- DEA doubled the number of Rhode Island colleges offering Nursing Student Respite Program, growing enrollment by 26 percent;
- The POINT realized a 21 percent increase in client contacts from 2015 to 2018;
- DEA piloted the *Students 4 Seniors* program, pairing elven elders with high-schoolers in their neighborhood to increase socialization and help with chores;
- The Senior Companion Program realized nine percent annual growth in volunteers, with five percent growth in clients served;
- DEA exceeded our goal for participation in the Chronic Disease Management programs by 17 percent;
- DEA and partners achieved a seven percent year-over-year increase in participation in the Community Supplemental Food Program;
- DEA added four new café locations, now totally 63 congregate meal sites;
- From 2018 to 2019, DEA increased the number of new clients enrolled in the Volunteer Guardianship Program by 14 percent;
- DEA automated the process for elder safety investigations to more efficiently and accurately capture client interactions;
- DEA and state agency partners conducted 25 listening sessions to solicit feedback and inform policies and investments, as well as collected over 700 responses to our State Plan survey.

OUR INITIATIVES

- Choice
 - Enhancement of the Aging and Disability Resource Network
 - Redesign of the DEA Website
 - Development and Implementation of Strategic Marketing Plan
- Connection
 - Expansion of the DEA Home and Community Care Co-Pay Program
 - Pursuit of Age-Friendly Designation
 - Expansion of Supportive Communities
 - Implement Elderly Transportation Awareness Campaign
- Equity
 - Conduct Special Population Outreach and Engagement
 - Network Integration and Trainings Related to Alzheimer’s Disease and Related Disorders
 - Expansion of Chronic Disease Self-Management Program
 - Conduct Senior Center Service Evaluations

- Support Work of the Hunger Elimination Task Force addressing Food Insecurity
- Advance the Benefits Enrollment Project
- Support the State’s Broader Efforts Related to Behavioral Health
- Safety
 - Expand Program and Conduct Outreach Related to the Volunteer Guardianship Program
 - Implement Elder Abuse Awareness Campaign and Summit
 - Participate in the Rhode Island Senate Elder Abuse Task Force and Support Recommendations
 - Implement a New Elder Rights and Safety Client Management System
 - Enhance Training Opportunities and Protocols
- Performance
 - Implement Universal Data Collection Protocols and System(s)
 - Development of Success Measures
 - Provide LEAN Training and Implement LEAN Measures
 - Develop and Implement Engagement Strategy

Appendix D

DEMOGRAPHIC INFORMATION

According to the U.S. Census Bureau, in 2017 the total population of Rhode Island was estimated to be 1,056,138. In 2017, Rhode Island residents over the age of sixty-five (65) represented 16.1 percent of the total RI population (approximately 170,144 people), while nationally individuals 65 and older represented just 14.9 percent of the population.⁶ Approximately thirty one percent of Rhode Islanders age 65 and older live alone in the community.⁸

Between 2000 and 2010, the population of adults in Rhode Island between the ages of 60 and 69 increased by 37 percent and of those aged 85 and older increased by 28 percent; the State's overall population increased by only 0.4 percent during this time period.⁷ *During this time no state had a higher percentage of residents aged 85 and older.*⁹ Between 2010 and 2040, the State's elderly population is expected to increase by 75 percent, while the overall population increase is expected to only be two percent. It is estimated that, by 2040, 25 percent of the State's population will be 65 years of age or older.¹⁰

Trends also indicate continuing growth of Rhode Island's minority communities; particularly amongst those individuals identifying as African American and Hispanic. Minority older adults accounted for only 5.2 percent of the State's elderly population in 2000, and this figure is expected to increase to 13.9 percent by 2030.¹¹ This estimate may be considerably understated in light of 2010 Census information: between 2000 and 2010 Rhode Island's Hispanic population grew by 40,000 (a 44 percent increase), and were it not for this growing segment of Rhode Island's population, the State's total population would have decreased from 2000 to 2010.¹² In 2017, it was estimated that 14.6 percent of the Rhode Island population was of Hispanic descent.¹³ The majority of Hispanics live in Providence County in the cities of Providence, Pawtucket and Central

⁶ U.S. Census Bureau. American Community Survey 2013- 2017 5-Year Estimates.

⁷ State of Rhode Island Division of Planning. *Rhode Island Population by Age and Sex, 2000-2010*. Retrieved March

⁸ , 2015 from <http://www.planning.state.ri.us/geodeminfo/data/acs.php>

⁹ U.S. Census Bureau, Census 2000 Summary File 1 and 2010 Census Summary File 1.

¹⁰ Rhode Island Division of Planning. April 2013. *Rhode Island Population Projections 2010-2040*. Retrieved

March 5, 2019 from <http://www.planning.state.ri.us/>

¹¹ Statewide Planning Program, RI Department of Administration. *Rhode Island Aging Profile*. May 2010, p. 16.

¹² Source: U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File, Tables PL1, PL2, PL3, and PL4, and 2010 Census Redistricting Data (Public Law 94-171) Summary File, Tables P1, P2, P3, and P4.

¹³ U.S. Census Bureau. American Community Survey 2013- 2017 5-Year Estimates.

Falls.¹⁴ Roughly 6.5 percent of RI residents are black,¹⁵ residing largely in Providence; a language other than English is spoken in 22 percent of Rhode Island homes; and Spanish is the language most frequently spoken by non-English speaking Rhode Island residents (12 percent), followed by other Indo-European languages (seven percent) and Asian and Pacific Islander languages (2.3 percent).¹⁶ Of Rhode Islanders 65 years of age and older, 13.3 percent speak a language other than English at home.¹⁷

As expected, women age 65 and over outnumber men. Just over 57 percent of Rhode Islanders over age 65 are women.¹⁸ Women outnumber men in the 85 and over age group by more than two to one.¹⁹ In addition, as with the State of Rhode Island’s aging population, the number of Rhode Island adults with disabilities who are living in the community is significant. According to U.S. Census data, there are approximately 138,389 adult Rhode Islanders with disabilities living in the community, representing 13.3 percent of the community-dwelling population. Of community-dwelling persons sixty-five (65) and over, approximately 33.8 percent live with disabilities.²⁰

In 2017, approximately 8.9 percent of Rhode Islanders age 65 and older were living below the federal poverty level.²¹ Another 5.5 percent live between 100% and 125% of the federal poverty level.²² Approximately 10,203 women in Rhode Island age 65 and older live in poverty (representing 10.5 percent of female Rhode Islanders in that age group), and 5,081 men in Rhode Island age 65 and older live in poverty (representing 6.9 percent of male Rhode Islanders in that age group).²³

Rhode Island has no official rural areas. According to the Economic Research Service of the U.S. Department of Agriculture, all of Rhode Island’s five (5) counties are “metropolitan” (Bristol, Kent, Newport, Providence, and Washington). Despite the Federal designation of the entire state as metropolitan, significant areas lack convenient public transportation. Providing affordable, accessible transportation services and expansion of services to not only transport to medical appointments, meal sites, and kidney dialysis, but to enhance transportation for seniors and adults with disabilities to places they want to go, e.g., grocery shopping, religious services, spousal visits at nursing homes, etc., presents a challenge. The Rhode Island General Assembly transferred responsibility for transportation services from DEA to RIDHS by statute as of July 1, 2009. The current transportation services that are available are described in Appendix G.

¹⁴ Rhode Island Division of Planning. *Race and Ethnicity by County Subdivision* (Source: Census 2010). Retrieved March 5, 2019 from <http://www.planning.state.ri.us/geodeminfo/data/acs.php>

¹⁵ U.S. Census Bureau. American Community Survey 2013- 2017 5-Year Estimates.

¹⁶ U.S. Census Bureau. *20013-2017 American Community Survey 5-Year Estimates*.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Ibid.

Appendix E

RESOURCE ALLOCATION PLAN

The Resource Allocation Plan reflects estimated receipts and expenditures for FY 2020. The federal estimates were determined using FFY 2019 funding levels; state estimates were based on proposed state funding levels for the state fiscal year 2020, which begins on July 1, 2019 (the state budget for SFY 2020 has not yet been finalized).

Since the last State Plan, DEA's funding has increased approximately 28 percent from SFY 2015 levels outlined in the 2015-2019 State Plan. This is due primarily to Title III funding increasing by 15 percent and Other Federal Funding increasing by roughly 43 percent (primarily attributed to receiving new discretionary awards). General revenue has seen a 27 percent increase across our CNOM, Protective Services, and general administrative funding sources. A detailed accounting setting forth the Resource Allocation Plan is included below.

Resource Allocation Plan

*Federal estimates based on FFY 2019 funding levels

*State estimates based on Governor's Recommended SFY 2020 funding levels

FEDERAL FUNDS

IIIB - Supportive Services	\$ 2,700,000
IIIC1 - Congregate Meals	\$ 2,200,000
IIIC2 - Home-delivered Meals	\$ 1,000,000
IIID - Preventive Health	\$ 80,000
IIIE - Family Caregiver	\$ 800,000
Total - Title III	\$ 6,780,000
Ombudsman	\$ 83,000
Elder Abuse	\$ 30,000
Total - Title VII	\$ 113,000

Other Federal Funds

Senior Companion Program	\$ 397,000
Nutrition Services Incentive Program	\$ 430,000
MIPPA Medicare Enrollment Assistance	\$ 60,000
State Health Insurance Assistance Program	\$ 260,000
Senior Medicare Patrol	\$ 240,000
Commodity Supplemental Food Program	\$ 110,000
RI Respire Across the Lifespan	\$ 280,000
Elder Abuse Prevention Initiative	\$ 306,000
Alzheimer Disease Program Initiative	\$ 213,000
Benefits Enrollment NCOA Subaward	\$ 88,000
CNOM - Case Management	\$ 363,000
CNOM - Co-Pay Day Care	\$ 1,180,000
CNOM - Co-Pay Home Care	\$ 2,793,000
Medicaid - Administrative Match	\$ 795,000
Medicaid - Case Management	\$ 126,000
Total - Other Funds	\$ 7,641,000

Total Federal Funds **\$ 14,534,000**

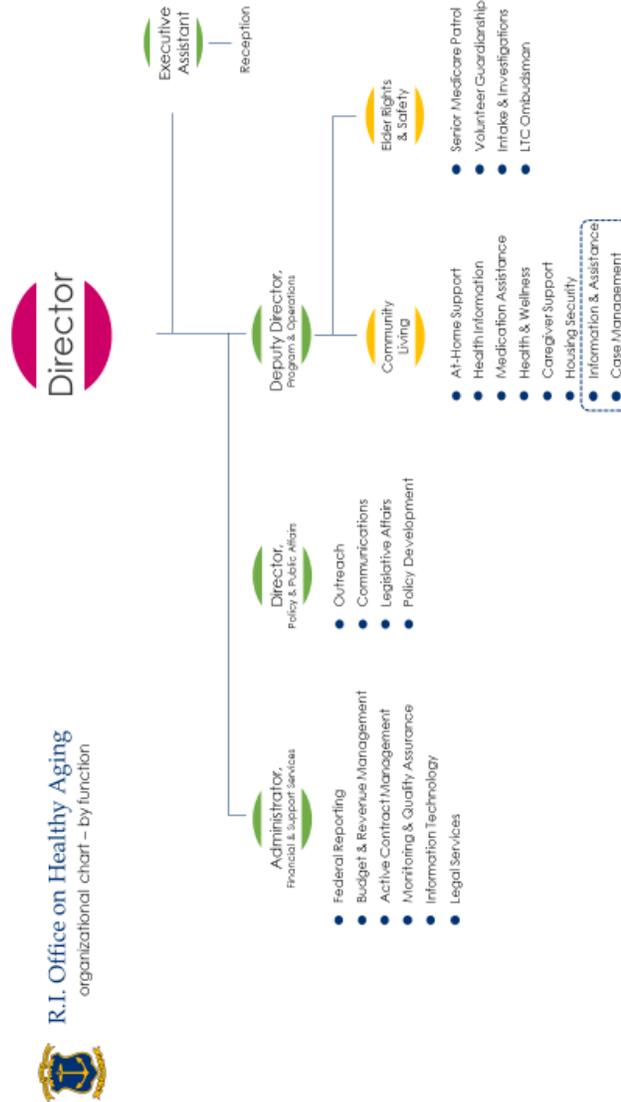
STATE FUNDS

Administrative Services	\$ 1,230,000
Medicaid Administration	\$ 660,000
CNOM - Case Management	\$ 324,000
CNOM-Co-Pay Day Care	\$ 1,053,000
CNOM-Co-Pay Home Care	\$ 2,491,000
Community Service Grants	\$ 1,645,000

In-Home Services for Elderly	\$ 96,400
Protective Services	\$ 484,000
Senior Companion Program Match	\$ 67,719
Senior Medicare Patrol Match	\$ 79,800
Volunteer Guardian Program	\$ 44,250
Case Management	\$ 125,000
Ombudsman	\$ 86,750
Total State Funds	\$ 8,386,919
 RESTRICTED RECEIPTS	
RI Pharmaceutical Assistance to the Elderly	\$ 33,000
Total Restricted Receipts	\$ 33,000
 Total - All Funds	 \$ 22,953,919

Appendix F

DIVISION ORGANIZATIONAL CHART



Appendix G

DEA PROGRAMS SUMMARY

Information and Assistance

Since 2005, DEA has overseen Rhode Island’s Aging and Disability Resource Center (ADRC), known as The POINT. Funding for the ADRC is provided through Title IIIB of the Older

Americans Act. The POINT is a “one-stop” call-and walk-in center for information and assistance for seniors, adults with disabilities, their families, and caregivers.

The POINT is available 24/7 by phone and handles, on average, 4,500 in-and outbound calls per month. There are also six regional “POINTS” throughout the state to provide information and assistance at the community level. In recent years, The POINT’s role in delivery of information and referral services to older Rhode Islanders and adults with disabilities has markedly increased through participation in the State’s Medicare-Medicaid Financial Alignment Demonstration award.

In 2011, DEA integrated four federal programs: The ADRC; Medicare Improvements for Patients and Providers Act (MIPPA); Senior Medicare Patrol (SMP) and the State Health Insurance Assistance Program (SHIP). DEA refers to the combination of these programs as the “Integrated Services Grant” and contracts with regional POINT agencies to coordinate the delivery of all four programs.

State Health Insurance Assistance Program (SHIP)

DEA manages the Rhode Island State Health Insurance Assistance Program (SHIP), which provides one-on-one, personalized counseling about Medicare benefits and services. SHIP counselors and volunteers are available to answer questions and assist with Medicare-related questions. SHIP services include community outreach, information, education, and enrollment assistance.

Medicare beneficiaries are referred by SHIP counselors and volunteers to other programs and services, as needed. Between, July 1, 2018 and December 31, 2018, Rhode Island SHIP counselors and volunteers assisted 8,640 beneficiaries. During the same time period, 412 outreach events were held.

During the 2018 Annual Election Period (AEP), 214 enrollment events were held. Through these events, counselors reviewed current plans with beneficiaries –while providing enrollment assistance for those electing to change their Medicare Advantage and Prescription Drug Plans (Medicare Parts C and D, respectively).

The SHIP partnership consists of 36 Volunteers, 43 paid Counselors, and eight In-Kind Counselors. All SHIP counselors and volunteers are trained and certified to ensure they provide relevant and timely information.

Medicare Improvements for Patients and Providers Act (MIPPA)

DEA oversees the Medicare Improvements for Patients and Providers Act program (MIPPA). This program is established through a grant from the U.S. Department of Health and Human Services, Administration for Community Living. DEA collaborates with its integrated partners to accomplish the goals of the MIPPA grant, including outreach and enrollment assistance to Rhode

Island's low-income Medicare beneficiaries who may be eligible for two primary Medicare cost sharing programs: the Medicare Premium Payment Program (MPP) and the Low-Income Subsidy Program (LIS). DEA and its partners also coordinate outreach events to locate and educate Medicare beneficiaries, their families, and caregivers on the availability and benefits of these programs.

MPP is a R.I. Medicaid program, providing financial assistance for Medicare Parts A and B premiums, deductibles, co-insurance and co-payments to eligible beneficiaries. LIS is a federal Social Security Administration program that provides financial assistance to Medicare beneficiaries for Part D premiums, deductibles, co-insurance and co-payments. Both programs use income and resource guidelines as determined by the federal government and the state Medicaid Program.

DEA leverages federal data to locate low-income Medicare beneficiaries in each region of the state. Based on this data, DEA distributes MIPPA funds to its six regions, according to the percentage of low-income beneficiaries located in each area. Between April 1, 2017 and March 31, 2018, there were 203,875 Medicare beneficiaries in Rhode Island. Of this, 57,800 were considered low-income. During the same time period, the state experienced a year-over-year increase of two percent in the number of beneficiaries reached.

Medicare-Medicaid Enrollment Supports

The Medicare-Medicaid Enrollment Supports (MME) program provides one-on-one options counseling to beneficiaries who are dually eligible for both Medicare and Medicaid. Services are provided by DEA's partner, the United Way of Rhode Island. MME is made possible through a Centers for Medicare and Medicaid Services (CMS) grant. Available options include, but are not limited to, Rhode Island's Medicare-Medicaid Plan (capitated model), fee-for-service, and special needs plans.

Outreach events and presentations are coordinated and implemented by specially trained MME Counselors, who are also certified SHIP Counselors. Between April 1, 2018 and December 10, 2018, 23 outreach events occurred and 488 clients were engaged.

Chronic Disease Self-Management

The Chronic Disease Self-Management Program, Living Well Rhode Island (LWRI), consists of workshops held once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. Each workshop is two and a half hours. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic disease(s) themselves.

Subjects covered include techniques to deal with problems such as frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; nutrition; and how to evaluate new treatments.

In FFY18, 228 older Rhode Islanders participated in programming. The LWRI partnership includes the state Departments of Health, Human Services, Elderly Affairs, and AARP.

Senior Companion Program

Senior Companion volunteers are people age 55 and older who provide companionship for frail older adults in the home, at day centers, or other community sites. Companions assist with daily tasks, helping those served to remain living in the community for longer. Companions may provide transportation to medical appointments, shopping assistance, meal preparation, and advocacy. They also provide respite to caregivers of frail elders. By remaining active and contributing to their communities, Companions benefit from the program along with the clients they serve.

In an average week, 80 Senior Companions visit with more than 300 seniors. Over the course of more than 45 years of service to Rhode Island's seniors, volunteers have dedicated countless hours of friendship, compassion and a much-needed human interaction to those in need of a helping hand. In the past year, Companions have provided over 80,000 hours of companionship and dedicated service to their clients.

Volunteer Guardianship Program

Established in 2001, the Volunteer Guardianship Program (VGP) connects elders who are unable to make healthcare decisions on their own – and who live in the community or in long-term-care settings –with volunteer guardians.

Last year, 83 frail or homebound seniors participated in the program. Volunteerism increased on the year by 2.75 percent.

Respite Care

CareBreaks, funded by DEA and operated by Catholic Social Services of Rhode Island, is the state's primary respite program. Through *CareBreaks*, families can access safe, affordable, temporary care for their loved ones, providing a needed break from caregiving duties. Services are coordinated through qualified home healthcare providers and are based on level of need.

Since 2003, DEA has also provided respite services to grandparents and older adult caregivers of youth age 18 and under through ACL's National Family Caregiver Program. The grandparents respite program partners with community providers to offer after-school and summer-break programming. In FFY18, thanks to increased funding in the National Family Caregivers program budget, DEA expanded the grandparents respite program from one to four communities.

Additionally, since 2008, Rhode Island has been a recipient of ACL's Lifespan Respite Care discretionary grant funding. Through this funding, DEA launched the Nursing Student Respite Workforce Initiative, training and pairing local nursing students with families in need of respite

care. DEA now partners with four of Rhode Island's six nursing programs as part of this effort, with curriculum and program support provided by academic staff.

Home and Community Care

DEA Home and Community Care programs are designed to assist functionally impaired seniors and adults with disabilities to meet a wide variety of medical, environmental and social needs. Based on eligibility, Home and Community Care programs may provide home health aide services, adult day services, Meals on Wheels home delivered meals, Senior Companion services, personal emergency response system, minor home modifications, and minor assistive devices or assisted living services. Programs offered share a common goal: for seniors and adults with disabilities to retain their independence by receiving services that allow them to live safely in their own home.

DEA works with a network of regional case management agencies and other senior organizations to assess individual and caregiver needs, develop person-centered care plans and provide ongoing support and advocacy for the individual receiving services and their caregivers.

Rhode Island Pharmaceutical Assistance to the Elderly

Established in 1985, the Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program provides financial assistance to eligible seniors for a variety of generic medications. To qualify for the program, applicants must be Rhode Island residents age 65 years or older, or residents between the ages of 55 and 64, who receive Social Security Disability (SSDI) payments. Applicants must meet specific income guidelines and be enrolled in a Medicare Part D plan. Applicants cannot be enrolled in LIS. Eligible RIPAE members can purchase medications covered by RIPAE at the RIPAE discounted price during the deductible phase of their Medicare Part D plan. Eligible RIPAE beneficiaries also receive a once per calendar year Special Enrollment Period (SEP) outside of the Annual Election Period if enrollment in to a new Part D plan provides a better benefit for the beneficiary.

RIPAE eligibility is based on four tiers of allowable income. Members that fall into the lowest income group also receive auxiliary benefits, including a monthly telephone bill discount, free entry into state beaches, a discount on their cable bill when an extended cable plan is purchased, and extra time to have emissions testing performed on a vehicle.

Senior Medicare Patrol

Through the Senior Medicare Patrol (SMP) program, DEA and its partners assist Medicare beneficiaries, their families and caregivers in preventing, detecting and reporting cases of fraud or abuse.

Each year, Medicare and Medicaid errors, fraud, waste, and abuse cost taxpayers and the healthcare industry billions of dollars. Fraudulent claims mean less money is available for affordable healthcare, which is central to living well.

Through SMP, fraud alerts are routinely distributed to notify beneficiaries of the latest healthcare scams. In 2017, 82 SMP volunteers provided over 8,300 hours of service to more than 12,000 members of the community.

After Hours Emergency Response

The DEA Elder Rights & Safety Unit is responsible for receiving and investigating reports of elder abuse, neglect, financial exploitation and self-neglect of Rhode Islanders age 60 and older. Excluding self-neglect, acts of alleged abuse include those by a family member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation, or abandonment.

The After-Hours Emergency Response Program for Elders in Crisis was established by DEA in 2006 to address the need for a comprehensive response to elders in crisis after DEA's normal business hours and on holidays and weekends. When a call is made to the assessment team at the After-Hours Emergency Response Program telephone line, the call will be screened and if necessary, a clinical assessment and/or intervention will be conducted either by phone or in person. The assessment team will also take routine reports, such as allegations of financial exploitation or reports of elder self-neglect. All reports are forwarded to DEA the next business day for screening and potential intake.

In FY2018, there were 1,502 reports of alleged elder abuse and 1,359 reports of self-neglect made to DEA.

Legal Services Developer

Rhode Island's Legal Services Developer provides legal information, referral and assistance to elders, families and caregivers. The Developer liaises with DEA grantees –the Rhode Island Bar Association (RIBA) and Rhode Island Legal Services (RILS). RIBA runs a lawyer referral network for the elderly, which links older Rhode Islanders with attorneys who can assist with any legal matters. The fees charged, if any, are based upon the elder's income level.

RILS assists low-income older Rhode Islanders with certain legal issues, such as landlord-tenant, foreclosures, and tax/public benefit issues. In 2009, RILS received a grant from the Administration on Aging to enhance the delivery of legal assistance to older adults in Rhode Island. Through this grant, RILS is able to have the attorney who heads the elder-legal protection work at DEA one day each week.

RILS and DEA collaborate on outreach and education activities.

Elder Justice

In 2018, DEA received an elder justice innovation grant to enhance operations and services under the Elder Rights & Safety (ERS) unit. The grant, totaling \$977,008, is being used to:

- Deploy a new technology platform for tracking, monitoring, and reporting investigations of abuse, neglect, and exploitation, self-neglect and early intervention;
- Strengthen behavioral healthcare supports for clients;
- Strengthen training for ERS staff;
- and, hold the state’s first summit on elder rights and safety.

Long-Term Care Ombudsman

Federal law holds DEA responsible for assuring the provision of long-term care ombudsperson (LTCO) services to investigate complaints lodged by elders and/or their advocates against long-term-care facilities. DEA meets this responsibility through contracting for ombudsman services with the Rhode Island Alliance for Better Long Term Care.

Upon issuance of the Administration on Aging’s final rule regarding States’ Long-Term Care Ombudsman Programs, ACL’s review found DEA’s regulations to be consistent with the final rule provisions. DEA has worked with both ACL and LTCO to update policy and practice –and conduct trainings to ensure continued compliance with the final rule.

In 2018, the Ombudsman responded to more than 570 complaints.

Housing Security and Residential Services

On a bi-annual basis, DEA awards six public/private housing complexes with a grant to increase security measures that benefit older adults and those with disabilities. The money funds security guard personnel, high tech security equipment, and/or structural safety improvements.

Under state law, and promulgated regulations by DEA, recipients of housing security funding must submit an annual security plan to include programs for resident security, educational programs, and general safety measures. Over the last four years, DEA has awarded competitive grants to successful applicants in the amount of \$340,000, all of which is state general revenue funding.

The Director of DEA is a member of the Housing Resource Commission (HRC). HRC is a legislative commission comprised of 27 members. The major charge of the HRC is to develop and promulgate state policies and plans for housing and performance measures for statutorily mandated housing programs. Among its duties is to provide opportunities for safe and affordable housing in Rhode Island.

Transportation

The Executive Office of Health & Human Services contracts with a transportation broker to provide transportation for Non-Emergency Medical Transportation (NEMT), and the Non-Medicaid Elderly Transportation Program (ETP). ETP is for individuals age 60 years and older

who are not Medicaid eligible and who are not getting transportation from the RIPTA Ride Program or from the Americans with Disabilities Act (ADA) Program.

The ETP Program provides transportation to and from medical appointments, adult day care, meal sites, dialysis/cancer treatment and the Insight Program. The Program requires a \$2.00 copayment for each trip segment.

Community Designated Grants

At the onset of each state fiscal year, the Rhode Island Governor and General Assembly allocate general revenue funding to support community/senior centers throughout the state. This funding was doubled in state fiscal year 2019 –from \$400,000 to \$800,000. DEA, tasked with administering these designated grants, allocates funding to each Rhode Island municipality based on its relative percentage of the overall population of adults age 65 and older. This formula utilizes the most recent data available from the American Community Survey, put out by U.S. Census Bureau on an annual basis.

Each year, DEA makes over 40 awards to RI municipal and non-profit senior centers from this fund.

Older Americans Month

The Governor’s Centenarians’ Brunch is held each year during the month of May. Annual surveys conducted by DEA have consistently located at least 125 persons who were 100 years of age or older, including those who would reach their 100th birthday during the year.

Each year, more than 50 Rhode Island centenarians attend the event, which is the highlight of the annual observance of Older Americans Month.

Alzheimer’s Disease Supportive Services

DEA partners with the R.I. Chapter of the Alzheimer’s Association (RIAA) to provide caregiver support programs –funded, in part by Title IIIB and Title IIIE. Programming includes a telephone helpline, outreach to hard-to-reach caregivers, a state-wide caregiver conference –as well as education opportunities and support groups.

Alzheimer’s Grant

In 2018, DEA received an Alzheimer’s Disease Program Initiative discretionary grant from the Administration for Community Living for a total project cost of \$848,925. As part of this award, DEA is working to ensure the state’s system of supports is dementia-capable. Efforts in this project will focus on workforce training and the provision of direct service to persons living with dementia and their caregivers. During the duration of Rhode Island’s next State Plan on Aging, it is expected that significant work towards improving dementia capability will be achieved.

Project partners under this award include Catholic Social Services of RI, the United Way of RI (operates the primary POINT), Alzheimer’s Association-RI Chapter, Rhode Island College, RI Geriatric Education Center through University of Rhode Island, Healthcentric Advisors, and Hebrew SeniorLife. The institutions of higher education will focus on training of direct service providers and target primary care practices to improve detection, identification, care planning, and referral of individuals diagnosed with dementia to community providers.

Additional partners will engage in training for both persons with dementia and their caregivers to help with disease management and coping mechanisms.

Supports in Community (IIIB)

Through Title IIIB funding, DEA awards four-year grants to community providers that help accelerate progress toward the goals identified in Rhode Island’s State Plan on Aging –as well as address targeted community needs that benefit at-risk populations.

DEA uses RFPs to guide the application process to encourage those eligible Title IIIB activities identified as priorities on an ad-hoc basis. Under the current set of awards, DEA listed the following activities as a priority for the state:

- Assistance with transportation services for community members;
- Language translation services to assist older individuals with limited-English speaking ability to obtain services under Title III of the OAA;
- Services that support family members and other persons providing voluntary care to older individuals who need long term care services and other supportive activities that meet the needs of caregivers;
- Financial counseling, as requested;
- Pre-retirement counseling;
- Services that enable older individuals to attain and maintain physical and mental wellbeing through programs of regular physical activity, exercise, music therapy, art therapy, and dance movement therapy;
- Health and nutrition education services, including information concerning health promotion, as well as prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions;
- Services that encourage and facilitate regular interaction between students and older individuals, including services for older individuals with limited English proficiency and visits in long-term care facilities, multi-purpose senior centers and other settings.

The 2019-2023 RI State Plan on Aging’s list of outcomes and objectives will impact the next round of awards under this program, set to renew in 2022.

Students for Seniors

In 2018, under Title IIIB, DEA launched a pilot program in collaboration with partners at East Bay Community Action Program (EBCAP) and the East Providence Senior Center, called “Students for Seniors.” This program is designed to foster intergenerational relationships. In addition to sharing social time together, the relationships formed could also lead to the students providing help with minor chore services at some point in the future. Through the initial six months of the program, nine high school students and nine older adults have identified common interests and are matched, sharing time together one day a week.

All participants have reported improved quality of life, and East Providence Senior Center reports the older adult participants are electing to participate in additional programs offered through the senior center.

Health Equity Zone Partnerships

In 2018, under Title IIIB, DEA launched a pilot program in collaboration with the Rhode Island Department of Health’s Bristol Health Equity Zone (HEZ), bringing nutrition education, socialization and fresh, locally-grown produce to older adults living in the community through meal preparation classes. The program also offers transportation to the classes and sends the participants home with a “meal in a bag” so they may replicate the recipe demonstrated.

The HEZ initiative encourages and equips neighbors and community partners to collaborate and create healthy places for people to live, learn, work and play. The Bristol HEZ is focused on: improving nutrition and access to healthy foods; promoting physical activity; facilitating community public health events; facilitating health literacy classes and health screenings; offering diabetes prevention programs; and, working with community providers to implement interventions that will improve local healthcare systems.

For the period October 2018 to February 2019, there have been 266 meals prepared by older adults as part of this initiative.

Senior Nutrition

Rhode Island’s “Ocean State Senior Dining Program” consists of one statewide provider of home delivered meals, Meals on Wheels of Rhode Island (MOWRI) and six congregate meal providers, with more than 50 locations statewide. Meal site locations include senior centers, elderly housing complexes, and community centers. Provider partners include Blackstone Health Inc., East Bay Community Action Program, Meals on Wheels of Rhode Island, Narragansett Indian Tribe, Senior Services, Inc., and Westbay Community Action, Inc.

In 2014, meal sites began offering “café” menus –in addition to the traditional, hearty lunchtime meal. These menus include pub-style sandwiches and salad options to appeal to the increasingly active senior population. A restaurant voucher program is also available in select communities,

allowing participants to enjoy a free meal at participating local eateries, including Uncle Tony's, Pizza J, and Newport Creamery.

Food insecurity rates in Rhode Island are higher than national averages, reinforcing the importance of safety-net food and nutrition programs in the state. Last year, Rhode Island's congregate meal program served 304,060 meals, while the home-delivered program served 236,768 meals (Title III only).

Commodity Supplemental Food Program

The Commodity Supplemental Food program (CSFP) is the only USDA nutrition program that provides monthly food assistance specifically targeted at low income seniors. The CSFP is designated to meet the unique nutritional needs of seniors by supplementing diets with a monthly package of healthy, nutritious food provided by the USDA. The CSFP food package will include foods such as: Cereal, Fruit Juice, Protein Items, Shelf Stable Milk, Peanut Butter, Pasta, Cheese, and Canned Fruits and Vegetables. Foods offered have less sodium, less sugar, less fat, and more whole grains.

CSFP serves individuals age 60 and over with income at or less than 130% of the Poverty Income Guidelines.

DEA initially received a CSFP caseload assignment in 2015 and contracts with the Rhode Island Community Food Bank for the CSFP statewide project. The 2018 CSFP caseload assignment for Rhode Island was 1,486.