



# STATE PLAN ON AGING

## **OLDER AMERICANS ACT OF 1965, AS AMENDED**

**October 1, 2023 to September 30, 2026**

Daniel J. McKee, Governor

Maria E. Cimini Director

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## Verification of Intent

The Rhode Island Office of Healthy Aging’s 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, 2023 through September 30, 2026. 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 older adults and older 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 2023 through 2026, hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

I hereby approve this Plan as His Excellency; Governor Daniel J. McKee’s Designee and submit it for approval to the Assistant Secretary for Aging, Administration on Aging, U.S. Department of Health and Human Services.

\_\_\_\_\_  
Maria E. Cimini  
Director  
Rhode Island Office of Healthy Aging

\_\_\_\_\_  
Date

## Executive Summary

As the Designated State Unit on Aging, the Rhode Island Office of Healthy Aging (OHA) 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 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 older adults with disabilities, OHA coordinates all state activities under the purview of the Older Americans Act and administers funding under Titles III and VII.

Rhode Island's older adult population is growing rapidly. Over 24 percent of Rhode Islanders are 60 or older versus 22 percent nationally, and our state is tied with Hawaii for having the highest percent of residents age 85 and older (2.7%)<sup>1</sup>. On March 8, 2022, Governor Daniel J. McKee appointed Maria E. Cimini as director of OHA to build upon the Office's progress and accelerate its work on behalf of older Rhode Islanders and older adults with disabilities. Under the Director's stewardship, OHA 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 2023 –2026 Plan 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 OHA's blueprint from October 1, 2023, through September 30, 2026, to strengthen organizational operations and program offerings that help those OHA serves live well. This work is anchored in a people-centered philosophy where older adults and older adults with disabilities are the architects of their aging, and the Office of Healthy Aging implements and supports programming in support of those adults while advocating for those adults and amplifying their voices in the spaces not directly governed by OHA but integral to the healthy aging of Rhode Islanders.

In designing Rhode Island's Plan, OHA sought to create a document that builds on best practice and what we have learned as the Area on Aging best meets the needs of Rhode Islanders while also including the perspectives of our community partners and the older adults this plan serves. To accomplish that goal, we have engaged a robust community input process including solicited feedback from focus groups, surveys and public comment on the plan. Through eleven focus groups, ten from geographically diverse locations and one with Pride in Aging (formerly SAGE-RI) one hundred forty (140) older adults shared their thoughts on aging in RI and what they see as the obstacles and opportunities for aging in RI. Over one thousand (1,014) older adults in RI completed surveys about aging. The surveys were distributed through social media and emails, through over forty (40) senior centers and other community organizations and could be completed on-line, by paper and were available in English and Spanish. The survey included questions aligning with the goals and objectives of the state plan on aging, such as caregiving and behavioral health, as well as to understand the needs and preferences of adults aging in the community, such as housing, transportation, and food access.

OHA believes the best way to support people is to meet them where they are. Through 2026, the agency will build on a place-based approach to service delivery, by investing in a network of programs that offer geographic diversity, but also ensuring access to programming that meets differing mobility, communication, and cultural needs. OHA will build on the robust online tools and outreach campaigns that were necessary during the COVID-required physical distancing. As we consider a plan for a post-

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<sup>1</sup> [U.S. Census Bureau. 2020 American Community Survey 5-Year Estimates.](#)

COVID pandemic period, our programming will broaden to be on-line for those who choose it, but also build on in-person activities. The vision for the future is to ensure there is ‘no wrong door’, virtual or physical, 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 2024 through FFY2026, goals for the Rhode Island’s State Plan on Aging are as follows:

1. Provide older adults, older adults with disabilities and their caregivers access to the information they need to make informed decisions about the supports they need to thrive.
2. Support older adults to stay active and healthy physically and mentally.
3. Enable older adults and older adults with disabilities to remain in their own homes with maximum independence and quality of life.
4. Strengthen a caregiving infrastructure that recognizes, builds, and supports both paid and unpaid caregivers
5. Ensure the rights, safety, independence, and dignity of older adults and prevent their abuse, neglect, and exploitation.
6. Build on lessons learned from COVID-19 about social isolation risk and the importance of varied engagement strategies.
7. Ensure equity – All Rhode Islanders should be able to participate fully in society and benefit from available programs and services.
8. Ensure OHA’s programs and investments are 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. OHA 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

Rhode Island’s older adult population is growing rapidly due to maturing baby boomers and increases in ethnic minority communities. 24.14 percent of Rhode Islanders are 60 or older versus 22 percent nationally. Our state has the highest proportion in the United States of those 85 years or older as Rhode Island has a percentage of 2.5% of older adults 85 years or older whereas the United States has a percentage of 2.0% of older residents<sup>2</sup>. And, in 2021 30% of RI residents reported living with a disabling condition.<sup>3</sup>

Our work at the Rhode Island Office of Healthy Aging (OHA) is centered around meeting the short-and long-term

<sup>2</sup> [U.S. Census Bureau. 2020 American Community Survey 5-Year Estimates.](#)

<sup>3</sup> [U.S. Census Bureau. 2017 American Community Survey 1- Year Estimates.](#)

needs of these populations. We work to create a Rhode Island that is a great place to grow up and grow old where all people are supported and able to thrive. Through what we do, inform, convene, and amplify, OHA works to ensure the safety of older adults, advocate for and connect to resources to have basic needs met, work with government and community agencies to develop collective solutions to challenges, and amplify the voices of older adults recreating themselves and their lives as they age. 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.

OHA continues its leadership and focus on enhancing partnerships, integrating programming, and maximizing available funding to strengthen supports for older adults, older adults with disabilities, and their caregivers. Over the first quarter of 2023, OHA, through a contract with a local college, engaged 12 community focus groups and distributed surveys to older Rhode Islanders. Insights from residents of 100% Rhode Island's thirty-nine cities and towns became the foundation of this plan. This new Plan provides the strategic framework for OHA's work over the next three years and will inform our decision making with state resources, federal discretionary grants, and Older Americans Act funding (Titles III and VII) across key program areas.

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 2023-2026 State Plan on Aging, OHA 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 was created in 1977 by Title 42 Chapter 66 of the Rhode Island General Laws. It outlined the organization and function of the Department. As of July 1, 2011, through a State reorganization the Department of Elderly Affairs became the Division of Elderly Affairs under the Department of Human Services. In 2019, the state General Assembly approved an official name change to the Office of Healthy Aging to better reflect the goals of the Office and in response to a discomfort among older adults with the term “elderly” which no longer seemed to match the experience of aging in the twenty-first century. OHA continues to serve as the State Unit on Aging and is led by a Director who is appointed by and reports to the Governor. A full-time staff of thirty (31) full-time equivalents (“FTE”) carry out the responsibilities of the Office with an annual budget for the SFY2022 of approximately \$39.5 million dollars.

OHA administers Older Americans Act funding under Titles III and VII for Senior Nutrition; Adult Protective Services/Elder Rights and safety; Senior Centers and Supportive Services; Information, Referral and Assistance; Health Promotion; Legal services, caregiver supports and respite services, and the Long-Term Care Ombudsman. Staff administers nearly 200 community-based grants to community-based organizations that include nutrition providers, senior centers; regional case management agencies and other community-based organizations that service older Rhode Islanders. 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.

Highlights of Recent and Current Activities. The Health and Human Services Secretariat in Rhode Island is spearheading a multi-agency effort to modernize our state's Long-Term Services and Supports (LTSS) structure. An integral component of that redesign, which includes the integration of No Wrong Door (NWD) approach, Conflict Free Case management (CFCM), and Person-Centered Options Counseling (PCOC), is the Aging and

Disability Resource Center (ADRC). The ADRC, known as “the Point” in RI, has been and will continue to be, a major focus of the Office of Healthy Aging. OHA has also led an important pilot for PCOC- a new form of decision support for consumers in need of or at risk for Medicaid LTSS. To expand access to this service, the Rhode Island Office of Healthy Aging (OHA), in collaboration with the Executive Office of Health and Human Services (EOHHS), utilized ARPA funds to start to begin to build this capacity in the community by offering grants to two community organizations to initiate PCOC pilot programs.

Like all other organizations the OHA, its programs, partners, and the older adults it serves were impacted by the COVID-19 pandemic. A new project, coined the digiAGE Collaborative, the OHA brought together industry, government, and community partners to help bridge the digital divide for older adults – including caregivers – through coordinated investments in smart devices, internet services, digital literacy training, and online content creation. The program sought to address social isolation and loneliness and to expand digital access and literacy among older adults, older adults with disabilities, and their caregivers. The digiAGE initiative expanded its reach to provide digital supports to individuals transitioning out of skilled nursing facilities. In addition, the OHA partnered with GetSetUp which provides an online platform for older adults to access to learn new skills virtually. Through GetSetUp’s custom-built video learning interface tailored to older adults of all tech levels, older adults have access to classes, in multiple languages, promoting digital literacy, socialization, health and wellness, and new learning experiences.

The RI Elder Rights and Safety (ERS) Unit applied for and received APS supplemental formula funding from the Coronavirus Response and Relief Act (CRRSA) in 2021. This supplemental funding was used to enhance APS goods and services for APS clients, enhance existing partnerships with respect to emergency respite and safe shelter and enhance tools and resources available to RI APS staff.

During the peak of COVID-19 federal and state guidance changed rapidly as more became known about the virus and its impact. Lessons learned during that time about how to best keep our community partners and Rhode Islanders up to date have informed our new communication activities. We actively engaged our partners as we made changes to our APS on-line reporting tool. We re-convened quarterly community presentations, known as *Academy Trainings*, about services available to older adults and their caregivers as well as how to best serve a diverse aging population. We’ve expanded our use of social media for additional community engagement opportunities, e.g., Medicare Mondays. Appendix F of this document provides a representation of recent accomplishments as well as future priorities for the Office.

#### Collaboration with Other State Agencies.

OHA continues to expand many of its long-standing partnerships with state sister agencies. The success of a statewide LTSS Modernization relies, not only on a strong ADRC, but also close partnership with several state agencies. The No Wrong Door (NWD) Initiative and Person-Centered Options Counseling (PCOC) teams are led by the Executive Office of Health and Human Services (EOHHS) and involve active participation of OHA, Department of Human Services (DHS), Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH). With the RI Department of Health (RIDOH), OHA continues to strengthen its participation in the Community Health Network Program, meant to connect individuals more efficiently and effectively with community-based health and wellness programs. Through partnership with the state Department of Children, Youth and Families (DCYF) we connect with grandparent caregivers and other kinship care households.

Over the next several years, Rhode Island will continue to streamline and transform its LTSS system into a model that is person-centered, coordinated, data informed, easily accessible, highly visible, and committed to quality. The Rhode Island Executive Office of Health and Human Services (EOHHS) led LTSS redesign efforts include, but not limited to, the following:

1. Person-Centered Options Counseling (PCOC): In August 2021, Rhode Island successfully implemented a PCOC program and network to assist consumers who are entering into or inquiring about the State’s system of publicly and privately financed LTSS. All ADRC staff are trained in PCOC.
2. Conflict-Free Case Management (CFCM): Through an interagency LTSS redesign team, the State is currently designing and implementing a statewide system for providing CFCM for Medicaid participants who receive LTSS in a home or community-based setting.
3. LTSS Modernization: Rhode Island will become one of the first states in the nation to implement a single consumer information management system (CIMS) for Medicaid HCBS participants in which “information follows the person”. This project includes three key components:
  - a. Development of a single e-LTSS record housed on a cloud-based CIMS for ancillary functions that supports a person from the point of entry into the system
  - b. Reorganizing agency roles and responsibilities and associated business practices accordingly to eliminate silos and accommodate shifts in consumer demand; and
4. Investment in technology upgrades, interfaces, and integration among the CIMS, Bridges (the State’s public benefit integrated eligibility system) and the MMIS (the State’s claims payment system) required to support a full transition to a more person-centered quality driven and resilient LTSS system.

The digiAGE project is funded, in part, through a collaboration with the EOHHS’s Money Follows Person initiative. It supports the successful transition of nursing home residents to community-based settings through technology supports so they can participate in telehealth appointments and have access to remote caregiving.

The RIDOH has been a critical partner to the Office’s recently concluded Alzheimer’s Disease Programs Initiative (ADPI) work building community and medical supports for individuals diagnosed with Alzheimer’s and other related dementias and their caregivers. This interagency partnership has collaborated on critical staff training for community partners who were conducting ACL approved evidence-based disease prevention and health promotion programs. Recent successful efforts also include collaboration with RIDOH to implement a COVID-19 information campaign for older Rhode Islanders and older adults with disabilities. We’ve engaged senior centers, adult day centers, and other partners to participate in this work. This partnership with RIDOH in vaccination outreach helps us to address vaccine hesitancy among older adults and caregivers. We promoted information about vaccines and how to access them. This campaign connected older adults and older adults with disabilities to our State’s ADRC which not only offered COVID-related information but also provided an opportunity for that population to see the ADRC as a trusted resource for person-centered supports.

In the area of behavioral health, OHA 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 Governor’s Commission on Behavioral Health, participating in the state’s behavioral health care transformation planning group, the Long-Term Care Coordinating Council Behavioral Health Workgroup, and the Governor’s Commission on Behavioral Health, Olmstead work group. OHA continues to work with the State’s Behavioral Health 24/7 call in center to respond to older adults with mental and behavioral health concerns. Most recently, OHA has participated in several meetings in the development of the 988 line in RI and conversations about addressing hoarding disorder.

As OHA looks for new ways to better support older adults caring for minors, our organization will build on our partnerships with the DCYF’s Kinship Advisory Council and are pursuing partnerships with RI Works, RI’s TANF program to provide supports to so-called “child only” cases where minor aged children receive TANF while their parents receive SSI. Moving forward, OHA 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.

With DCYF, OHA has expanded its efforts utilizing Title III E ARPA funds to outreach to and provide support for



kinship caregivers, including older adults who primarily speak Spanish who are caring for children/grandparents caring for children under the age of 18. These families can become isolated and overwhelmed in taking care of daily needs and are not typically aware of available resources. OHA has partnered with agencies in the community with individuals having lived experience to provide ongoing support to assist these families in accessing services and resources to maximize the safety and well-being of the children. The Kinship Caregiver Support Program provides access to culturally appropriate information and resources via website/print, support through statewide family events and informational meetings for networking and support, and opportunities to voice their concerns at local and statewide engagements with diverse stakeholders.

The OHA has strengthened its partnership with RI DHS and EOHHS. This has been critical to low-income older adults as we transition out of the COVID-19 pandemic. OHA has begun convening older adult-serving community partners to ensure they are able to support their program participants through the changes to SNAP and Medicaid during the public health emergency unwinding. With the Office being under the DHS organizationally, we are able to bring the unique needs of older adults and older adults with disabilities to the decision-making tables within our state's agency overseeing public benefits and to act as a trusted resource with community partners, like senior centers, who are often counseling anxious older adults when there are benefit changes.

## QUALITY MANAGEMENT

OHA 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 OAA and various ACL programs. To support this requirement while also intentionally building opportunities for thoughtful volunteer engagement, staff of OHA participated in a two-month volunteer recruitment planning effort. Staff overseeing SHIP, Volunteer Guardianship, Senior Companion, and a local "Project Hello" initiative learned of one another's programs, volunteer responsibilities and developed and initiated a plan of recruitment. The Plan included lessons learned from the ACL SMP "Volunteer Risk and Program Management" (VRPM). Policies and procedures that had been created to provide the entire Rhode Island SMP volunteer workforce with a consistent, safe, and efficient work environment have been adapted for all our volunteers. This teams' efforts will continue to create plans of volunteer training and recognition initiatives.

Technology. As part of the incorporation of the ADRC into a larger, statewide LTSS modernization effort, the PCOC of ADRC is now fully integrated into the State's Wellsky system used in support of the NWD and CFCM initiatives expected to be fully integrated in January 2024. We will continue to build the Information and Referral supports of the ADRC into that system. The reorganization of the ADRC work from having both a central ADRC and regional ADRCs, to a single point of entry, has strengthened the data collection for those efforts.

Data Collection; Program Quality. OHA has worked to build capacity and confidence of staff to better understand data submitted by our contracted partners with an eye toward both program improvement and promotion. Since January 2023, contract clubs have met to review both monthly data submissions and the annual data reporting requirements to make data collection more actionable in real time. This review has led to changes to scopes of work in upcoming contracts, improved performance measures, and supported improvement of invoice tracking procedures. The Office is also building partnership with our state's OHHS data ecosystem to use the expertise of state colleague data analysts to better understand our data collected for program improvement and promotion.

Home- and Community-Based Services (HCBS). OHA participates in the state interagency team that is developing cross-agency operational, data collection methods, and oversight of HCBS services that will allow for

standardized reporting of required sub assurances in 42 CFR 441.301 and 42 CFR 441.302. This process also includes development of a standardized critical incident management system. OHA currently provides HCBS and Critical Incident information as requested by EOHHS to meet these standards.

*Consumer Input.* In preparation for the State Plan on Aging, OHA contracted with the Rhode Island College Healthcare Administration Program (RIC HAP) to convene ten (10) focus groups of older adults and older adult-serving individuals to have in depth conversations with older adults from various geographic communities of the state. When the state plan focus groups were publicized many additional communities requested focus groups for their area. As a result, the Office is creating a plan of on-going engagement through monthly listening sessions convened both by geographic location and affinity group, such as for seniors identifying with LGBTQ+, deaf and hard of hearing, or Southeast Asians.

Our work will continue to be guided by robust community engagement and oversight through 2026 because our state’s Governor’s Commission on Aging has opted to make the support and monitoring of this plan a primary focus of their work.

*Increase the Business Acumen of Aging Network Partners.* In line with our performance focus area, OHA has begun an initiative called *Contract Clubs* to bring together a team of OHA staff to understand and improve OHA’s subcontracted services with a particular focus on communication and data in order to better serve RI seniors through high quality programming. 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 serve our constituents:

The Point Network Redesign - Under Rhode Island’s new State Plan on Aging, the ADRC 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 – OHA 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.

## KEY TOPIC AREAS

### A. Older Americans Act Core Programs

#### **Coordination of Title III programs with Title VI Native American Program**

Approximately 7,385 Native Americans live in Rhode Island<sup>4</sup>, and nearly 570 of Rhode Island’s Native Americans are age 60 or older.<sup>5</sup> Though OHA does not receive Title VI funding for Native American programs, we continue to work with the 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 IIIC congregate meal funding to the Narragansett Indian Tribe for its meal site. We’ve worked to improve engagement of elder Native Americans and as such the Narragansett Indian Tribe increased their meals served from 11,517 meals in calendar 2021, to 14,395 meals in calendar year 2022.

OHA maintains regular communication with our Native communities and specifically ensures that they are aware that Tribal organizations are eligible and invited to apply for Title III B funds distributed through

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<sup>4</sup> [U.S. Census Bureau. 2020 DEC Redistricting Data.](#)

<sup>5</sup> [U.S. Census Bureau. 2021 Decennial Census 5 – Years Estimates.](#)

competitive bid to offer supportive services for older individuals and older adults with disabilities to empower them to remain independent and self-sufficient. OHA also reaches out to the Narragansett Indian Tribe to ensure that it is aware of the variety of programs and services that are available to the Tribe's older individuals and older adults with disabilities.

## **Nutrition**

In Rhode Island, between 2018-2019 approximately 12.4% of older adults ages 60+ faced the threat of hunger<sup>6</sup>. The OHA has joined with both community and State led efforts to address food security. Though the Hunger Elimination Task Force (HETF), convened by the RI Food Policy Council, nor the statutory Interagency Food and Nutrition Policy Advisory Council (IFNPAC) are older adult-focused, OHA informs that work and ensures the state's approach to addressing nutrition, malnutrition, hunger, food access, and food security includes seniors.

Nutrition Services authorized under Title III-C of the Older American Act (OAA) and designed to promote the general health and well-being of older individuals are funded through OHA to provide both home delivered and congregate meal sites across Rhode Island. These services are proposed to eliminate hunger, food insecurity and malnutrition, promote socialization including health and well-being by ensuring older adults have access to nutrition. These sites also become natural partners for programs focused on preventing disease and health promotion services where seniors may delay the start of adverse health conditions subsequent to poor nutritional health or sedentary behavior. OHA will continue to seek innovative ways to ensure access to nutrition and social support services and identify potential alternatives to in-person service delivery.

Meals on Wheels is a critical partner in addressing senior nutrition in Rhode Island as it is nationwide. Their *More than a Meal* model meets addresses senior nutrition needs while also providing a safety check and some companionship to homebound older adults. Meals on Wheels (MOW) ensures food access through the provision of nutritious meals delivered to eligible older adults, individuals with disabilities, and their caregivers. During the current state plan period, OHA worked closely with MOW as its leadership finalized their strategic plan. In applying an equity lens, and since culturally appropriate foods can improve health equity by providing a healthy diet that is familiar to the older adult the OHA supported MOW as they launched their Culturally Responsive Meal Program. Now, Latin, Asian, and Kosher meals are available statewide. Since the launch of the Culturally Responsive Meal Program, they have increased meal delivery by 60 clients and have delivered 15,095 culturally responsive meals. MOW has made efforts to maintain bilingual staff to carry out the functions of the Culturally Responsive Meal Program. As a result, they have increased their Black Indigenous People of Color (BIPOC) staff percentage from 4% in 2020 to 24% in 2022. This includes a bilingual outreach staff who is responsible for the target related to outreach events and presentations. This work is focused in BIPOC communities to reach their target of ensuring the demographics of the older adults we serve align with the demographics of the state. This will be accomplished through outreach and promotion of the cultural menus.

Each year, in support of the USDA Senior Farmers Market Nutrition Program, OHA supports Rhode Island's Department of Environmental Management (DEM) with their efforts to distribute farmers market vouchers to eligible low-income seniors. DEM utilizes the OHA-establish nutrition provider and congregate meal network. Staff at congregate meal sites register eligible older adults and distribute vouchers or fresh fruits and vegetables to meet the program goals to "provide low-income seniors with access to locally grown fruits, vegetables, honey and herbs."

Congregate meal programs remain a critical component of our state response to older adult nutrition and food

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<sup>6</sup> [America's Health Rankings: United Health Foundation. Senior Report, RI 2022.](#)

insecurity. Lessons learned from COVID-19, have reinforced the incredible importance of congregate meals to address social isolation. Due to the COVID-19 pandemic, participation in the Congregate Meal Program has been a challenge. Behavior patterns and social norms have shifted dramatically for older adults, as they have for all of us. In 2022, congregate meal participation was 75% of pre-COVID days. OHA continues to work with our congregate meal providers to encourage older adults to return to mealtimes by reviewing the best ways to serve the seniors of individual communities. In some communities, that has meant building more grab 'n go options, and others have built up more home delivery options. OHA continues to innovate and connect more older adults to nutritious meals – especially those with significant social and economic need.

OHA administers the Commodity Supplemental Food Program (CSFP) for RI seniors age 60 and older in partnership with the RI Community Food Bank (RICFB). The RICFB works with “local distribution agencies,” such as senior subsidized housing facilities and senior centers, to reach the greatest concentration of seniors. CSFP offers more than shelf stable food products. Participants are also provided with nutrition education services by the RICFB to assist them in making positive changes in food habits. The goal is that this will result in improved nutritional status and in the prevention of nutrition related disease. During FFY 2022 the CSFP provided monthly boxes of a variety of nutritious shelf-stable food to an average of 1829 low-income eligible older adults. In light of the loss of COVID-19 SNAP enhanced benefits, OHA is working with the DHS to make older adults aware of these additional nutrition assistance programs.

### **Malnutrition**

To address the new malnutrition component of the state plan, OHA staff sought out opportunities to learn more about malnutrition. Staff were selected to participate in a Malnutrition Learning Collaborative. Malnutrition is a leading cause of morbidity and mortality among older adults. Due to a range of causes and contributors, older adults, across all population groups, are at an increased risk for developing malnutrition. Older adults experiencing food insecurity suffer from higher rates of chronic disease, including diabetes, heart disease and depression. They also have a lower quality of life, with restrictions on activities of daily living similar to food-secure older adults who are 14 years older<sup>7</sup> We will incorporate lessons from the learning collaborative in our approaches to address malnutrition among RI older adults.

Working with other states and technical experts, OHA will develop plans to address malnutrition in the populations we serve. We will continue to work with Title III congregate meal programs to provide nutrition screening, nutrition education, nutrition assessment and nutrition counseling. Nutrition counseling shall be offered to Title III participants suspected to be at nutritional risk.

### **Senior Supportive Services**

Title III-B Supportive Services encourage and assist in the provision of supportive services for older individuals and the operation of senior centers and other community-based organizations that support senior services in order to: (a) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services; (b) removed individual and social barriers to economic and personal independence for older individuals; and (c) provide a continuum of care for vulnerable older individuals. OHA has contracted with 10 community agencies to offer services associated with Title III-B Supportive Services.

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<sup>7</sup> Moreira, N. & Krausch-Hofmann, Stefanie & Matthys, Christophe & Vereecken, Carine & Vanhauwaert, Erika & Declercq, Anja & Bekkering, Geertruida & Duyck, Joke. (2016). Risk Factors for Malnutrition in Older Adults: A Systematic Review of the Literature Based on Longitudinal Data. *Advances in Nutrition: An International Review Journal*. 7. 507-522. 10.3945/an.115.011254.

To accomplish some of the new goals associated with the State Plan on Aging, the OHA is amending the grant opportunities available through Title IIIB Supportive Services to reduce duplication of services and build community competencies with the new service expectations. OHA will partner with the RIDOH and BHDDH to develop plans to raise awareness, offer trainings, and/or promote screenings for TBI and depression and anxiety among older adults. Additionally, Title IIIB Supportive Services funds will be made available to organizations deeply connected to minority populations such as LGBTQ+, deaf and hard of hearing, and LEP communities of older adults to ensure that information and referral is rooted in cultural awareness and equity.

Understanding that home modification and adaptive technology can be allow some older adults and older adults with disabilities to remain in the community, we utilize Title IIIB funds to support a local community organization doing that work. Funding minor home repairs and offering counseling services to individuals facing a new physical limitation or degenerative disease supports both their physical and emotional well-being while keeping them in the community of their choice.

### **Legal Services**

OHA funds the RI Bar Association (RIBA) and RI Legal Services (RILS) to provide legal information, referral and assistance to seniors, families, and caregivers. RIBA operates a lawyer referral network for older adults, which links older Rhode Islanders with attorneys who can assist with any legal matters. The fees charged, if any, are based upon the older adult's income level. RILS assists low-income older Rhode Islanders with certain legal issues, such as landlord-tenant disputes, foreclosures, and tax/public benefit issues.

### **Health Promotion and Healthy Living Initiatives**

OHA administers a Health Promotion and Disease Prevention Program using Title IIID funds. The goal of this program is to provide evidence-based health programs.

Chronic illness management, fall prevention and oral health are focus areas for the SUA in order to facilitate healthy aging across the state. According to data from the National Council on Aging (NCOA), nearly 95% percent of older adults have at least one chronic condition, and nearly 80% of have two or more<sup>8</sup>. Chronic diseases place older adults at bigger risk for early death, poor functional status, unnecessary hospitalizations, adverse drug events and nursing home admission. Evidence-based health promotion and disease prevention programs offer older adults the opportunity to develop skills to be able to manage chronic conditions, prevent falls and ease the stress of being a family caregiver. These programs allow older adults and their caregivers to make positive changes in their lives in order to maintain or improve their health and health habits. Evidence-based programs such as *A Matter of Balance*, *Diabetes Self-Management Program*, *Powerful Tools for Caregivers*, *Stepping On*, *Walk with Ease*, *Chronic Disease Self-Management Programs (CDSMP)*, among others, can lead to positive results for older adults and their informal caregivers in the state of Rhode Island.

OHA has joined with RIDOH to take a more purposeful approach to planning, coordination, and delivery of programming. This partnership includes: joining with the RIDOH Community Health Network (CNH), supporting the marketing and outreach for the Chronic Disease Self-Management Program (CDSMP), supporting the Falls Prevention Program focus on Healthy People 2030 injury prevention objectives of reducing fatal injuries and reducing unintentional injury deaths, collaborating with the Traumatic Brain Injury (TBI) State Partnership Program to work on recommendations in the RI Traumatic Brain Injury State Action Plan to provide education training opportunities for awareness of TBI and achieving positive health outcomes for individuals living with TBI. We will use the data collected from RIDOH on falls occurring in older adults to inform programming.

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<sup>8</sup> [National Council on Aging. Get the Facts on Healthy Aging. 2013.](#)

### **National Family Caregiver Supports (NFCG)**

Respite provides a break for caregivers caring for loved ones of any age. These services strengthen family systems while protecting the health and well-being of both caregivers and care recipients. OHA allocates much of its Title III E National Family Caregiver funds to support the statewide respite program, *CareBreaks*, operated by our partner at Catholic Social Services (CSS). Respite recipients must meet the eligibility requirements outlined in the OAA. Respite services are provided through qualified home healthcare providers, adult day care centers, assisted living and nursing home facilities and are based on level of need.

Through State's Grandparents as Caregivers program. OHA partners with the YMCA of Greater Providence and the YMCA of Pawtucket to offer afterschool programming and summer camp scholarships at multiple location to those 18 and younger with a grandparent or older adult guardian age 55 and over seeking respite supports. In our partnership with DCYF Kinship Advisory Council, OHA hopes to expand these programs.

OHA case management agencies, the RI Alzheimer's Association and the Point receive NFCG funding to provide information and assistance to caregivers about the resources and services available to them, including, but not limited to, support groups, home and community-based services and respite services.

### **Case Management**

Case management services are provided for OHA by contracted community agencies. Case management agency staff assist OHA in the implementation and oversight of adult protective services designed to keep individuals at risk of or are experiencing abuse, neglect, exploitation, and self-neglect, safe in the community. In addition, the case management agencies also play an integral role in the provision of home and community-based services through the performance of assessments, application, and enrollment assistance, and the development, implementation, and monitoring of care plans for our At Home Supports Programs.

Monthly meetings are held between OHA administrators and case management agency supervisors to address: 1) specific concerns and challenges related to protective services and home care clients; and 2) an ongoing review of OHA policy and procedures for both Adult Protective Services and At Home Supports. New case management outcomes reports will also be reviewed at these meetings for continuous improvement efforts.

The case management program is divided into different geographic regions, with each agency assigned to a specific area of the State. For both Title III B and At Home Cost Share programs, funding is allocated to each region based on the census data tracking the proportion of older adults living in each of the OHA 6 regions of individuals living in the community.

### **Elder Rights and Safety (ERS)**

Elder Justice is central to our work at OHA. Along with our federal and state partners, we are working to improve how cases of suspected abuse, self-neglect and exploitation are tracked, monitored, and reported. In addition, we are focused on strengthening prevention efforts, victim supports, and raising awareness about elder justice issues in Rhode Island, and nationally.

The ERS unit includes Adult Protective Services (APS), Long-Term Care Ombudsperson (LTCO), and Volunteer Guardianship Program (VGP). The Title III B Legal Services work is also contained within this unit.

**Adult Protective Services** is charged with receiving reports of suspected abuse, neglect, financial exploitation and/or self-neglect of a Rhode Islander 60 years or older, screening those reports, investigating abuse, and connecting to appropriate resources e.g., case management or law enforcement.

The APS unit has seen an increase in reports of 40% from 2020-2022. In addition to building on existing community partnerships for case management, the unit has significant training goals to educate the community about signs of abuse and neglect and to promote community resources in an effort to prevent self-neglect.

After receiving community feedback from a variety of providers who frequently report concerns of abuse, APS has launched a new, community-informed, Web Intake Form. Additionally, OHA applied for, and received, federal formula funding for RI APS clients through CRSSA and ARPA. This funding is being used to enhance APS operations and strengthening community supports for APS clients.

With IIB Funding, the OHA partnership with RI Legal Services assists individuals identified as having APS needs with landlord-tenant disputes, eviction, and foreclosures. Additionally, IIB funds support our 4 case management agencies, that cover the 6 regions of the state to provide APS case management. APS case managers are first responders to our self-neglect reports and may also be secondary responders for investigation referrals and are an integral component of the APS services OHA provides. Case managers provide assistance in securing health and supportive services, safe living accommodations and legal intervention. OHA provides emergency respite services to individuals who may need a short-term emergency placement in a nursing facility or an assisted residence due to abuse, neglect, self-neglect or loss of caregiver. Through ARPA funding, OHA has been able to extend an emergency respite stay from three days to seven days.

With Title III B and E funding OHA partners with United Way of Rhode Island (UWRI) to provide the afterhours emergency response program for Elders in Crisis. The Afterhours program serves as the APS hotline and emergency response between the hours of 4pm and 8:30am M-F and 24 hours on weekends and state holidays.

The OHA partnership with St. Elizabeth's Community, the Haven, provides safe shelter placement and safety planning to secure a temporary refuge for a safe return to the community or entry into a long-term care setting.

The RI Attorney General's (RIAG) Office has a Special Victims Unit (SVU) for elder abuse and exploitation. The SVU handles cases involving domestic violence, sexual assault, child abuse, child molestation and elder abuse. The APS unit works collaboratively with the RIAG SVU and refers appropriate cases for investigation. In addition, the SVU offers preventative education to older adults through community outreach at locations throughout the state. OHA APS participates in the SVU trainings and has provided APS training in those sessions.

A Multi-Disciplinary Team (MDT) was created to provide participants with an efficient, expedient forum for high-risk cases of abuse, neglect, and exploitation of at-risk older adults, with a multidisciplinary team of professionals able to make decisions and act in a timely manner to better protect the victims and contain the offenders. The MDT brings together various community leaders representing: Adult Protective Services-OHA, Criminal Justice entities (e.g., law enforcement, Attorney General's Office), Banking and /or financial services, Rhode Island Legal Services, Senior Centers, Domestic violence organization, Case Management agencies, Veteran Affairs, Long Term Care Ombudsman, BHDDH, and health care providers, to develop and sustain a coordinated, comprehensive response to victims of abuse, neglect and/or exploitation. The primary goal of the collaborative is to actively respond to and improve the safety of services for and support victims (and potential victims) who are at-risk adults. The MDT will meet regularly on a pre-determined schedule. Meetings will include the presentation and discussion of new complex cases and/or review any follow-up of cases discussed at previous meetings. The MDT will develop and coordinate action plans as appropriate. In depth discussions will be had as to how the MDT can improve communication between agencies, identify gaps in services, establish protocols on improving the needs of the elders, and how we can assist in implementing new legislation. Meetings may also include training and discussion of procedural and team development matters.

**Long-Term Care Ombudsperson (LTCO)** program is a federal requirement, designed to ensure complaints made by older adults, their family and/or their advocate about long-term-care facilities are investigated and resolved. OHA partners with the Rhode Island Alliance for Better Long-Term Care to deliver this service. This is a critical service to ensure the safety and well-being of those in institutions. With the inherent power imbalance between a facility resident and their caregivers the Ombudsman plays a critical role and protect against abuse, provide support for those wishing to make a report and to ensure there isn't retaliation if there is a report. The Ombudsman visits all facilities statewide to ensure information about their services are made available to all residents and their families. The LTCO partnership with the APS unit ensures that there is collaboration of services for individuals who have been identified as receiving or needing APS services, who enter or are discharged from a nursing facility or an assisted living residence. In addition, reciprocal training occurs between the APS unit staff and the LTCO staff.

**Volunteer Guardianship Program** connects elders who are unable to make healthcare decisions for themselves, with vetted and trained volunteers who, through the Probate process, become designated as Good Samaritan Guardians. Referrals from the APS unit to the VGP may be received for individuals who have been receiving APS in the community and subsequently placed in a nursing facility, who may need a guardian to make health care decisions.

### **Rhode Island Aging and Disability Resource Center (RI ADRC)**

The OHA works to provide older adults, older adults living with disabilities and their caregivers' resources needed to live with dignity, security and attain maximum independence and quality of life. The ADRC seeks to ensure people have access to a person-centered system of health and human services and supports that sees their own goals and preferences and access to timely, relevant information and support that helps them to make informed decisions about Long-Term Services and Supports [LTSS] Options, both public and private. The ADRC has been administered by the OHA since 2005 and is a multi- agency effort, established by the OHA in collaboration with the EOHHS and other agencies under its umbrella.

The ADRC is a centrally operated, coordinated system of information, referral and options counseling for all persons seeking LTSS that improves individual choice, fosters informed decision-making, diminishes confusion, and promotes the State's long-term system rebalancing goals.

OHA contracts with United Way of Rhode Island (UWRI) to operate the statewide ADRC network – known as the Point. The Point serves as a trusted place for information and assistance and connects individuals to services and supports, based on the persons needs and preferences. The ADRC provides the five Core ADRC functions as outlined and defined by the ACL.

### **B. Coronavirus 2019**

During COVID-19 pandemic, the OHA identified gaps in the state's existing system of support and worked with community partners to ensure access to basic needs, accurate, understandable health information, and opportunities for connection and engagement for older adults and older adults with disabilities.

The COVID-19 Pandemic required the AOA, ADRC, and all older adult-serving organizations to implement innovative work that met the needs of older adults while maintaining their safety through social distancing.

The COVID-19 pandemic brought issues impacting older adults to the forefront, including the need for preparedness planning. Stay-at-home orders and social distancing closed adult day programs, senior centers, and congregate nutrition sites, leading to widespread social isolation. Through the congregate nutrition program, health promotion programming, and senior center support, OHA played a key role in promoting social



connectedness and mitigating the negative effects of social isolation. OHA will leverage lessons learned and through federal grants, implement long-term, practical approaches to maintaining social connections and supporting individual needs and preferences to delay the onset of adverse health conditions.

Services like home-delivered meals and case management were increased significantly. At the height of the surge, more than 27,000 meals were delivered daily to people across the state; thanks to many volunteers and partners: private industry to academia to local organizations. Additionally, The COVID19 pandemic exaggerated the conditions for isolation and physical distance and required the ADRC to change methods in addressing loneliness and seclusion in a setting that limited face-to-face communication. The ADRC created new approaches to keep and expand on constituents' wellbeing and established opportunities to help older adults and their caregivers. In-person visits transitioned to telephone or video through the digiAGE initiative. At least one quarter of older Rhode Islanders did not have access, so we started the digiAGE collaborative. DigiAGE was a multi-step, multi-modality connection program. It began with Project Hello, where volunteers made phone calls to older adults to check in on them for both physical and emotional safety inquiries and connection building. Then, through an on-going partnership with the University of Rhode Island *Cyber Seniors* program, OHA made tablets available to older adults and university students provided the technical support to build their confidence and competence with their new technology. Finally, with Title III-B funding, OHA has partnered with GetSetUp, the largest and fastest-growing virtual social learning platform designed specifically for older adults, to help bridge the digital divide and combat social isolation for older adults in Rhode Island. The partnership provides live interactive classes on GetSetUp by older adults for older adults that are accessible at the click of a button.

Title III-B Supportive Services funding will be used as a calculated resource to address the unique nature of participants isolated in their communities.

### **C. Equity**

The Office of Healthy Aging is committed to advancing equity, diversity, inclusion, and access to help institutionalize best practices that will transform OHA into a more equitable organization for the benefit of our staff, partners, and the populations we serve.

In the Fall of 2021, OHA established its first Equal Opportunity Advisory Committee/ Diversity Advisory Committee (EOAC/ DAC), which consist of 10 members. The role of the EOAC is a committee designed to review the agencies policies and procedures for equal opportunity, monitor OHA's goals, and advise the director on ways to improve and enhance their equal opportunity efforts. The DAC is a subcommittee of the EOAC. Its role is to guide and support OHA's director on developing organizational changes and strategies that will advance goals of diversity and inclusion in the workplace, as well as to assist in the implementation of approved changes.

Through the work of the DAC, the office successfully brought together programs meant to enrich the workplace and encouraged shared learning among staff. The committee created an on-going virtual series called, "Getting to know our Partners" where OHA partners are invited as guest speakers to discuss their services, programs, and communities. In addition to launching this speaker series, during the month of March, OHA participated in United Way's 28-day Equity Challenge. This challenge focused on finding solutions to address root causes of racism and inequities that affect our lives and communities. All staff are emailed daily self-guided prompts with access to videos, reading materials, and resources. OHA's EOAC/DAC has also begun to formalize workgroups that will focus on hiring practices, interview structures, and revising existing forms with outdated language.

As part of our equity work, our vision is that every person feels valued and has an opportunity to author their own aging journey and benefit from our services advocacy, and culture. Our goal through this work is to:

- Lead efforts to strengthen equity in service delivery throughout Rhode Island to increase efforts to

promote awareness and inclusion of underrepresented populations (i.e., Deaf and Hard of Hearing, LGBTQ+, HIV/AIDS, American Indian Natives and Minorities;)

- Actively seek out and engage those who have been historically.
- Create welcoming, safe spaces for conversation, shared learning, and growth.
- Promote an inclusive and respectful workplace, that reflects the rich diversity of our state in our staff, partner networks, and those we serve.
- Take action to address inequitable, organizational practices or policies that privilege certain groups.
- And hold ourselves accountable to living our values and being a visible and vocal champion for equity.

Additionally, in commitment to Indigenous people, including American Indian, Alaskan Native, older Rhode Islanders, OHA will keep an open line of communication with the federally recognized Tribes in the Ocean State. The Tribes and the ADRC network partnered during the COVID-19 pandemic to provide funds and resources for food to support older adults in the Tribe who were experiencing food insecurity. In initiating this partnership with the Tribes and the ADRC, OHA will continue to explore possibilities for partnerships within the next four years including trainings about aging service community programs.

#### **A. Home and Community-Based Services (HCBS)**

Home and community-based services may feel clinical or like a friendly visit – both may be necessary to support someone’s medical and emotional well-being and may look like personal care supports or companionship.

Though a program of the National Corporation for Service, the *Senior Companion program* builds relationship between low-income seniors still active in the community and low-income seniors who are home bound. In recent years we have intentionally increased the participation of Latinos in the Senior Companion program. We are excited to continue to build geographic presence of this important program that promotes socialization among homebound elders. Formal and informal community social supports have been identified as an important component to community living which our State Plan on Aging embraces wholeheartedly

Under the *Medicaid State Plan and the 1115 Waiver* the state is authorized to provide an extensive array of home and community- based services. The EOHHS is the Single State Medicaid Agency that has the responsibility for oversight of the Medicaid State Plan and 1115 Waiver. Currently, the LTSS services are coordinated through four State Agencies, The EOHHS, BHDDH, DHS, OHA, and their contracted providers, to assist individuals in gaining access to HCBS.

Through the State’s No-Wrong-Door (NWD) system, Person-Centered Options Counseling is provided to all people who are inquiring about, or are in need of, LTSS – both public and private. HCBS options can be obtained through the ADRC, the Point, or Rhode Island’s MyOptions website, [www.MyOptions.ri.gov](http://www.MyOptions.ri.gov). Through the website a self -assessment can be completed which is forwarded systematically to the Point for follow-up.

The OHA At-Home Supports Unit manages both State-funded and Medicaid-funded LTSS support programs. OHA works collaboratively with other State agencies that provide LTSS to ensure individuals are receiving the right services, in the right place, at the right time.

**Medicaid LTSS-** OHA coordinates Medicaid LTSS services for individuals who are 65 + who reside in the community in their own home or in an assisted living residence. In cases where individuals are receiving adult protective services, OHA will manage individuals 60+ to ensure coordination between HCBS and APS. Individuals who are under the age of 65 or who have chosen self- directed HCBS options, are managed by DHS or EOHHS.

**Non-Medicaid LTSS-** The At Home Cost-Share Program provides home care, adult day care, and case management services to individuals *who are not Medicaid eligible* and therefore not eligible to receive

Medicaid-funded Long-Term Services and Supports (LTSS). This program is known as a Cost Not Otherwise Matchable Program (CNOM) which is funded with State General Revenue and is matched by Medicaid.

OHA contracts with four case management agencies that cover six regions of the state. Referrals for HCBS (At Home Cost-Share or Medicaid programs) that come through the NWD process to OHA are referred to the appropriate case management agency in the region the client resides. The agency assists the individual in gaining access to LTSS and provides on-going case management to individuals enrolled in either the Medicaid or Non-Medicaid LTSS Programs.

The ADRC plays an essential role in securing opportunity for older individuals to receive LTSS services in their homes and communities by providing person-centered options counseling, information and referral for all persons seeing LTSS that improves individual choice, fosters informed decision-making, diminishes confusion, and promotes the states long term system rebalancing goals.

In addition, the ADRC provides transition support services by establishing processes between and among the major pathways that people travel from one setting to another and for identifying individuals and their caregivers who may need transition support services.

## **B. Caregiving**

Enhancing services and supports for caregivers is central to the mission of OHA and recognizing their needs is at the forefront of the planning and programming we provide. Statewide, there are many efforts to support both formal and informal caregivers.

The EOHHS has identified support for the health and human services workforce as one of its five core priorities. Their commitment to creating robust structures for formal caregiving includes collaborating with healthcare and education providers, payors, policymakers, labor and community partners and others to identify and address our state's significant healthcare workforce challenges through an ongoing health workforce planning process. OHA continues to participate and inform this process.

With the RAISE Family Caregiver's Act as a guide, OHA works with community partners to raise awareness of family caregivers and challenges they face by ensuring caregivers receive resources and services they need as they provide care to families in the community.

OHA participates in partner learning collaborative meetings/webinars and conferences hosted by Access to Respite Care and Help (ARCH) National Respite Network and Resource Center. The Network has aligned their strategic goals with the RAISE national strategy to better support partner agencies in providing caregivers programs and resources. In addition, OHA and partner agencies participate in meetings hosted by the Grandfamilies & Kinship Support Network: A National Technical Assistance Center at Generations United. It is the first ever National Technical Assistance Center on Grandfamilies & Kinship Families supported by ACL.

As part of an ongoing collaboration, OHA participates in the Kinship Advisory Council hosted by DCYF. Through ARPA funding, OHA and several community agencies conduct outreach efforts to connect with kinship and grand families, including families in the Latino community, to provide peer support, information, and resources.

## **DISCRETIONARY GRANTS**

Administration for Community Living (ACL) issues discretionary grants and other funding sources to provide a fuller offering of programs and opportunities to promote community living. ACL discretionary grants are primarily directed at expanding opportunities support for older adults to age in the community of their choice.

The following discretionary grants provide opportunities to develop person-centered programs and services for older adults and their caregivers.

Alzheimer’s Disease Program Initiative (ADPI).

Since 2018, OHA has worked with Catholic Social Services of RI, United Way RI/The Point – the ADRC, Alzheimer’s Association-RI Chapter, Rhode Island College, Healthcentric Advisors, Hebrew SeniorLife, and a collaboration with the Rhode Island Geriatric Education Center through University of Rhode Island on developing a dementia-capable, statewide, Home and Community Based System. This grant from the Administration for Community Living supported partners in the development of a workforce training and high quality direct service to persons living with dementia and their caregivers.

The institutions of higher education focused on training of direct service providers and targeted primary care practices to improve detection, identification, care planning, and referral of individuals diagnosed with dementia to community providers. Further, other listed partners engaged in training for both persons with dementia and their caregivers to help with disease management and coping mechanisms.

Prior to the grant ending in September 2023, OHA was able to demonstrate each year of the grant period improvements in: awareness and training of healthcare providers regarding Alzheimer’s Disease and Related Disorders (ADRD) diagnosis through a 10% increase of healthcare provider use of the billing codes from Medicare claims data, referral of clients to healthcare providers increased 20% due to community support, the ADRC, and partners, and the overall increase in the dementia capability of the HCBS system to offer a more comprehensive and robust care experience for the ADRD population and its caregivers through ADRC staff training and support for families from the Family Caregiver Alliance.

Additionally, through the ADPI, the Catholic Social Services of Rhode Island (CSSRI) administers the *CareBreaks* respite program that is funded by OHA through a combination of Older Americans Act National Family Caregiver Program funds and state general revenue funds from the Rhode Island General Assembly, and a discretionary federal grant. The *CareBreaks* program provided respite breaks to over 350 families annually by helping the family to find and pay for someone to step in and fill the caregiver’s shoes, either on a one time or regular basis.

OHA will continue to provide support to the population of individuals with a diagnosis of Alzheimer’s disease or related dementia and their healthcare providers through a collaboration with the Rhode Island Department of Health’s (RIDOH) Alzheimer’s Disease and Related Disorders (ADRD) Program. To sustain the ADRD efforts, OHA will support RIDOH in delivery of educational resources and support for family caregivers, including programs designed to support people living with symptoms in the early stages of ADRD; conducting training for health professionals and support programs for patients and families as well as providing innovative education and certification for direct care workers; providing information and referral to services via the state’s central Aging and Disability Resource Center (ADRC).

Lifespan Respite Grant

Under an ACL Lifespan Respite grant, we work to strengthen Family Caregiver Alliance of RI (FCARI). After developing the first State Plan on Caregiving the FCARI built a coalition of state agencies and community partners serving individuals from across the lifespan to better coordinate caregiver supports. Housed at United Way of Rhode Island, the FCARI works to advocate for the implementation of the Rhode Island State Plan for Caregiver Support and is guided by the mission to provide support for all Rhode Island caregivers and those for whom they care, through partnerships, advocacy, and inclusion. The Alliance provides support, links to resources and networking opportunities for family caregivers; and improves awareness about respite services and access to respite services, including the *CareBreaks*, program, in coordination with our Title III caregiving

efforts. Through implementation of the plan, the Office of Healthy Aging and FCARI are working together on the list of objectives, including: providing voice for and equitable, inclusive supports and resources for RI caregivers.

Also under the Lifespan Respite funding from ACL, OHA has developed and grown a Nursing Student Respite Workforce Initiative. This partnership has volunteer nursing students from Rhode Island College (RIC), the University of Rhode Island (URI), New England Institute of Technology (NEIT), Salve Regina University (SRU), and the Community College of Rhode Island (CCRI) providing needed respite services to families in need. The volunteer nursing student respite initiatives offer student nurses training, clinical experience and course credit while being matched with low to moderate income families who have limited access to subsidized respite care. The nursing program workforce development initiative has been expanded to include all the higher education nursing programs in the state. Long-term, the goal for sustainability is that each nursing program can continue this initiative at little to no cost. Other partners in the grant are Heathcentric Advisors (the State's CMS-designated quality improvement organization), Catholic Social Services of RI, and the ADRC. Working together we have built the program to both to scale and achieve long-term sustainability of Lifespan respite services in the State. Rhode Island's respite services are recognized nationwide and support caregivers across the lifespan, including an increasing number of grandparents who are raising grandchildren.

#### Elder Justice

As noted above, OHA applied for, and received, federal formula funding for RI Adult Protective Services through CRSSA and ARPA. This funding is being used to enhance APS operations (including the APS workforce) and strengthening community supports for APS clients.

Our goal is to ensure that older Rhode Islanders who are at risk of abuse, neglect, exploitation, and/or self-neglect are provided with protective services to support their independence, health, and safety in the community. Through increased partnership 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. Through annual APS conferences we brought together older adult-serving community partners to raise awareness about elder abuse, neglect, exploitation, and self-neglect detection and prevention, and mandatory reporting laws.

#### **Medicare Information and Assistance and Awareness (MIAA)**

For many years the state of Rhode Island provided SHIP, SMP, and MIPPA supports through regional *Integrated Partner* contracts that coupled those Medicare-support services with regional ADRC activities. Through the work of the State's LTSS modernization efforts and the restructuring of the ADRC within that larger effort, we have re-envisioned that important work and have re-created the structure. Under the new structure, eleven (11) MIAA partners, with centralized administrative support from OHA staff, will provide:

- Un-biased one-on-one counseling, education, and assistance that empowers them to make informed health insurance decisions.
- Awareness of health care fraud, errors, and abuse.
- One-on-one assistance to help them apply for benefit programs that help lower the cost of the Medicare premiums and deductibles.

The federally funded State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP) Program, and the Medicare for Patients and Providers Act (MIPPA) staff and volunteers receive extensive and ongoing training in order to serve as SHIP, SMP and MIPPA counselors.

OHA received great community feedback to a monthly Facebook Live Event series called "Medicare Mondays". These events began during the Open Enrollment period of 2022. Due to the positive feedback OHA is conducting these events once a month, every third Monday throughout the entire year. *Medicare Monday* topics have included topics such as Medicare, Medicare fraud, and Medicare assistance programs.

## **SHIP**

The national State Health Insurance Assistance Program (SHIP) offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed decisions about their care and benefits. OHA has ensured that the SHIP Counselors have the information, training, and the tools that are required to help Medicare beneficiaries. Through the trainings conducted, SHIP counselors have been able to help Medicare- beneficiaries to understand their health care options, including enrollment assistance into the Medicare Premium Payment Program (MPP), which is RI's Medicare Savings Program (MSP). OHA staff support SHIP through volunteer recruitment, creation of informational materials, outreach events, and staffing a toll-free SHIP line where Medicare beneficiaries get answers to their health coverage questions.

## **SMP**

When older adults fall victim to Medicare fraud it can jeopardize their personal and economic security and the integrity of the program. Senior Medicare Patrol (SMP) empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. A key component of the program is volunteer participation. OHA recruits, trains, and supports volunteers who assist Medicare beneficiaries in prevention, detection, and reporting techniques.

SMP staff and volunteers, outreach to Medicare beneficiaries in their communities through group presentations, exhibiting at community events, answering calls to SMP helplines, and meeting individually with clients. Their main goal is to teach Medicare beneficiaries how to protect their personal identity; identify and report errors on their health care bills, and identify deceptive health care practices, such as illegal marketing, providing unnecessary or inappropriate services, and charging for services that were never provided and report suspected Medicare fraud and abuse.

OHA established a work plan to execute and produce positive results for supporting Medicare beneficiaries. The SMP work plan entails increased statewide capacity; improved beneficiary education and inquiry resolution; improved efficiency while enhancing operational and quality results, and targeted training and education to better serve evolving priority populations.

## **MIPPA**

Medicare Improvement for Patients and Providers (MIPPA) provides one-on-one assistance to eligible Medicare beneficiaries to help them apply for benefit programs that help lower the costs of their Medicare premiums and deductibles. These programs consist of Low-Income Subsidy (LIS) program and Medicare Premium Payment Program (MPP). The program has four (4) levels of benefits: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), and Qualified Working Disabled Individual (QDWI). MIPPA also educates about Medicare Preventive Services, which provide exams and screenings such as the "Welcome to Medicare", yearly "Wellness" visits, flu shots, cardiovascular screenings, and more.

OHA utilizes data provide by the federal government to locate low-income Medicare beneficiaries statewide. Based on this data, OHA distributes MIPPA funds to each regional partner agency according to the percentage of low-income beneficiaries located in the area.

## **OTHER PROGRAMS**

For a description of all OHA programs including those not outlined above, please see Appendix E. These programs create a system of supports and services critical to elders, older adults with disabilities, as well as their families and caregivers, enabling them to live healthful and happy lives.

## GOALS AND OBJECTIVES

Through 2026, we will continue to build on our legacy of advocacy and service to older adults and older adults with disabilities in Rhode Island. Each of the core values are operationalized in the goals and objectives below.

### **GOAL 1: PROVIDE OLDER ADULTS, OLDER ADULTS WITH DISABILITIES AND THEIR CAREGIVERS ACCESS TO THE INFORMATION THEY NEED TO MAKE INFORMED DECISIONS ABOUT THE SUPPORTS THEY NEED TO THRIVE.**

#### **Objective 1.1**

Strengthen and expand the Aging and Disability Resource (ADRC) by creating a centrally operated, coordinated system of information and referral and options counseling that enhances individual choice, fosters informed decision making, minimizes confusion, and promotes the states long-term system rebalancing goals

##### **Strategies:**

- a. By 2025, procure performance-based contract for a statewide, fully functioning ADRC able to work with all LTSS populations including Intellectual and Development Disabilities (IDD) and youth in transition.
- b. Standardize data collection and reporting protocols across all ADRC partners to support consistent, robust ADRC services.
- c. Establish a formal quality assurance and reporting process to track consumers, services, performance, and costs to continuously evaluate and improve ADRC operations for individuals and their families.
- d. Continue to collaborate with the State's Executive Office of Health and Human Services, Department of Human Services and Department of Behavioral Health, Developmental Disabilities and Hospitals on the state-wide LTSS modernization and No Wrong Door (NWD) efforts.

#### **Objective 1.2**

Develop and implement a robust marketing and communications plan to promote available services and increase utilization.

##### **Strategies:**

- a. Continue to improve the OHA website with a dual focus on usability of both older adults and their caregivers who may need new supports and services and don't know where to turn and for community providers to have up-to-date information about available resources and programming. Website improvements will be made in consultation with both older adults and community providers.
- b. Develop and implement a media strategy to promote the services of the ADRC, *The Point*, and the telephonic, web-based, and in-person options for supports with a specific focus on media sources used by underserved and Black, Indigenous and People of Color (BIPOC) populations.
- c. Increase public awareness of the ADRC, the services it provides, locations and hours of operation through the OHA Website, advertisements, and community outreach events.

#### **Objective 1.3**

Increase community awareness of programs for older adults, their caregivers, older adults with disabilities, and professionals serving those communities.

##### **Strategies:**

- a. Annually, compile and distribute a "pocket manual" listing statewide community and government resources for older adults and older adults with disabilities. The manual will be printed annually with a regularly updated electronic version available on the oha.ri.gov website.
- b. Quarterly *Academy Trainings* will be hosted by OHA for older adult serving professionals to have shared learning opportunities around best practice for older adults.
- c. Building off of a 2022 initiative, *Medicare Mondays*, OHA will host monthly Facebook Live events covering topics of interest to older adults available live but also archived for future viewing.

- d. During this State Plan period, host Rhode Island’s first statewide conference on aging to raise awareness and foster conversation about issues affecting older Rhode Islanders and older adults with disabilities.
- e. Special focus will be to build relationships with different cultural, racial, faith tradition, and LGBTQ+ communities to ensure accessible and acceptable messaging.

**Objective 1.4**

Strengthen the provision of health information and assistance services and promote a greater understanding of Medicare and its programs.

**Strategies**

- a. Create a state-wide, centrally coordinated program of SHIP, SMP, and MIPPA services.
- b. Create and implement a statewide volunteer recruitment and training plan to better support SHIP.
- c. Continue to provide Benefits Enrollment Centers (BEC) and Medicare-Medicaid Enrollment (MME) services in coordination with SHIP, SMP and MIPPA.
- d. Provide support and training to community partners who provide these services.
- e. Develop a partnership with the University of Rhode Island College of Pharmacy to engage pharmacy students as SHIP counselors.

**GOAL 1 PERFORMANCE MEASURES:**

- 1. Procure performance-based contract for ADRC.
- 2. By the end of FFY24, publish annual ADRC data including but not limited to, number of referral contacts, person centered options counseling contacts, geographic and demographic information about older adults contacting the ADRC.
- 3. Participate in one outreach event monthly promoting the work of the ADRC and programs of OHA.
- 4. By the end of FFY 24 conduct a paid media campaign to bring awareness to the services of the ADRC.
- 5. At least fifty percent of Academy Training topics will be generated by training participants.
- 6. At least one Academy Training annually will include a training about engaging and serving diverse older adults, such as: BIPOC, LGBTQ+, deaf and hard of hearing, visually impaired seniors.
- 7. Conduct first statewide conference on aging to bring awareness to issues facing older Rhode Islanders.
- 8. Increase by 5% the number of SHIP encounters.
- 9. Increase by 10% the number of SHIP volunteers.

**GOAL 2: SUPPORT OLDER ADULTS TO STAY ACTIVE AND HEALTHY PHYSICALLY AND MENTALLY**

**Objective 2.1**

Advance greater awareness and understanding of services and programs across the state of Rhode Island.

**Strategies:**

- a. With the ADRC, promote physical and behavioral health programming available on-line and in the community through presentations, material distribution, and participation in outreach events with senior centers, community organizations, YMCAs, state libraries, local departments of human services and other organizations frequently attended by older adults.
- b. Advance efforts to reduce stigma associated with mental health disorders among older adults, and veterans in particular, by participating the RI Office of Veterans Services *Mental Health Action Day*.
- c. Promote ACL programs including nutrition services and evidence based programs on local podcasts and through local news media.

**Objective 2.2**

Reduce falls among older adults and partner with health promotion supports to connect to services for when



falls occur.

**Strategies:**

- a. Strengthen collaboration with RIDOH and fall prevention activities such as the continued implementation of *Matter of Balance* evidence-based programming to improve balance and reduce falls, and TBI resulting falls, among older adults.
- b. Support efforts to have additional funding allocated at the state level for home modification
- c. Provide funding for and promotion of resources available for home modification supports for older adults with new mobility or balance issues to reduce risk of falls at home.
- d. Promote and participate in fall prevention day.

**Objective 2.3**

Provide support to older adults with Traumatic Brain Injury (TBI) so they can access the services they need.

**Strategies:**

- a. Support the work of RIDOH and stakeholders to improve legislation and policies affecting TBI survivors.
- b. Collaborate with the RI Brain Injury Association to distribute educational materials about living with TBI
- c. Engage with existing groups focused on transportation needs of older adults and adults with disabilities to support their efforts to find solutions to the transportation challenges specific to TBI survivors.

**Objective 2.4**

Encourage self- management of chronic disease

**Strategies:**

- a. Continue to collaborate with the RI Department of Health (RIDOH) on evidenced-based chronic disease self-management programs to provide support and tools to help older adults that deal not only with chronic disease but also with the impact the disease has on their lives and emotions.
- b. Through local partners, continue to promote evidence-based health promotion activities.
- c. Build partnerships with AIDS Project RI to support older adults living with HIV/AIDS.

**Objective 2.5**

Strengthen food security and social supports for older adults through home delivered meals, congregate meals, supplemental foods and other nutrition supports.

**Strategies:**

- a. Connect older adults to the range of nutrition programs that support their nutrition and adjusted for cultural considerations and preferences and medically tailored to the maximum extent practicable.
- b. With the University of Rhode Island SNAP-Ed Nutrition Education Program, engage senior centers, resident services coordinators, and health equity zones to offer education of the signs and symptoms of poor nutrition and increase awareness of the health impacts of malnutrition among older adults.
- c. Promote nutrition counseling services available through existing nutrition programs.
- d. Work with the Hunger Elimination Task Force and Interagency Food and Nutrition Policy Advisory Council to support and inform policies that address hunger and malnutrition among older adults.
- e. Support the RI Department of Human Services with their implementation of the *Elderly Simplified Application Process* to support older adult SNAP access.

**Objective 2.6**

Increase awareness of vaccination supports and benefits

**Strategies:**

- a. Amplify messaging of the RI Department of Health and the CDC with senior centers and other community partners on the promotion COVID-19, Flu, Shingles, Pneumonia vaccines.
- b. Promote the vaccine-related benefits of the Inflation Reduction Act.

### **Objective 2.7**

Provide assistance to organizations addressing the behavioral health needs of older adults, including those with depression, anxiety issues and dementia illness.

#### **Strategies:**

- a. In coordination with RIDOH and BHDDH, increase public awareness of mental health disorders.
- b. Promote mental and behavioral health services including mental health screenings.
- c. Partner with the BHDDH, others to support elder liaisons at BH Link –Rhode Island’s 24/7 crisis & triage center for people struggling with mental illness or addiction.
- d. Represent the behavioral health needs of older adults in the Governor’s Council on Behavioral Health Council to strengthen the aging network’s response to mental health.
- e. 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.
- f. In the second year of the State Plan engage with the Social Work programs within the colleges and universities in RI to develop opportunities for older-adult focused social work field placements.

### **Objective 2.8**

Reduce stigma related to behavioral health, increase mental health supports, initiate suicide prevention awareness campaign.

#### **Strategies:**

- a. Support the establishment of mental health training for aging network providers to increase the provision of trauma-responsive care by including such trainings in conferences convened by OHA.
- b. Collaborate with state agencies and other community partners to implement gatekeeper training, including AFSP’s *Talk Saves Lives for Seniors*, to inform volunteers and professionals interacting with older adults to identify risks for suicide.
- c. Promote 988 crisis line.
- d. In FFY25, partner with the VA Medical Center to promote their efforts address suicide among veterans.

### **GOAL 2: PERFORMANCE MEASURES:**

1. Promote ACL programs at least 4x annually through podcasts, local access, local newspapers, etc.
2. In each year of the plan, survey seniors (through partnership with senior centers, Meals on Wheels, and community organizations) to understand their awareness of programs. Use first year’s data as a benchmark and set goals for program promotion from those data.
3. At least once each month share public health information from our RIDOH, BHDDH, and/or OVS partners on our social media to promote awareness of 988, TBI supports, vaccinations, and other public health messaging important to older adults.
4. Increase by 5% the number of older adults receiving nutrition counseling.
5. In FFY24 Convene a *Talk Saves Lives for Seniors* suicide awareness training for case managers.

### **GOAL 3: ENABLE OLDER ADULTS AND OLDER ADULTS WITH DISABILITIES TO REMAIN IN THEIR OWN HOMES WITH MAXIMUM INDEPENDENCE AND QUALITY OF LIFE.**

### **Objective 3.1**

Provide affordable home and community-based services and living options to prevent or delay institutionalization.

#### **Strategies:**

- a. Through the At Home Cost-Share Program, continue to provide home and community-based services to individuals who are not Medicaid Eligible including those individuals who are 19-64 with a medical diagnosis of Alzheimer’s Disease and other related dementias.
- b. Pursue expansion of At Home Cost-Share Program to adults age 60-64
- c. With EOHHS and DHS, promote Medicaid LTSS services program for individuals 60 and over who reside in assisted living or in their own homes through the ADRC PCOC.
- d. Address social isolation and provide support services for low-income individuals residing in their own home through the Senior Companion Program and partner with the Village Common of RI to provide similar support to high income older adults.
- e. Propose increasing participation in the Senior Companion Program 3-year plan due April 2024
- f. Promote adult day program opportunities as a resource for remaining in the community to bring participation closer to pre-COVID levels.

**Objective 3.2**

Help older adults achieve better quality of life in their community by ensuring those who seek assistance are connected to supportive programs and services.

**Strategies:**

- a. Increase public awareness about all programs and services available through community agencies on aging and advocacy organizations.
- b. Build/strengthen relationship with organizations that connect older adults to meaningful opportunities, eg. volunteer, learning.
- c. For FFY24 analyze self-neglect case management data to identify programs and services needed but unavailable, use those data to identify services needed in the community and work with community partners to build those services.

**Objective 3.3**

Advance Age Friendly Communities

**Strategies:**

- a. Support transportation options that connect older adults to health care, daily activities, and community involvement through participation in the RI Human Services Transportation Coordinating Council.
- b. Encourage the promotion and development of affordable housing options, including Accessory Dwelling Units, for older adults and those who care for them.
- c. Inform *Complete Streets* conversations around mobility friendly planning.
- d. Support efforts for municipalities to be identified as age friendly.

**GOAL 3: PERFORMANCE MEASURES**

- 1. In FFY24 collect impact statements from Senior Companion Program participants and use to promote the program in FFY25 to address isolation.
- 2. By the end of FFY24, present services identified as needed from self-neglect data at a meeting of the Governor’s Commission on Aging to create a plan to address the needs.
- 3. Twice annually, support organizations such as, AARP or Age Friendly RI, by attending events advancing their efforts to create age friendly communities in Rhode Island.

**GOAL 4: STRENGTHEN A CAREGIVING INFRASTRUCTURE THAT RECOGNIZES, BUILDS AND SUPPORTS BOTH PAID AND UNPAID CAREGIVERS**

**Objective 4.1**

Caregiver Supports: Embrace a whole-family approach, improving resources and the quality of resources

available, connect caregivers to information and training opportunities and caregiver supports.

**Strategies:**

- a. Work with Family Caregiver Alliance RI (FCARI) to implement the goals and objectives detailed in the RI State Plan for Family Caregivers to provide supports and tools to caregivers.
- b. Survey members of the Family Caregiver Alliance of RI, the Long-Term Care Coordinating Council, and Governor’s Commission on Aging to evaluate the implementation of the previous State Plan for Family Caregivers and set goals for the upcoming plan.
- c. Investigate opportunities to engage caregivers and provide support through mobile app technology being developed at the University of Rhode Island in partnership with RI Hospital.
- d. Assist caregivers and families with planning for long-term needs of care recipients through connection to community resources through the OHA website and the FCARI website.
- e. In FFY25 create or support the creation of a searchable caregiver support database.
- f. In FFY25 conduct a satisfaction survey of families participating in respite services.

**Objective 4.2**

Create community-based caregiver support structures.

**Strategies:**

- a. Promote awareness of Rhode Island’s Temporary Caregivers Insurance (TCI), paid family leave program.
- b. Support initiatives to expand TCI for longer periods of time, relationships eligible, and/or employees eligible for the benefit.
- c. Long term goal - Work with Human Resources professionals to help promote caregiver supports within RI businesses and organizations.

**Objective 4.3**

Utilize innovative models of respite

**Strategies:**

- a. Strengthen coordination of the statewide respite system of services including, but not limited to, the FCARI, CareBreaks and Lifespan Respite Programs:
- b. Sustain participation in the Respite Nursing Student Workforce Initiative with the five RI nursing schools.
- c. Engage BIPOC community members to increase utilization of BIPOC families with Respite.
- d. Build a navigator support system to better help family access respite services.

**GOAL 4: PERFORMANCE MEASURES**

1. By the third quarter of FFY24, present survey findings to the groups surveyed about the FCARI plan.
2. Increase by 5% the number of people receiving Respite Nursing Student Program respite services.
3. Increase number of BIPOC families receiving respite services by 10%.
4. In FFY26 engage at least 4 HR departments at major state employers to promote caregiver supports within their organizations.

**GOAL 5: ENSURE THE RIGHTS, SAFETY, INDEPENDENCE AND DIGNITY OF OLDER ADULTS AND PREVENT THEIR ABUSE, NEGLECT AND EXPLOITATION**

**Objective 5.1**

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:**

- a. Collaborate with Rhode Island Legal Services and the RI Bar Association to expand or improve awareness of legal assistance to older adults, especially those with social and/or economic needs.

- b. Continue to collaborate with RI Legal Services to conduct outreach and education events for the public.

### **Objective 5.2**

Create collaborations, policies and procedures that strengthen protections and increase safety for older adults

#### **Strategies:**

- a. Train all APS and LTCO staff, on available legal services and how to access them.
- b. Working with the Attorney General Office, The Elder Justice Coalition, RI Mental Health Advocate, RI Legal Services and other professional to understand the existing guardianship programs and areas where programs may be needed in order to better coordinate supports for vulnerable seniors.
- c. Increase the number of volunteers in the Volunteer Guardianship Program.
- d. Maintain and strengthen relationship with the Rhode Island Attorney General's Office to support prosecution of perpetrators of elder abuse.
- e. Meet monthly with the regional case manager supervisors to review data, address emerging issues, and ensure that protective and social services are delivered to victims of abuse neglect and exploitation.
- f. Participate on the Rhode Island Elder Abuse Multi-Disciplinary Team to case conference around complex abuse cases to serve older adults at risk and discuss needed reforms to prevent and respond to abuse.
- g. Partner with first responders and police advocates to inform our education about abuse.

### **Objective 5.3**

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

#### **Strategies:**

- a. Increase our outreach and education efforts to ensure Rhode Islanders know to contact APS when they have a concern about an older adult, know the signs of abuse, neglect, financial exploitation and self-neglect, and understand that all Rhode Islanders are mandatory reporters of elder abuse.
- b. Continue to host an annual statewide Adult Protective Services Conference, bringing together government and community leaders, emergency responders, older Rhode Islanders, community advocates and caregivers to review laws and practices and discuss system gaps.
- c. Provide training to community partners, including but not limited to first responders, financial institutions, health care providers, attorneys, social workers, and community case workers about abuse, neglect, exploitation, and self-neglect, how to report it to OHA, and what to expect following a report.
- d. Create partnerships with domestic violence agencies to understand the intersection of and resources available to assist victims of intimate partner violence who are also older adults.

### **Objective 5.4**

Support community awareness about scams targeting older adults.

#### **Strategies:**

- a. Join with Attorney General's office and the Office of Health and Human Services to promote awareness of telemarketing, social media, AI and other scams targeting older adults.

### **GOAL 5: PERFORMANCE MEASURES:**

1. Offer an annual presentation about the Legal Assistance Development supports through RILS and RIBAR.
2. Host quarterly informational sessions about the Volunteer Guardianship Program.
3. Increase the number of volunteer guardians by 10% by FFY25.
4. Host quarterly community outreach trainings with community partners Adult Protective Services.
5. Post selected self-neglect APS data on the OHA website with resources available to address them.
6. On a quarterly basis, share information about current scams on our social media.

## **GOAL 6:**

### **BUILD ON LESSONS LEARNED FROM COVID-19 ABOUT SOCIAL ISOLATION RISK AND THE IMPORTANCE OF VARIED ENGAGEMENT STRATEGIES.**

#### **Objective 6.1**

Build and maintain relationships with older adult-serving facilities and organizations to ensure well-established engagement methods.

##### **Strategies:**

- a. Participate in regular meetings of the Senior Center Directors Association, Adult Day Directors, RI Assisted Living Association, Leading Age RI, Meals on Wheels RI, and other senior-serving committees.
- b. Intentionally build a diverse and robust community organization list for on-going communication.
- c. Twice monthly, send notifications of important state and federal information related to seniors to build a reputation as a trusted and responsive resource.
- d. Engage older adult-serving organizations to learn about how they communicate with older adults and what they learned during COVID to learn and share best practices with each other.

#### **Objective 6.2**

Build upon digiAGE initiative to bring technology resources and skill building to older adults.

##### **Strategies:**

- a. Continue work with URI Cyber Seniors program to provide tech education and guidance to older adults through intergenerational technology supports.
- b. Build on distribution of tablets to specific older adult populations such as those being discharged from nursing homes or in public housing.
- c. Promote GetSetUp access so older adults can participate in remote learning opportunities in their own homes or in community settings such as libraries and senior centers.
- d. Promote the Affordable Connectivity Plan and other resources for older adults to connect to broadband.

#### **Objective 6.3**

Build relationships with trusted community partners who communicate with homebound older adults.

##### **Strategies:**

- a. Partner with such as AARP-RI, Age-Friendly RI, Senior Agenda, Village Common, Senior Companions, faith communities, and Meals on Wheels to share information with homebound older adults on a regular basis and utilize those same resource in time of emergency.
- b. Promote the work of and programs of OHA through an annual mailing from RIDOH to the Special Needs Registry registrants in the community to make them aware of supports.
- c. Through outreach events, the ADRC, and case managers promote enrollment in the Special Needs Registry so municipalities know where there are older adults who may need assistance in a crisis.

## **GOAL 6: PERFORMANCE MEASURES**

1. Draft OHA newsletter updates to have published, at least twice a year, in the newsletters of community centers, such as senior centers, to maintain strong communication.
2. Connect Cyber Seniors to the Village Common and Senior Companions to build their peer network.
3. Join RI Emergency Management in at least four community presentations annually to promote emergency preparedness among older adults.
4. Distribute information about the Special Needs Registry through all home care/meal delivery services.

## **GOAL 7: ENSURE EQUITY – ALL RHODE ISLANDERS SHOULD BE ABLE TO PARTICIPATE FULLY IN SOCIETY AND**

## **BENEFIT FROM AVAILABLE PROGRAMS AND SERVICES.**

### **Objective 7.1**

Fully imbed values of equity in the work of the Office of Healthy Aging.

#### **Strategies:**

- a. Include expectations of translation, interpretation, and culturally responsive engagement in community grant applications, scopes of work and contracts
- b. Review and update all data collection forms to ensure they represent appropriate and consistent options for reporting race, ethnicity, gender identity, language, etc.
- c. Review demographic diversity data of community programs to identify areas where there is underrepresentation and create plans to develop targeted outreach strategies.
- d. Implement recommendations of the OHA Diversity Advisory Committee to include questions about equity in employment interviews.

### **Objective 7.2**

Strengthen partnerships with organizations representing linguistically, ethnically, culturally, faith, gender, sexuality and/or geographic diverse older adults, such as persons of color, members of religious minorities, LGBTQ and older adults living with HIV/AIDS to conduct more effective outreach in these communities.

#### **Strategies:**

- a. Engage in outreach to organizations representing racial minority groups, undocumented immigrants, religious groups, LGBTQ, and older adults with HIV/AIDS.
- b. Build on relationships with organizations serving the deaf and hard of hearing, visually impaired, with limited mobility.
- c. Build and/or strengthen partnerships with government agencies and local community partnerships to help educate minority groups on social programs they are eligible for.
- d. Continue to implement the Benefit Enrollment Program, targeting Spanish/Portuguese speaking communities in three core communities.
- e. Expand engagement with and services to aboriginal and tribal communities in Rhode Island.
- f. Collaborate with the Office of Veterans Services and the Providence VA Medical Center to ensure aging and disabled veterans are connected to OHA programs.
- g. Work with community partners to collect data on the needs of minority groups.
- h. Work with community partners to collect data to better understand the needs of and provide resources to older LGBTQ+ community.
- i. Engage with Health Equity Zones (HEZ) to connect with individual communities.

### **Objective 7.3**

Promote inclusion and well-being of all people across the network of aging services.

#### **Strategies:**

- a. Help to facilitate leadership engagement within the network of aging services to ensure that training and technical assistance and information needs related to diversity and inclusion are identified within planning and service areas.
- b. Collaborate with organizations serving diverse populations to better inform the service network of inclusion issues; share network resources and reach out to diverse population on services available.
- c. Work with the senior centers, adult day care facilities and other community organizations serving older Rhode Islanders to support cultural experiences, activities, including in the arts.
- d. Facilitate Safe Zone Certification trainings for older adult-serving organizations so they can be prepared to be and identified as welcoming to LGBTQ+ individuals.

**GOAL 7: PERFORMANCE MEASURES:**

1. By end FFY24 meet with the City of Providence Director of Arts and Cultural Engagement and the Director of First Works Providence to identify and promote cultural activities including in the arts.
2. Promote Person Centered Planning program to ensure older adults and older adults with disabilities that need assistance in constructing and articulating a vision for their future receive the services they need.
3. By the end of FFY24, engage with individuals and partners of the racial minority groups, religious groups, LGBTQ+, and organizations serving HIV/AIDS older adult patients to conduct a needs analysis and develop a report by end of FFY25 with recommendations for increased coordination and supports.
4. Include a panel on diversity and inclusion in each annual conference hosted by OHA.

**GOAL 8:**

**ENSURE OHA PROGRAM AND INVESTMENTS ARE IN LINE WITH PEOPLES NEED AND HOLD OURSELVES ACCOUNTABLE TO ACHIEVING ESTABLISHED GOALS.**

**Objective 8.1**

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

**Strategies:**

- a. By 2025 shift all OHA Program data collection into a single data base to automate, standardize and streamline annual OAAPS, NAMRS and program reporting.
- b. In 2025, train community partners on use of single data base to automate, standardize and streamline all OHA data collection and reporting.
- c. Review data and success measures quarterly during cross-unit meetings to continually improve.
- d. Post selected data on the OHA website.

**Objective 8.2**

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

**Strategies:**

- a. By January 2024, train key staff in active contract management.
- b. In October 2024 identify dedicated staff resource to manage performance of OHA's contracts and analyze data to improve performance.
- c. Promote investments through agency marketing plan, placing at least two media profiles per year.
- d. Adopt success measures across focus areas and contracts; require regular reporting on progress.

**Objective 8.3**

Develop professional development opportunities for all OHA staff.

**Strategies:**

- a. Offer mental health trainings for all OHA staff to open conversations about mental health; to provide people with the means to create a safe, engaged, productive workplace environment.
- b. Provide staff with diversity training to support their working in a diverse and inclusive workplace.
- c. Offer APS staff with trainings on how to work with clients of diverse backgrounds.
- d. Host all-staff trainings on a quarterly basis.
- e. Offer monthly lunch and learn opportunities for staff to offer peer to peer training.

**Objective 8.4**

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:**

- a. In FFY24, implement internal engagement strategy to promote information sharing and feedback loops to better coordinate work.
- b. In FFY25 require partners to conduct annual customer satisfaction surveys.
- c. Host quarterly town halls for community partners and older adults to provide feedback to OHA staff.

**Objective 8.5**

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

**Strategies:**

- a. Create an Office-wide volunteer recruitment, training, and recognition program covering all volunteer opportunities available through OHA.
- b. Increase diversification of OHA's senior companions to better reflect population utilizing program.
- c. Host annual volunteer recognition event and promote work of volunteers in marketing plans.
- d. Annually, participate in a volunteer recruitment fair to recruit for all OHA programs.

**GOAL 8: PERFORMANCE MEASURES:**

1. By end of FFY24 select point-in-time APS, AHS, and OAA program data will be posted on the OHA website and updated annually.
2. Host quarterly community engagement sessions each year.
3. By January 2024, and annually thereafter, staff trained in contract management.
4. Throughout the year quarterly trainings attended by at least 90% of staff.
5. Satisfaction surveys completed by all contracted partners in FFY26.

## **Appendix A**

### **Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2000**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

This appendix, along with requirements listed in the State Plan Guidance Program Instruction (PI) and appendix B State Plan Provisions and Information Requirements, make up the package of instructions for development of State Plans.

#### **ASSURANCES**

##### **Sec. 305(a)- (c), ORGANIZATION**

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

##### **Sec. 306(a), AREA PLANS**

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

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

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

(C) legal assistance;

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

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

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

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

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

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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

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

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

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

(a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

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

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

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

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

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

attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

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

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

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

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

## **Sec. 307, STATE PLANS**

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

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will--

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

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will

conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

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

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

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

(16) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

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

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

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

(B) are patients in hospitals and are at risk of prolonged institutionalization; or  
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

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

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

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

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order.

## **REQUIRED ACTIVITIES**

### **Sec. 307(a), STATE PLANS**

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

(B) The State plan is based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*



(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

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

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

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

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

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

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

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

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

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

\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Date

## **Appendix B**

### **Information Requirements**

#### **Section 305(a)(2)(E)**

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

**Response:** OHA's community partners have demonstrated they will serve those with the greatest economic and social needs as part of their scope of work within contracts with our agency. Low-income adults and older adults, who are in frail physical or mental health, older minorities, and are at risk of institutionalization without the services. OHA contracts many of its Title IIIB, IIIC, IIID, and IIIE services to community partners. Through those partnerships services are provided by trusted neighborhood service providers that have deep ties in underserved low-income and BIPOC communities. In addition to partnering with those organizations, we ensure they are prioritizing service delivery to those most at risk by requiring their scopes of work include outreach, their data reporting includes demographic information, and their application for funds include explicit plans for reaching those populations, language related to inclusivity and their budgets reflect such efforts through translation and outreach. OHA supports Rhode Island's Department of Environmental Management (DEM) with their efforts to distribute farmers market vouchers to eligible low-income seniors. Additionally, OHA, through Title IIID program gives priority to serving elders living in medically underserved areas of the State or who are of greatest economic need. OHA 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.

OHA 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.

Though, per ACL, Rhode Island had no rural areas, we value geographic diversity and include it in our work.

#### **Section 306(a)(6)(I)**

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

**Response:** As a single state area on aging OHA will partner with RI Council on Assistive Technology (RICAT). RICAT consists of a group of citizens that provide advice to the Rhode Island Assistive Technology Access Partnership (ATAP). The ATAP is a group of agencies that work together to help people receive information about AT. The Office of Healthy Aging staff promotes the work of RICAT and ATAP and connects them to other older-adult serving organizations through community professional development opportunities convened by OHA.

#### **Section 306(a)(17)**

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

**Response:** N/A Rhode Island doesn't have Area Agencies.

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

**Response:**

**Access and Assistance Services – (Title IIIB Funds) list - 35%**

**Legal Assistance – (Title IIIB Funds) list – 2%**

**In-Home Services – 0% (Title IIIB Funds): \$0**

**OHA In-Home Supports Program**

As part of the Elder Rights and Safety unit, OHA has an At-Home Supports Unit that manages both State-funded and Medicaid-funded in-home supports programs.

*State Funded HCBS:* The OHA At Home Cost-Share Program is a Cost Not Otherwise Matchable (CNOM) program for which the state receives a Medicaid match on State dollars spent on in-home services. The chart below indicates the number of clients served, the expenditures, and the state share of the total spend for State fiscal year 2022.

Service	SFY22 Clients Served	SFY22 Paid (State/Federal)
CNOM ADC	188 unduplicated	\$427,996
CNOM Case Mgt.	998	\$234,323
CNOM Home Care	670	\$1,986,878

FFY22 State Share	
CNOM ADC	\$259,795
CNOM Case Mgt.	\$202,284
CNOM Home Care	\$1,292,221

The At Home Cost-Share Program provides home care, adult day care, and case management services to individuals who are not Medicaid eligible and therefore not eligible to receive Medicaid-funded Long-Term Services and Supports (LTSS). OHA works collaboratively with other State agencies that provide LTSS to ensure individuals are receiving the right services, in the right place, at the right time. OHA also administers two Medicaid-funded HCBS programs.

Through the State’s no-wrong-door (NWD) system, person-centered options counseling is provided to all people who are inquiring about, or are in need of, LTSS – both public and private. As part of the process of providing options counseling, and for the purpose of identifying the appropriate HCBS program as well as identification of resources and benefits, the options counselor may ask about the financial circumstances of the individual.

OHA contracts with four case management agencies that cover six regions of the state. Referrals for HCBS (At Home Cost-Share or Medicaid programs) that come through the NWD process to OHA are referred to the appropriate case management agency in the region the client resides. The agency assists the individual in gaining access to LTSS and provides ongoing case management to ensure services outlined in the care plan are being received and connection to services for other identified needs are made.

**Providers of the At Home Cost Program**

*Case Management:* OHA contracts with four case management agencies to cover six regions of the state. OHA pays the case management agencies \$78 per hour for case management services. The agencies bill the MMIS system directly, per unit of service, and are not paid directly by OHA for these services.

*Adult Day Care:* OHA works with adult-day-care providers that are licensed by the Rhode Island Department of

Health and are also enrolled as Medicaid Providers. OHA pays these providers \$65 per day for each @Home Cost-Share client who attends the center. The providers bill the MMIS system directly, per unit of service, and are not paid directly by OHA for these services.

*Home Care:* OHA works with homecare agencies that are licensed by the Rhode Island Department of Health and are also enrolled as Medicaid Providers. OHA pays the agencies the same hourly rates that Medicaid pays for homecare services. The rates vary based on acuity of the patient and provide for shift differentials. The agencies bill the MMIS system directly, per unit of service, and are not paid directly by OHA for these services.

### **Section 307(a)(3)**

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

**Response:** 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)**

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

**Response:** N/A. Rhode Island has no rural areas. Please see our previous response.

### **Section 307(a)(14)**

*(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared— (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

**Response:** Please see Appendix H 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)**

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

**Response:** Approximately 7,385 Native Americans live in Rhode Island<sup>9</sup>, and nearly 570 Native Americans residing in Rhode Island are age 55 or older<sup>10</sup>. OHA receives no Title VI funding for Native American programs. OHA 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, OHA allocates annually a portion of our Title IIIC congregate meal funding to the Narragansett Indian Tribe for its meal site, and in 2021 and 2022, the Narragansett Indian Tribe meal site served 25,912 meals. In addition, OHA 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

<sup>9</sup> [U.S. Census Bureau. 2020: DEC Redistricting Data \(PL94-171\)](#)

<sup>10</sup> [U.S. Census Bureau. 2021: American Community Survey \(Sex by Age \(American Indian and Alaska Native Alone\)\)](#)

terms of the Request for Proposals, Tribal organizations are eligible and invited to apply for these funds. OHA 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. Most recently, for example, OHA connected with the Narragansett Indian Tribe to offer financial support to their congregate meal site in support of their distribution of the USDA Senior Farmers Market Nutrition Program. OHA invites the Narragansett Tribe to all community professional development opportunities.

### **Section 307(a)(27)**

*(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted. (B) Such assessment may include— (i) the projected change in the number of older individuals in the State; (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency; (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services*

Rhode Island does not elect to provide such an assessment with this plan.

### **Section 307(a)(28)**

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

OHA has a responsibility to ensure that older Rhode Islanders and adults living with disabilities have adequate access to available state and community emergency preparedness, response and recovery services. To fulfill this responsibility, OHA participates in statewide collaborative planning and response efforts in cooperation with the Executive Office of Health & Human Services and the Rhode Island Emergency Management Agency (RIEMA).

To facilitate coordinated planning and response, the OHA Director, 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.

Older Rhode Islanders and adults living 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. OHA 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 OHA Continuity of Operations Plan (COOP) is designed to ensure that the essential functions of OHA 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 OHA 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 OHA staff understand the COOP and the role(s) each is to play in the event the emergency plan is activated. OHA works closely with RIEMA, the leading agency for development and deployment of COOP's governing state agencies.

### **Section 307(a)(29)**

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

See response to Section 307(a)(28) above.

### **Section 705(a)**

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307— . . . (7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (Note: Paragraphs (1) of through (6) of this section are listed below) In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307— (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter; (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle; (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights; (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter; (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5); (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3— (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for- (i) public education to identify and prevent elder abuse; (ii) receipt of reports of elder abuse; (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and (iv) referral of complaints to law enforcement*

*or public protective service agencies if appropriate; (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except— (i) if all parties to such complaint consent in writing to the release of such information; (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or (iii) upon court order.*

OHA 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. OHA contracts with and houses the program at a non-profit organization. OHA has strengthened its Title VII Ombudsman program through the adoption of regulations that address conflicts of interest and other areas of concern.

OHA operates a Protective Services Program for older adults. This program is described in more detail on page 17 of the State Plan Narrative.

OHA 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 15 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 OHA 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.

Please see Appendix D for a discussion of the public input process. Public input for the creation of the State Plan on Aging included the paper and electronic surveys and focus groups referenced in the appendix. The OHA has also convened focus groups to improve OHA communication and accessibility to the community, eg. to inform the redevelopment of the elder abuse reporting tool, as well as by geography and affinity groups, eg. with older adults living in New Shoreham, which continue beyond those convened for the creation of the state plan, and the Governor's Commission on Aging membership has been reconfigured to have representation of individuals with personal and/or professional expertise in the topic areas of the State Plan on Aging to inform the work in an on-going basis.

Please see discussion of OHA information, referral, and assistance activities on page 19 of the State Plan Narrative and elsewhere throughout the Narrative. As a single area on aging state, Rhode Island does not have area agencies on aging to coordinate.

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 carryout each of the vulnerable elder rights protection activities described in the chapter.

Rhode Island has no local Ombudsman entities.

Please see discussion of OHA's Protective Services Program on page 17 of the State Plan Narrative. In addition, OHA 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.

OHA receives reports of abuse on its dedicated Web Intake form, through phone calls, and faxes. All information gathered in the course of receiving reports and making referrals are confidential, except for situations where disclosure is permitted by law. Only OHA Elder Rights & Safety staff are permitted to have

access to OHA's protective services records, and only to the extent needed to perform their assigned duties.

The OHA Elder Rights & Safety unit is prohibited by law from providing services or assistance to an alleged victim without his/her consent. The Unit conducts ongoing public outreach to educate people about elder abuse and self-neglect and the services provided by OHA. Presentations are often made to companies, church groups, community agencies, etc. Additionally, an annual APS conference is convened by OHA to introduce and/or reacquaint community partners with the work of APS, warning signs of abuse, neglect, financial exploitation, and self-neglect and what they can expect when reporting suspected abuse. Since self-neglect calls have been increasing, OHA plans to augment its current APS outreach strategies to include a media campaign promoting older adult services throughout the state and the ADRC specifically. We are approaching this campaign with a prevention mindset that increased awareness of services and supports may reduce the number of self-neglect reports.



## Appendix C

### INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

The State of Rhode Island is a single planning and service area and is not required to have an intrastate funding formula.

OHA uses the best available data, including city/town-specific demographic information from the US census to identify where the need for services is greatest. Additionally, the following data sources are considered:

- 2020 Rhode Island Healthy Aging Data Report
- RI Life Index

Federal funds are allocated for services that best address the needs of the following targeted demographic groups in each city/town:

- Population age 60 and older
- BIPOC (Black, Indigenous, People of Color), LGBTQ+, and immigrant
- Low-income

The resource allocation plan for Rhode Island is included as Appendix G of this plan

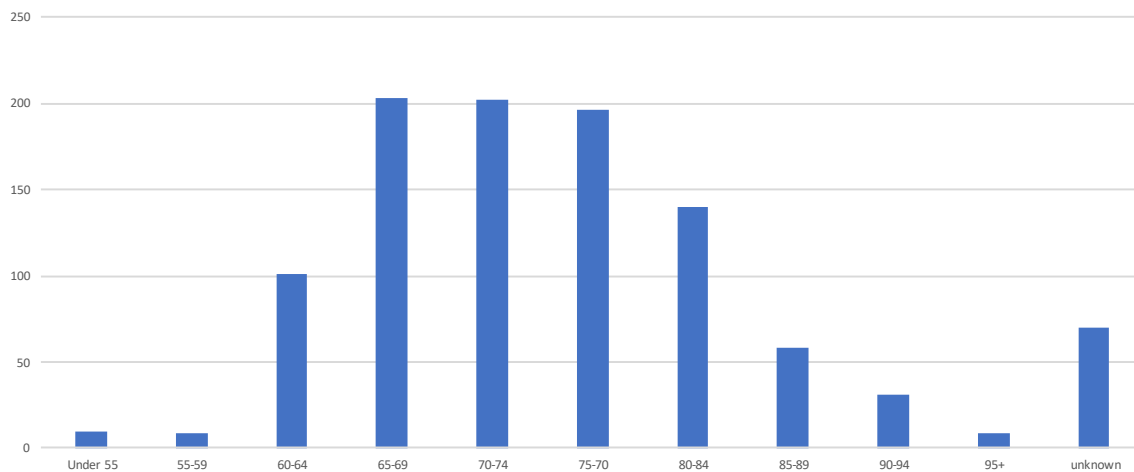
## Appendix D

### SUMMARY OF PUBLIC OUTREACH

In 2023, OHA collaborated with organizations across the state to convene eleven (11) Focus Groups held at eight (8) different locations around the state, and one remote session via Zoom. Two of the focus groups were offered in Spanish. One hundred thirty (130) individuals participated in a focus group held at one of seven (7) senior centers, one (1) community organization that served older adults in the Latinx community, or the remote focus group session with older adults identifying as part of the LGBTQ+ community, Pride in Aging (formerly SAGE-RI).

OHA sought input on the State Plan on Aging from a broader number of older adults throughout the state through a statewide survey soliciting feedback regarding people’s experiences with aging, service gaps, and priorities. Paper copies of the surveys were available at forty (40) community centers, senior centers, and distributed with Meals on Wheels meals over a ten (10) day period in March. The surveys were also available electronically and were promoted on the social media of OHA and our partners as well as distributed via email. Surveys were available in both English and Spanish. A total of one thousand fourteen (1,1014) surveys were completed, thirty-nine percent (39%) of the surveys were completed on-line and sixty-one percent (61%) were completed on paper.

## Ages of Respondents



Key themes from the older adults included:

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

Based on the survey comments, there are several recurring themes that were identified:

1. Concerns about transportation: Multiple respondents expressed frustration about the lack of transportation options for individuals who use mobility aids.
2. Access to affordable housing: Housing issues are a common theme, including the lack of affordable housing for low-income older adults and the need for independent senior apartments for moderate-income older adults.
3. Access to Healthcare: Many comments expressed concerns about the accessibility and affordability of healthcare services and medications, particularly for older adults with limited income.
4. Ageism: Several respondents felt that there was ageism at the local and state level, and that assumptions were being made about the preferences and abilities of older individuals.
5. Social Isolation and Loneliness: A few comments touched on the importance of social connections and resources for older adults, especially for those who may be experiencing social isolation or loneliness.
6. Caregiving: Several comments mentioned the challenges of caregiving, including for family members with dementia, and the need for more support for caregivers of older adults.
7. Financial Constraints: Some comments expressed concerns about the high cost of assisted living and limited income for social activities or travel. Several comments highlight the financial struggles faced by older adults, such as the rising costs of living, lack of financial assistance for those who are middle-income, property taxes squeezing them out of their homes, and the inability to afford housing. Some expressed a desire to continue working or concerns about being able to pay for expenses and many noted a dependence on Social Security payments for their well-being and ability to live independently.
8. Physical Health Concerns: A few comments mentioned physical health concerns, such as difficulty with chronic pain, disabilities, and physical mobility difficulties.
9. Mental Health: Several comments expressed the need for improved mental health services, including more investment in the mental health system and peer support programs for older adults. Many comments expressed concerns about depression, loneliness, and the importance of socialization to combat these issues.
10. Access to information: Some respondents expressed a desire for more information about income limits or where to go for help for older adults.
11. Access to Resources: Several comments suggest the need for more accessible and affordable senior services, such as senior centers that are open in the evenings, more education on fraud prevention, fall prevention, and Medicare help for older adults.
12. Senior center services and programs: Many older adults express gratitude and satisfaction with the services provided by senior centers, including opportunities for socialization, fun, and learning new skills. However, some express concerns about the lack of resources and the need for more services.
13. Financial difficulties: Many older adults express financial struggles, including the inability to retire due to high retirement ages, mortgage increases, and the difficulty in saving money.
14. Government support: Some respondents expressed frustration with the lack of government support, such as not adequately addressing older adults' problems, and not allocating enough funds for senior services.
15. Issues with survey design: Some respondents felt that the survey contained leading questions or did not provide enough answer options, which led to false answers, and this was also a concern for older adults. Some older adults found the survey too long and time-consuming.
16. Miscellaneous: There are various miscellaneous comments, such as the need for armchairs in public spaces,

older adults wanting to know more about the State Plan on Aging, and the survey being helpful.

In June, 2023, OHA hosted two public comment meetings, both available in person and one remotely. In total, twelve community members joined to share their thoughts on the goals and objectives identified throughout the draft State Plan on Aging. Many of their comments focused on expansion of language related to diversity and outreach, appreciation of the plan to continue the Pocket Manual and Academy trainings, questions about how to include housing supports in the plan and expansion of Medicaid.

Our work will continue to be guided by robust community outreach through 2026. 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. In February of 2023 the Rhode Island Governor's Commission on Aging members agreed to support the implementation of the 2023-2026 State Plan on Aging. With this in mind, new commission members have been identified who have professional and/or personal expertise with many of the areas of focus in the State Plan. We look forward to having on-going, robust community input into the implementation of the RI State Plan on Aging.

## **Appendix E**

### **OHA PROGRAMS SUMMARY**

The Office of Healthy Aging is the state agency to support older adults in Rhode Island yet the agency isn't able to meet all the needs of older adults itself. Through strong partnerships with many agencies embedded in communities, we work to serve all older adults in response to their wishes for aging. In many areas our the agency's role is to *inform* the work of others. For example, we sit on the Governor's Commission on Behavioral Health to ensure the special behavioral health needs and challenges of older adults are being considered. OHA may *convene* opportunities to have conversations about challenges facing older adults or to provide opportunities for older adult-serving organizations to learn about new best practice or services like by hosting a presentation about the Blue Cross Blue Shield Safe Zone certification process so older-adult serving organizations can be certified as LGBTQ+ friendly. OHA *amplifies* the work of other organizations seeking to improve the lives of older Rhode Islanders such as by promoting AARP tele-town halls about national programs for seniors. Below is an accounting of what we *do*. These are the programs conceived of, funded, implemented and/or administered by the Office of Healthy Aging.

#### **Information and Assistance**

Since 2005, OHA 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, 4,000 in-and outbound calls per month. There are also six regional "POINTS" throughout the state to provide information and assistance at the Staff at the POINT are trained as Person Center Options Counselors and offer supports to older adults over the phone and also go into the community to provide information and referral supports and options counseling in the communities of older adults.

In 2023 OHA released its very popular "pocket manual" which is a resource for older adults to find resources to support their aging in RI. The manual is also available on the OHA website where it is updated monthly as new programs become available and contact information changes.

#### **State Health Insurance Assistance Program (SHIP)**

OHA 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, October 1, 2022 and December 31, 2022, Rhode Island SHIP counselors and volunteers assisted 3,440, beneficiaries. During the same time period, 108 outreach events were held.

During the 2022 Annual Election Period (AEP), 41 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).

A new training and on-going meeting cadence is supporting the agencies supporting SHIP counselors and the SHIP volunteers throughout the state. This is to support a standard, statewide approach to SHIP counseling, connection among volunteers, creating plans for volunteer recruitment and to regularly communicate about SHIP and how it may be impacted by the return to Medicaid renewals following the end of the COVID-19 Public Health Emergency.

### **Medicare Improvements for Patients and Providers Act (MIPPA)**

OHA 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. OHA collaborates with its Medicare Information, Assistance and Awareness (MIAA) 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). OHA 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.

OHA leverages federal data to locate low-income Medicare beneficiaries throughout the state. Between October 1, 2022 and December 31, 2022, there were 226,362 Medicare beneficiaries in Rhode Island. Of this, 76,499 were considered low-income.

### **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 OHA’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 January 2, 2022 and December 31, 2022, 83 outreach events were held and 676 dual beneficiaries were assisted.

### **Chronic Disease Self-Management**

The Chronic Disease Self-Management Program 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.

Additionally, OHA hosted Walk with Ease, Powerful Tools for Caregivers, Tai-Chi and other programs to support older adults with physical activity and supports for their aging.

### **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.

Throughout the year 68 Senior Companions visit with 346 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 tens of thousands 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. This year the OHA entered into an MOU with the state office on Behavioral Health Developmental Disabilities and Hospitals to pool resources to provide guardianship for both older adults and adults with IDD living in state institutions. With that partnership, a new volunteer handbook has been created and several VGP introductory sessions have been hosted to recruit volunteers.

### **Respite Care**

*CareBreaks*, funded by OHA 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, OHA 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, OHA 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, OHA launched the Nursing Student Respite Workforce Initiative, training and pairing local nursing students with families in need of respite care. OHA 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**

OHA 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.

OHA 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, OHA 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 2022 SMP volunteers participated in 186 outreach and education events connecting with 18,065 members of the community.

### **After Hours Emergency Response**

The OHA 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 OHA in 2006 to address the need for a comprehensive response to elders in crisis after OHA'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 OHA the next business day for screening and potential intake.

In FY2022, there were 7,187 reports of alleged abuse, neglect, financial exploitation and self-neglect made to OHA. Reports of abuse increased by 40% between 2020 and 2022. Of the reports screened into the system 31% were reports of abuse and 69% reports of self-neglect.

### **Legal Services Developer**

Rhode Island's Legal Services Developer provides legal information, referral and assistance to elders, families and caregivers. The Developer liaises with OHA 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 OHA one day each week.

RILS and OHA collaborate on outreach and education activities.

### **Elder Justice**

In 2018, OHA 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 OHA 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. OHA 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 OHA’s regulations to be consistent with the final rule provisions. OHA has worked with both ACL and LTCO to update policy and practice –and conduct trainings to ensure continued compliance with the final rule.

In 2021 the Ombudsman responded to more than 410 complaints.

### **Housing Security and Residential Services**

On a bi-annual basis, OHA 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 OHA, 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, OHA has awarded competitive grants to successful applicants in the amount of \$340,000, all of which is state general revenue funding.

The Director of OHA 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 has recently increased from \$400,000 in state fiscal year 2019 to \$1,200,000 in state fiscal year 2024. OHA, 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, OHA makes over 40 awards to RI municipal and non-profit senior centers from this fund.

### **Alzheimer’s Disease Supportive Services**

OHA 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.

### **Supports in Community (IIIB)**

Through Title IIIB funding, OHA 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.

OHA 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, OHA 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.

### **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.

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 249,652 meals.

### **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. OHA initially received a CSFP caseload assignment in 2015 and contracts with the Rhode Island Community Food Bank for the CSFP statewide project. The 2022 CSFP caseload assignment for Rhode Island was 2,240.

### **Senior Farmers Market Nutrition Program**

The Senior Farmers Market Nutrition Program (SFMNP) is a federal assistance program that aims to improve the health and nutrition of low-income senior citizens, specifically those aged 60 and older, by providing them with fresh, locally grown fruits, vegetables, honey, and herbs.

Eligible seniors who participate in the SFMNP receive up to two free food boxes during the growing season filled with local produce valued at \$25. Produce within the boxes is sourced by local RI farmers and boxed and transported by Farm Fresh Rhode Island (FFRI) to pick-up sites across the State. Each box also contains nutrition, recipe, and storage information provided by the URI SNAP-Ed Nutrition Program.

### **digiAGE Collaborative**

The digiAGE Collaborative, created in 2020, is an initiative by the Office of Healthy Aging (OHA) aimed at bridging the digital divide among older Rhode Islanders and adults living with disabilities.

The Collaborative consist of numerous industry government, academic, and community partners working to achieve several goals: increasing the accessibility of user-centric technology for older Rhode Islanders and adults with disabilities, expanding internet connectivity among older individuals, adults living with disabilities, and their family caregivers, and developing virtual platforms and content that foster social connection and promote digital literacy. Through this program more than 1,000 technology devices have been distributed to Rhode Islanders across the state.

### **Academy Trainings**

The Academy Trainings, hosted by the Office of Healthy Aging (OHA), is a quarterly meeting intended to provide a valuable forum for OHA community partners to gather, learn, and exchange relevant information related to services for older adults and older adults with disabilities.

### **Medicare Mondays**

Medicare Mondays is a monthly presentation held on the second Monday of each month on the Office of Healthy Aging's Facebook account. These live presentations focus on providing valuable information and guidance related to Medicare. Each session aims to educate participants about the various aspects of Medicare, including eligibility requirements, coverage options, enrollment periods, and available benefits.

## Appendix F

### RECENT ACCOMPLISHMENTS AND FUTURE PRIORITIES

#### **OUR PROGRESS**

- The POINT (ADRC) staff have all been trained in Person Centered Options Counseling (PCOC).
- The POINT staff engaged over 45,000 Rhode Islanders in 2022
- A new website for reporting abuse, neglect, financial exploitation, and self-neglect was created with a lot of input from community members who report elder abuse.
- The Family Caregiver Alliance of Rhode Island created and are working to implement Rhode Island's first Family Caregiver State Plan.
- Developed and expanded the Respite Nursing Student program to include all six Rhode Island's nursing programs.
- Developed a volunteer recruitment plan and hosted several Volunteer Guardianship Program introduction sessions.
- OHA Adult Protected Services Unite conducted annual RI APS statewide conferences in 2021 and 2022 offering presentations to over 100 participants who work in community agencies serving older adults.
- OHA monthly lunch and learn and quarterly all-staff training sessions provide opportunities for staff to learn from one another and identify opportunities to work across programs to better serve older Rhode Islanders

#### **OUR PRIORITIES**

- Ensure equitable, culturally appropriate access to all older adults in Rhode Island through intentional outreach and service provision to older adults from Rhode Island's diverse racial, ethnic, socio-economic,

and LGBTQ+ communities.

- Create regular opportunities for feedback from community partners and older adults throughout the state to inform the implementation of the State Plan on Aging.
- Build upon relationships across state agency partners to improve nutrition and reduce food insecurity among older adults, increase and create work and volunteer opportunities for older adults, support efforts to create age friendly communities, partner with emergency responders to connect with and support homebound older adults, support expansion and diversification of behavioral health supports, and solidify the role of the ADRC within the state’s Long-Term Services and Supports system.
- With community partners and advocacy organizations, respond to the needs and interests of older adults in RI to age as they wish and to work both within and outside of government to build the systems to provide those supports.
- Promoting the ADRC as an initiative to reduce APS self-neglect calls.
- Lead efforts in Rhode Island to ensure the State is poised to support a growing older adult population.

**Appendix G**  
**RESOURCE ALLOCATION PLAN**

The Resource Allocation Plan reflects estimated receipts and expenditures for FY 2024. The federal estimates were determined using FFY 2023 funding levels; state estimates are updated to actual expenditures for FFY 2022, **July 1, 2021 - June 30, 2022.**

Since the last State Plan, OHA's funding has increased approximately 28 percent from SFY 2019 levels outlined in the previous plan. This is due primarily additional Title III and other American Rescue Plan (ARPA), Coronavirus Aid, Relief and Economic Security Act (CARES), and Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA) funds made available as the result of the 2020 Covid-19 pandemic.

**Resource Allocation Plan**

\*Federal estimates based on FFY 2023 funding levels

\*State estimates based on Governor's Recommended **SFY 2024 Budget Recommendation**

<b>FEDERAL FUNDS</b>	
<b>Title III</b>	
IIIB Supportive Services	2,994,167
IIIC-1 Congregate Meals	2,226,572
IIIC-2 Home Delivered Meals	1,283,090
IIID Preventive Health	125,052
IIIE Family Caregiver	1,000,354
<b>Total Title III</b>	<b>60 7,629,235</b>

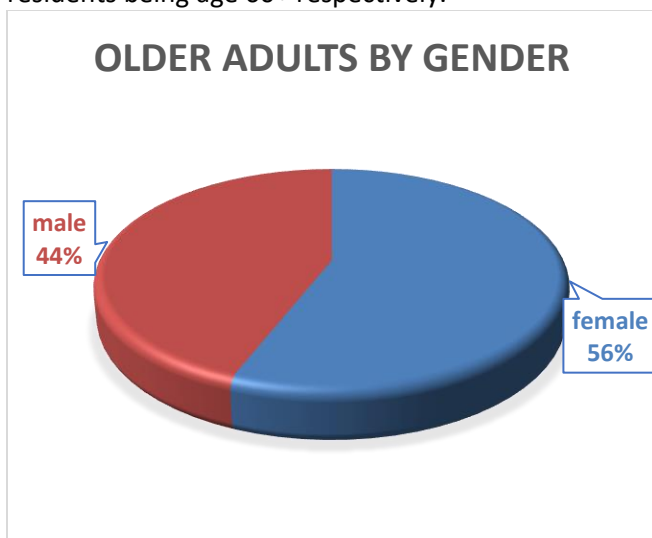
<b>Title VII</b>	
Title VII Ombudsman	82,336
Title VII Elder Abuse Prevention	23,579
<b>Total Title VII</b>	<b>105,915</b>
<b>Covid-19 and ARPA Funds</b>	
ARPA IIIB Supportive Services	907,500
ARPA IIIC-1 Congregate Meals	511,250
ARPA IIIC-2 Home Delivered Meals	941,045
ARPA IIID Preventive Health	105,001
ARPA IIIE Family Caregiver	360,688
ARPA I Title VII Ombudsman	16,583
ARPA II Title VII Ombudsman	29,850
CRSSA Adult Protective Services Supplemental	86,085
ARPA Adult Protective Services	600,000
ARPA Building ADRC Workforce	57,895
ARPA Expanding the Public Health Workforce (STPH)	39,305
ARPA Expanding the Public Health Workforce (SHIP)	58,379
<b>Total Other Covid-19 and ARPA Funds</b>	<b>3,713,581</b>
<b>Other Federal Funds</b>	
Benefits Enrollment Center - NCOA	92,218
Case Management – Medicaid	90,574
CNOM – Case Management In-Home	298,505
CNOM – Co-Pay Day Care Medicaid Match	1,849,618
CNOM – Co-Pay Home Care	3,476,385
CNOM – Elderly Transportation	328,500
Commodity Supplemental Food Program	145,312
Elderly Transportation – Title XX	252,152
Health Information and Counseling – SHIP	291,978
Medicaid – Administrative Match	508,078
Medicare/Medicaid Enrollment	218,311
MFP – Digiage	162,500
MIPPA	86,605
Nutrition Services Incentive Program	400,228
Respite Across Lifespan	355,882
Senior Companion Program- CNS	381,349
Senior Medicare Patrol	271,165
<b>Total Other Federal Funds</b>	<b>\$9,209,360</b>

<b>STATE FUNDS</b>	
Administrative Services	2,010,734
Care and Safety of the Elderly	2,000
Case Management	74,858
CNOM – Case Management	246,710
CNOM – Co-Pay Day Care	1,528,679
CNOM – Co-Pay Home Care	2,873,177
CNOM – Elderly Transportation	271,500
Elderly Transportation – State	2,760,137
In-Home Services for the Elderly	18,529
Medicaid Administration	478,068
Ombudsman	86,750
Protective Services	575,170
Senior Companion Program Match	94,488
State Designated Grants	2,330,000
Volunteer Guardianship	40,000
<b>Total State Funds</b>	<b>\$13,390,800</b>
<b>RESTRICTED RECEIPTS</b>	
Indirect Cost Recovery	45,000
RI Pharmaceutical Assistance to the Elderly (RIPAE)	15,000
Senior Companion Program Fundraising	1,000
<b>Total Restricted Receipts</b>	<b>\$61,000</b>
<b>OTHER FUNDS</b>	
Intermodal Surface Transportation Fund	5,467,121
<b>Total Other Funds</b>	<b>\$5,467,121</b>
<b>Total All Funds</b>	<b>\$39,577,012</b>

## Appendix H

### Demographic Appendix

Rhode Islanders skew older than the national average. Just as communities plan for school construction and playground equipment based on expected birth rates, knowing older the older adult census by community is important for senior centers, housing development, and accessible walking paths. Data is clear, when given the choice, people want to age in their communities. Statewide, twenty-three percent (23%) of the population is age 60+. In individual municipalities, Central Falls will likely have a different community-aging supports plan than Little Compton with 12% and 43% of residents being age 60+ respectively.



Generally, Rhode Island follows national trends where women outlive men. Statewide, 56% of people at 60+ are female. Outliers exist in Little Compton and West Greenwich where only forty-eight percent of older residents are female, and in Smithfield and North Smithfield, where sixty-two percent of older residents are female.

These data regarding gender present the male/female gender binary. We were unable to locate state-specific data related to non-binary or transgender older adults. Nationally 0.5% of individuals over age 65 identify as transgender. This is a data point we look forward to improving on in upcoming years. Greater awareness of the gender identity

diversity of older adults should inform outreach, education, and equitable engagement and services of this population. As we continue to keep diversity top of mind, the US Census indicates that representation of LGBTQ+ older adults varies from a low of 1.8% to a high of 3.6% of the 65+ community in any given municipality. In thirty-two out of thirty-nine Rhode Island communities, at least 95% of residents age 65+ identify as white on the most recent US Census.

**Racial and Ethnic Representation**

Rhode Island’s older adult population is 95% white. Only four of Rhode Island’s thirty-nine cities and down have less than 90% of their residents identifying as white. The relatively small numbers of BIPOC residents in the state, we must be even more intentional in our efforts to connect with them. Therefore we seek partnerships with organizations founded by and deeply trusted within communities of racial and ethnic minorities.

**Income**

A household’s monthly income not only impacts what they are able to afford but also impacts the services they are able to receive if they need supports for Medicaid or SNAP benefits and can impact their overall quality of life. Income among older adults in RI vary widely. Nearly the same percentage of households have an annual income of less than \$20,000 (22%) as have incomes of \$100,000+ (21%). The individuals aging within those two income levels seek different supports and have different community and social networks, but they all have preference about how they age and are entitled to be supported in their choices so we work at OHA to support them as they need and help them to navigate aspects of aging programs that have financial eligibility components.

	Total population	Total Population age 60+	% age 60+	Total Population age 65 +	% age 65+	Ages 65-74	Ages 75-84	Ages 85+
Barrington	16,178	3,577	22%	2,666	16%	56%	29%	14%
Bristol	22,234	6,035	27%	4,578	21%	48%	37%	15%
Burrillville	16,453	3,571	22%	2,391	15%	62%	25%	12%
Central Falls	19,382	2,230	12%	1,367	7%	50%	30%	21%
Charlestown	7,780	2,432	31%	1,733	22%	68%	25%	7%
Coventry	34,575	8,501	25%	5,902	17%	55%	30%	14%
Cranston	81,196	19,457	24%	13,807	17%	56%	26%	18%
Cumberland	34,652	8,760	25%	6,204	18%	56%	32%	12%
East Greenwich	13,073	3,048	23%	2,138	16%	52%	30%	18%
East Providence	47,449	12,182	26%	8,917	19%	49%	31%	20%
Exeter	6,782	1,751	26%	1,021	15%	54%	33%	13%
Foster	4,689	1,196	26%	883	19%	70%	17%	13%
Glocester	10,062	2,314	23%	1,608	16%	69%	24%	7%
Hopkinton	8,111	1,937	24%	1,265	16%	69%	25%	6%
Jamestown	5,496	1,839	33%	1,314	24%	62%	30%	8%
Johnston	29,235	7,967	27%	5,779	20%	51%	31%	18%
Lincoln	21,644	5,310	25%	4,146	19%	48%	35%	17%
Little Compton	3,505	1,507	43%	1,103	31%	65%	25%	10%
Middletown	16,078	4,289	27%	3,027	19%	50%	35%	16%
Narragansett	15,550	5,057	33%	3,645	23%	54%	34%	12%



Newport	24,762	5,741	23%	4,281	17%	57%	30%	14%
New Shoreham	827	348	42%	221	27%	77%	13%	11%
North Kingstown	26,207	6,981	27%	5,061	19%	61%	26%	13%
North Providence	32,459	8,582	26%	6,223	19%	50%	34%	16%
North Smithfield	12,349	3,482	28%	2,531	20%	59%	24%	17%
Pawtucket	71,756	13,575	19%	9,097	13%	57%	30%	13%
Portsmouth	17,418	4,910	28%	3,794	22%	54%	34%	12%
Providence	179,435	25,805	14%	18,252	10%	54%	30%	16%
Richmond	7,626	1,556	20%	1,002	13%	71%	21%	8%
Scituate	10,603	2,873	27%	2,034	19%	61%	15%	24%
Smithfield	21,630	5,707	26%	4,469	21%	55%	27%	19%
South Kingstown	30,735	8,003	26%	5,816	19%	55%	31%	13%
Tiverton	15,816	5,284	33%	3,831	24%	61%	26%	13%
Warren	10,488	2,853	27%	2,162	21%	60%	26%	14%
Warwick	81,079	21,906	27%	16,083	20%	57%	26%	17%
Westerly	22,624	6,374	28%	4,678	21%	55%	27%	18%
West Greenwich	6,179	1,303	21%	804	13%	77%	18%	5%
West Warwick	28,955	6,782	23%	4,701	16%	58%	27%	15%
Woonsocket	41,539	8,498	20%	5,676	14%	53%	30%	17%
<b>Rhode Island</b>	<b>1,056,611</b>	<b>243,523</b>	<b>23%</b>	<b>174,210</b>	<b>16%</b>	<b>58%</b>	<b>28%</b>	<b>14%</b>

### Percent of community members age 65+ by race, ethnicity, and multilingual households

	White	Black/African American	Asian/Pacific Islander	Hispanic/Latino	Other races	% who speak only English at home
Barrington	97%	1%	1%	0%	1%	95%
Bristol	97%	2%	2%	1%	0%	77%
Burrillville	99%	0%	0%	2%	1%	89%
Central Falls	77%	7%	0%	30%	16%	46%
Charlestown	97%	0%	0%	1%	3%	95%
Coventry	98%	0%	1%	0%	1%	93%
Cranston	92%	2%	3%	4%	2%	83%
Cumberland	98%	0%	0%	4%	2%	80%
East Greenwich	95%	1%	2%	1%	2%	95%
East Providence	88%	6%	2%	0%	5%	77%
Exeter	99%	1%	0%	0%	0%	95%
Foster	97%	1%	1%	0%	1%	92%
Glocester	97%	0%	0%	0%	3%	96%
Hopkinton	95%	0%	5%	0%	0%	94%
Jamestown	97%	1%	2%	0%	0%	86%
Johnston	98%	1%	1%	2%	0%	85%
Lincoln	97%	0%	1%	2%	1%	81%
Little Compton	100%	0%	0%	0%	0%	93%
Middletown	97%	2%	1%	2%	1%	94%

Narragansett	100%	0%	0%	1%	0%	94%
Newport	91%	7%	0%	3%	2%	91%
New Shoreham	98%	0%	0%	0%	2%	90%
North Kingstown	97%	0%	1%	1%	2%	92%
North Providence	97%	2%	1%	2%	0%	86%
North Smithfield	99%	0%	1%	4%	0%	77%
Pawtucket	82%	6%	3%	11%	9%	63%
Portsmouth	96%	1%	3%	0%	1%	91%
Providence	68%	15%	4%	26%	13%	60%
Richmond	100%	0%	0%	5%	0%	94%
Scituate	99%	0%	0%	0%	1%	91%
Smithfield	98%	0%	0%	1%	1%	92%
South Kingstown	97%	1%	1%	1%	2%	96%
Tiverton	100%	0%	0%	0%	0%	90%
Warren	98%	0%	0%	0%	2%	89%
Warwick	95%	2%	2%	2%	2%	90%
Westerly	96%	1%	2%	2%	0%	91%
West Greenwich	100%	0%	0%	0%	0%	95%
West Warwick	97%	2%	1%	1%	1%	87%
Woonsocket	93%	4%	2%	2%	2%	77%
<b>Rhode Island</b>	<b>95%</b>	<b>2%</b>	<b>1%</b>	<b>3%</b>	<b>2%</b>	<b>87%</b>

	Median household income	% 65+ households with annual income < \$20,000	% 65+ households with annual income \$20,000-\$49,999	% 65+ households with annual income \$50,000-\$99,999	% 65+ households with annual income \$100,000+	% 65+ with income below the poverty line in last year
Barrington	\$ 123,021	18%	22%	24%	36%	6%
Bristol	\$ 67,083	22%	29%	25%	24%	5%
Burrillville	\$ 78,329	14%	36%	34%	16%	10%
Central Falls	\$ 31,724	51%	30%	11%	8%	23%
Charlestown	\$ 79,019	8%	30%	36%	26%	5%
Coventry	\$ 72,264	23%	39%	26%	13%	9%
Cranston	\$ 66,283	20%	39%	23%	18%	8%
Cumberland	\$ 86,326	24%	31%	26%	19%	8%
East Greenwich	\$ 113,125	17%	29%	26%	29%	9%
East Providence	\$ 57,384	28%	37%	21%	14%	9%
Exeter	\$ 87,583	20%	13%	39%	28%	8%
Foster	\$ 82,083	16%	30%	33%	21%	10%
Glocester	\$ 89,706	17%	24%	37%	23%	7%
Hopkinton	\$ 89,033	18%	33%	35%	14%	7%
Jamestown	\$ 108,737	17%	26%	27%	30%	2%
Johnston	\$ 63,973	22%	32%	30%	17%	5%
Lincoln	\$ 74,123	22%	32%	27%	20%	9%
Little Compton	\$ 81,523	11%	23%	30%	36%	5%
Middletown	\$ 69,562	20%	34%	29%	17%	9%

Narragansett	\$	80,278	10%	34%	25%	31%	3%
Newport	\$	65,431	20%	22%	28%	31%	8%
New Shoreham	\$	65,893	34%	31%	17%	18%	19%
North Kingstown	\$	89,874	18%	26%	30%	27%	6%
North Providence	\$	53,863	28%	36%	25%	12%	11%
North Smithfield	\$	81,649	28%	29%	32%	12%	7%
Pawtucket	\$	46,938	30%	37%	23%	9%	15%
Portsmouth	\$	99,209	17%	25%	28%	30%	8%
Providence	\$	42,158	40%	27%	18%	15%	19%
Richmond	\$	94,605	17%	30%	35%	18%	14%
Scituate	\$	93,456	15%	27%	25%	33%	3%
Smithfield	\$	82,347	24%	30%	30%	16%	9%
South Kingstown	\$	81,735	14%	33%	28%	26%	6%
Tiverton	\$	74,553	19%	29%	26%	27%	6%
Warren	\$	55,210	24%	38%	22%	16%	7%
Warwick	\$	70,490	23%	36%	23%	18%	8%
Westerly	\$	65,810	21%	36%	25%	19%	7%
West Greenwich	\$	104,727	6%	31%	20%	43%	4%
West Warwick	\$	53,741	31%	34%	24%	12%	12%
Woonsocket	\$	39,932	37%	32%	24%	8%	12%
<b>Statewide</b>	<b>\$</b>	<b>75,969</b>	<b>22%</b>	<b>31%</b>	<b>27%</b>	<b>21%</b>	<b>9%</b>

Attachment I  
Organizational Chart

