

1. What is Discretionary Funding?

Discretionary funding is a duly-appropriated sum of money in the Town's expense budget allocated to an eligible not-for-profit organization by the Selectboard and approved at Town Meeting.

2. What Types of Organizations May Receive Discretionary Funds?

Discretionary funds may only be allocated to not-for-profit; community-based social services providers. In order to receive discretionary funds directly, an organization must be incorporated as a not-for-profit and registered with the State of Vermont., unless exempt and have a Federal Employer Identification Number (EIN).

3. What Types of Organizations May Not Receive Discretionary Funds?

For-profit entities may not receive discretionary funds, except when the primary non-profit contractor subcontracts with a for-profit entity as part of the delivery of services. Such subcontracts, however, must be only an ancillary part of the program to be funded, not the primary basis for the discretionary award, and must be approved by the contracting agency.

4. What are the Restrictions on the Use of Discretionary Funds?

All public funds, however awarded, must be used for a Town purpose. In general, a Town purpose is defined as an activity or service that is open to all members of the public, regardless of race, creed, gender, religious affiliation, etc., without restriction, and which does not promote a particular religion.

Programs and services provided by religious or religiously-affiliated organization must be able to demonstrate that the program is open to non-members, is not a religious program, and does not promote the religion.

Closed membership groups, which are those to which membership is restricted or subject to eligibility based upon prohibited factors, may generally not receive funding.

Groups that serve a particular population, for example, those age 65 and above in a particular community; are not considered a closed membership group, as long as the program is open and accessible to all seniors in the community. Similarly, tenant organizations in public housing may also receive funding, as long as they provide equal access to all residents of the public housing units they serve.

Funds may only be allocated for a public purpose and may not support political activities and private interests.

5. How to Apply for Discretionary Funding?

All organizations that wish to receive discretionary funding must submit a "Request for Special Appropriations" application to the Town Manager. The application elicits information about an organization's experience, qualifications, and integrity, and the project or service for which the organizations is requesting support. The form is available on the Town website under DOCUMENTS, then, APPLICATIONS or by emailing Kathy Daub-Stearns, Administrative Assistant, at: kdaubstearns@richmondvt.gov . Deadline for submission is the end of the day, October 4, 2021.

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2023

Organization's Name: Age Well
Address: 875 Roosevelt Hwy Ste 210
City, State, Zip: Colchester, VT 05446
Website address: agewellvt.org

A. GENERAL INFORMATION

1. Program Name: Support and Services for Older Adults

2. Contact Person/Title: Emma Kaplan, Donor Services & Marketing Assistant

Telephone Number: 802-662-5275

E-mail address: ekaplan@agewellvt.org

3. Total number of individuals served in the last complete fiscal year by this program:
9,000+ individuals. Our Fiscal Year ends 9/30/21 and we are still finalizing data entry and analysis

4. Total number of the above individuals who are Town residents: 121 people
Please, attach any documentation that supports this number.

Percent of people served who are Town residents: 1.3%

5. Amount of Request: \$2,500

6. Total Program Budget: \$7,283,539 Percent of total program budget you are requesting from the Town of Richmond:
0.03%

7. Please state or attach the mission of your agency: To provide the support and guidance that inspires our community to embrace aging with confidence.

8. Funding will be used to:
 X Maintain an existing program Expand an Existing Program
 Start a new program

9. Has your organization received funds from the Town in the past for this or a similar program? Yes

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase. Yes, we are asking for an increase because due to the ongoing pandemic, older Vermonters are becoming more isolated and vulnerable, needing our services now more than ever. This past year, we saw a 30% increase in the need for our services, and we are expecting that number to continue to grow this year.

-
- b. Were any conditions or restrictions placed on the funds by the Selectboard? ____
If yes, describe how those conditions or restrictions have been met.

No _____
-

B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need, or problem exist in the Town of Richmond? _____

____ In FY 2021 (10/1/20-9/30/21) Age Well served 121 Richmond residents with the necessary support to manage their daily living needs, with the goal of keeping them active, healthy and independent. Our wide array of programs enhance quality of life and improve health outcomes. Access to food, transportation and services can be particularly challenging in a rural town like Richmond where we find the needs to be even greater, especially during the COVID-19 pandemic and beyond.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. _____

____ We estimate we will serve 135 Richmond residents next fiscal year, an increase from 121 in Fiscal Year 2021. As Vermont's aging population continues to expand, so to will the need for our services. This pandemic has introduced many changes to how we provide our services, but has not changed people needing our service. We hope to return to normal soon, but in the meantime, we will continue to provide throughout our service area, including Richmond. Our programs and services are provided to those 60 years and older and their caregivers in our four county service area: Addison, Chittenden, Franklin and Grand Isle counties. Note: We do serve individuals under 60 years of age who qualify as Vermont Center on Independent Living (VCIL) recipients as they qualify for a variety of our services. We do ask for suggested for donations from clients, but no one is ever turned away if they cannot afford to make a donation.

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? _____

____ Age Well is the largest Vermont Area Agency on Aging, providing meals, care & service coordination, and nutrition to older Vermonters. Those who are provided services through Age Well will have increased access to healthy meals, in-home care, and community resources enabling them to remain healthier and more independent. Some highlights from this past year include:

- 15% more clients served at home this year as a result of COVID-19.
- 30% more meals were served this year due to COVID-19 pandemic with over 275,000 meals delivered.
- 95% of clients report our Meals on Wheels help them eat enough.

- 75% of Meal on Wheels clients say they feel more connected to their community as a result of the volunteer meal delivery and safety check
- 90% of Meals on Wheels clients say the meal and safety check help them stay at home.
- 85% of clients report that the assistance they've received from their Care & Service Coordinator has improved their quality of life.

We market our programs and offerings through both earned and paid media as well as social media channels (Facebook, Twitter, Instagram, and LinkedIn). We track all our outreach efforts in order to maximize our return on investment and reach. In FY21, we have pivoted given the continuing pandemic, to ensure we could still provide our essential services while keeping our clients, volunteers, and staff safe. During COVID-19, we increased our print ads in local publications, digital ads through Front Porch Forum, and online presence to ensure that older Vermonters knew our services were still available to support them.

Age Well has also played a key role in getting older Vermonters vaccinated against COVID-19, offering rides to vaccine locations, answering more calls from the Helpline from people with vaccine-related questions, and partnering with the other Vermont Association of Area Agencies on Aging - V4A to promote vaccines throughout the state.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) _____

_____ Town funds will help defray costs to provide services to residents of Richmond. For example, Care & Service Coordination costs \$75.12 per hour; Meals on Wheels costs \$6.50 per meal; and Community Meals cost \$5.00 per meal.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? _____

_____ Age Well submits town funding requests to the 50+ towns across four counties to help support Age Well's offerings in their town. The amount requested varies depending on the numbers of residents served from the specific towns between \$1,000 and \$6,000.

Age Well's diversified development initiatives help ensure that we avoid waitlists and continue the extensive suite of services to each and every resident. Should municipal revenues be lost, we will work to expand our other fundraising avenues such as direct mail, on-line campaigns, grants, and corporate giving.

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. _____

_____ Since 1974, we have been part of Vermont's Area Agencies on Aging, coordinating services and care for Addison, Chittenden, Franklin and Grand Isle Counties. In 2018, our Nutrition Coordinator was recognized as Vermont Dietitian of the Year and was appointed as a Dietitian Advisor to the Secretary of State of Vermont. Many of our staff have been with the organization for an extended period of time. As the

largest and oldest Agency on Aging in the state, we are on the forefront in leading the way for our aging population.

In October 2018, Jane Catton, MSOL, BScN, RN, NE-BC, was appointed as Age Well's new Chief Executive Officer. She brings over 30 years of health care and administrative experience to this position. She holds a B.S. in Nursing degree as well as two Master's degrees; one in Health Care Administration and one in Organizational Leadership. She is a Board Certified Nurse Executive and holds additional certification in Health Care Quality. Jane has been active in supporting local health care partnerships and organizations, including advancing health reform initiatives through the Accountable Care Organization (ACO) within her local Health Service Area.

Our volunteer Board of Directors has expanded since last year, adding two more to our roster, totaling 16. Our Board is made up of members from eight different towns, with diverse backgrounds, relevant experience, and each with a unique reason for joining. Meagan Buckley LNHA, a Richmond resident, has been a Board Member for Age Well since May 28, 2019.

We also have a volunteer Advisory Committee which is made up of members of the community and clients who provide direct feedback on our services.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). _____

- Care & Service Coordination satisfaction surveys are mailed quarterly
- Meals on Wheels clients are mailed satisfaction surveys twice a year
- We currently use ServTracker, Penelope, SAMS, and Refer databases to track, monitor, and analyze services provided
- As a OneCare affiliate, we also benefit from use of PatientPing to help us monitor client health outcomes _____

3. Summarize or attach program and or service assessments conducted in the past two years. _____

_____ Please see attached a snapshot of the FY21 data report so far. Note: FY21 has just ended on 9/30/21 and we are still finishing data entry and analysis. We will send you an updated report as soon as all of the data is entered.

4. Does your organization have a strategic plan and a strategic planning process in place? ___ Please find attached our finalized our strategic plan which has been approved by our Board of Directors. You will also find attached a copy of our 2022-2025 Area Plan.

_____ - If yes, please attach your plan.

The strategic plan should include a mission statement, goals, steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? 16
How many meetings were held by the board last year? 6

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant Emma Kaplan
Date 9/30/21

Emma Kaplan, Donor Services & Marketing Assistant

Print Name of Applicant and Title



agewellvt.org
Helpline: 1-800-642-5119
P 802-865-0360
F 802-865-0363
875 Roosevelt Hwy, Ste. 210
Colchester, VT 05446

September 30, 2021

BOARD OF DIRECTORS:

Joan Lenes
(Board President)

George Beato

Susie Brooks

Patrick Brown

Meagan Buckley

John Davis

Joey Donovan

Liz Gamache

John Hammer

Alex Lehning

Annmarie Plant

Dr. Allan Ramsay

Sarah Russell

Sarah Gentry Tischler

Dr. Lynda Ulrich

Ruth Wallman

Town of Richmond
PO Box 285
Richmond, VT 05477

Dear Town of Richmond,

For nearly 50 years, Age Well has provided services and support that allow aging Vermonters to stay independent, and remain healthy at home, where they want to be. We excel at integrating community resources, health services, and wellness programs to enhance and improve the quality of life for older adults. We continue to see an increased demand for our wrap-around services, supporting older Vermonters during the COVID-19 pandemic and beyond.

Thanks to past support from the Town of Richmond, we have been able to offer care & service coordination, Meals on Wheels, community meals, wellness programs, social activities, transportation services, expertise on Medicare, insurance, long and short-term care options, and the Helpline to Richmond residents.

Vermont is ranked as the third “oldest” state in the country and our aging population is only expected to grow exponentially, nearly doubling in the next fifteen years. Older adults living in rural areas have less access to healthcare, including specialized healthcare, and the services tend to be more costly than those provided in metropolitan areas. Overwhelmingly, Vermonters want to grow old in their own homes, Age Well provides the services and support to ensure that is a possibility.

We are writing to request continued support from the Town of Richmond in the amount of \$2,500.00. As a non-profit, most of our services are provided at no charge and we rely on donations and town funding to continue to help our aging population access services and receive the support they deserve. We thank you for your past support for our programs and services. Your support this year ensures that we are able to continue to provide life-changing services to those in need.

If there are any questions regarding our programs or services, please do not hesitate to contact me. Thank you for your time and consideration.

Sincerely,

Sara Wool, Director of Development & Planned Giving



agewellvt.org
Helpline: 1-800-642-5119
P 802-865-0360
F 802-865-0363
875 Roosevelt Hwy, Ste. 210
Colchester, VT 05446

TOWN OF RICHMOND REPORT

FY 2020 (10/1/2020 - 9/30/21)

Last year, Age Well served 121 people from Richmond, services included:



60 calls to the Helpline



114 hours of Care & Service Coordination



3,010 Meals on Wheels delivered
93 Congregate Meals served



18 hours of Options Counseling

35 Richmond residents volunteered over **654** hours

IMPACT

1 YEAR of Meals on Wheels equals roughly the same cost as one day in a hospital.

86% say Meals on wheels makes them feel more safe and secure.

92% say it helps maintain social distancing during COVID-19.

ABOUT AGE WELL

Age Well, formerly CVAA, are the leading experts and advocates for the aging population of Northwestern Vermont. We believe that health happens at home and focus on lifestyle, happiness and wellness—not on age. Since 1974, we have been part of Vermont's Area Agencies on Aging, coordinating services and care for Addison, Chittenden, Franklin and Grand Isle Counties.

Committed to helping individuals age well, we reduce barriers by providing access to healthy meals, in-home care and community resources. Delivered by staff members and over 1,000 incredible volunteers, our sought-after services are designed to meet the diverse needs of our clients, their families and caregivers.

We do not charge for services provided. As a nonprofit, we rely on donations and encourage clients to contribute if they are able to do so.

MISSION: TO PROVIDE THE SUPPORT AND GUIDANCE THAT INSPIRES OUR COMMUNITY TO EMBRACE AGING WITH CONFIDENCE.



AGE WELLSM

CONFIDENT AGING STARTS HERE.

2020 IMPACT REPORT

Because of you...

PROMOTING HEALTH, CHOICE, AND DIGNITY FOR OLDER VERMONTERS

This past year brought the unexpected but with resiliency, teamwork, and your support, we continue to meet the needs of vulnerable older adults who are at greatest risk amid the COVID-19 pandemic. We had to adapt quickly to do our part in helping to keep older Vermonters healthy and safe in their homes.

Beginning in early March, requests for Meals on Wheels and services have increased substantially – now serving an average of 47% more people than we were on March 1st, when concerns over COVID-19 and social distancing measures began taking hold. A recent survey found that 97% of local Meals on Wheels programs have seen costs rise, particularly due to the need to acquire safety supplies and deliver more meals to folks amidst the uncertainty.

Because of you, Age Well has been able to provide a lifeline for thousands of isolated vulnerable adults whose futures still remain uncertain. Your support before and through this pandemic has enabled us to meet the increased demand and maintain our essential services.

With your ongoing support in 2021, we will continue to be on the front lines every day focused on doing all we can to keep older Vermonters safe and nourished in our communities.

With Gratitude,



Jane Catton
Chief Executive Officer

P.S. Keep reading to see how you
made an impact this year!



OUR MISSION

To provide the support and guidance that inspires our community to embrace aging with confidence.

...you make this possible.



OUR SERVICES

Convenience at your doorstep



HELPLINE:
1-800-642-5119

Where confident aging starts

- Information & Assistance
- State Health Insurance Program (SHIP)
- Medicare Training
- Community Referrals



NUTRITION & WELLNESS

Food where you choose

- Home Delivered Meals
- Community Meals
- Restaurant Ticket Program
- Nutrition Counseling
- Wellness & Safety Checks
- Falls Prevention & Tai Chi

"Having advocacy, compassionate services, and supportive motivators is a true relief for our disabled father. He is able to live at home and enjoy independence. We are grateful beyond mere words"
-The O'Donnell Family





Masks are on and some things have changed but our commitment to those who rely on our services remains the same.



STAYING HOME

Making it possible

- Care & Service Coordination
- In-home Volunteer Services
- Minor Home Repairs
- Friendly Visitor Volunteers
- Transportation



CARE TRANSITIONS

Your path home

- Choices for Care
- Caregiver Support
- Options Counseling
- Benefits Enrollment
- Respite Care
- HomeMeds Medication Assessment

**▶ LEARN MORE:
AGEWELLVT.ORG**

DELIVERING MORE THAN A MEAL

Nutrition, safety, and community

“ We believe that everyone should give something back to society and do something to make the world a better place. Volunteering with Age Well is our way of helping those in need. We know the meal and a friendly visit can make a difference for the clients because we saw how helpful it was for Linda's aunt.

Our biggest pleasure in the world is knowing that we have a positive effect on someone's life.

Just seeing the smiles on the faces of those to whom we deliver meals and cheering them up during a short conversation makes us feel wonderful.

We have enjoyed swapping family stories, talking about books and music, or Vermont weather, and sharing jokes.

We love visiting our Meals on Wheels friends.”

*-Husband and wife volunteer team,
Andy & Linda Suntup*



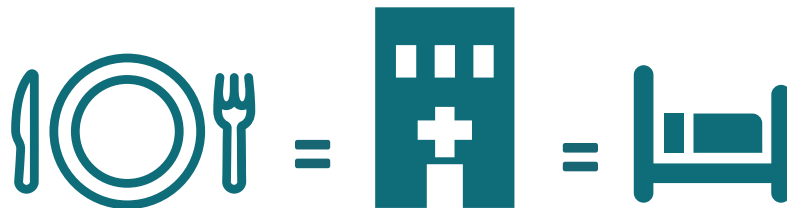
OUR SERVICES ARE A COST-EFFECTIVE SOLUTION THAT SERVES US ALL.



Approximately 26% of older Vermonters live alone
93% of clients say that the assistance provided by their Care & Service Coordinator has helped them remain at home



22% more Meals on Wheels have been delivered due to COVID-19
91% of clients scored at Medium to High Risk for Malnutrition



MEALS ON WHEELS CAN SERVE A PERSON FOR AN ENTIRE YEAR FOR ABOUT THE SAME COST AS JUST ONE DAY IN A HOSPITAL OR 10 DAYS IN A NURSING HOME.





COMMUNITY CHAMPIONS

Switchback Brewing Company staff deliver Meals on Wheels Wednesdays in Burlington and sponsor our annual March for Meals campaign. Support from Switchback and other local businesses helps ensure no older adult is left behind.

“ We all know somebody that could use Meals on Wheels. Volunteering doesn't take anything out of my day—it adds so much to it! ”

-Sarah Diaz, Tap Room Manager and Volunteer



“ I've been getting the meals for ten years, ever since I had a double knee surgery. I love the meals and talking with Sarah and the other volunteers! ”

-Marguerite Desnay, client

➤ **LEARN ABOUT VOLUNTEERING:
[AGEWELLVT.ORG/GIVING-BACK](https://www.agewellvt.org/giving-back)**

YOU MAKE THIS HAPPEN *Helping no matter what*



As Vermont's older population continues to expand, we are adapting to meet the growing need for services to help our community age in place.

Unfortunately, Federal funding has not kept pace with the growing need. Your support helps ensure no older adult is left behind.

WAYS YOU CAN GIVE BACK

VOLUNTEER

Join our dedicated team of 1,100+ volunteers.

Opportunities include: delivering Meals on Wheels, grocery shopping, transportation, budgeting assistance, friendly visits, and so much more. Volunteer as an individual, family, business, or group.

DONATE

Whether one-time, monthly, or in honor of someone special, your tax-deductible gift supports our wide array of services - helping Vermonters to age well.

MARCH FOR MEALS

Our biggest fundraiser, you can sponsor a Meals on Wheels delivery route in your community. Mark your calendars for March 2021!



PLANNED GIVING

Make us part of your legacy. Planned gifts help ensure the health and wellness of our aging population for years to come.



**SEE HOW YOU CAN HELP:
[AGEWELLVT.ORG/GIVING-BACK](https://www.agewellvt.org/giving-back)**

KEEPING PEOPLE SAFE AMID COVID-19

COVID-19 imposed a sudden and imminent risk to thousands of Vermonters—and the local response from all across this state was unprecedented.

Vermonters stood up, spoke up, and gave generously so that our array of services could provide a lifeline for thousands of isolated older adults.

WHAT WE ARE DOING

- Delivering food, prescriptions, and medical supplies to those in isolation including COVID-19 positive clients who urgently need these items
- We called clients weekly during the stay at home order, screening for COVID-19 symptoms, emergency plans, depression, and abuse with *every* call



Today, their future remains hopeful because of you. So, please...don't stop supporting now.



**YOUR SUPPORT CHANGES LIVES:
[AGEWELLVT.ORG/GIVING-BACK](https://www.agewellvt.org/giving-back)**

Over

1,100

incredible volunteers
who give their time

Over

380,000

miles driven to provide
volunteer services

Over

278,403

Meals on Wheels delivered
to hungry Vermonters

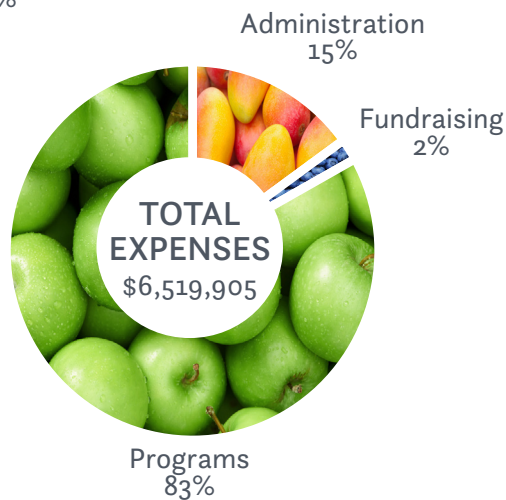
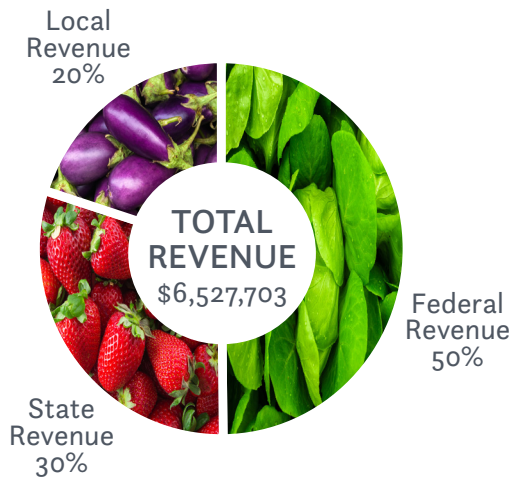
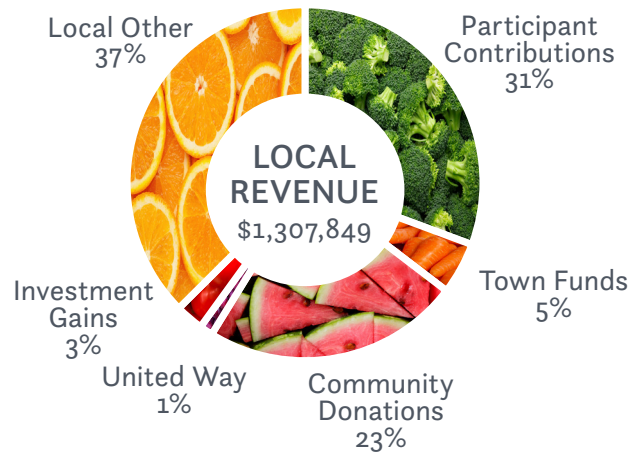
Over

23,700

hours of Care & Service
Coordination

REVENUE & EXPENSES

We are so grateful to the individual donors, community groups, foundations, businesses, and more which make our work possible. Our financial vitality and resiliency during the pandemic is all because of you. *Thank you.*



Audited Fiscal Year 2019 financial summary, ending September 30, 2019.

BOARD OF DIRECTORS



Joan Lenés, President
Former Legislator

George Beato
Champlain Oil

Susie Brooks
White + Burke

Meagan Buckley
Wake Robin

John Davis

Davis & Hodgdon Associates

Joey Donovan

Vermont State Representative

Liz Gamache

Community Supporter

John Hammer

Community Supporter

Annmarie Plant
GHP Advisors

Dr. Allan Murray Ramsay
People's Health & Wellness Clinic

Sarah Russell, *Organizational Development Consultant and HR Business Partner*

Sarah Gentry Tischler,
Langrock, Sperry & Wool

Susan Thompson
Catering by Dale

Dr. Lynda Ulrich
Fiddlehead Dental

Ruth Wallman
Community Supporter

"I really believe in the mission of Age Well and value its role in the community.

I want to do my part as an advocate for older Vermonters"
-Joan Lenés

PROUD PARTNERS



Vermont
Association of
Area Agencies
on Aging



OneCareVermont

Age Well is proud to collaborate with many community partners to create a network of services.

LET US HELP YOU AGE WELL.

Follow us on Instagram & Facebook at @agewellvt to see what we're up too!

SERVING NORTHWESTERN VERMONT SINCE 1974

Age Well is a 501(c)(3) nonprofit.
Donations are tax-deductible. Tax ID: 22-2474636



agewellvt.org
Helpline: 1-800-642-5119

P 802-865-0360

F 802-865-0363

875 Roosevelt Hwy, Ste. 210
Colchester, VT 05446

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*Thank you for
your support!*



Strategic Plan

FY 2020 – FY 2022

(Year 1: FY 2020 ~ October 1, 2019- September 30, 2020)

(Year 2: FY 2021~ October 1, 2020 – September 30, 2021)

(Year 3: FY 2022~ October 1, 2021- September 30, 2022)

Version: April 26-19 (1), May 20-19 (2), June 25-19 (3), August 12-19(4), Sept 9-19 (5) FINAL

Approved by Age Well's Board of Directors September 19, 2019

Proprietary Information

Strategic Planning Process Overview:

In April of 2019, Age Well undertook a comprehensive strategic planning process with the assistance of Dolly Fleming, a Consultant Facilitator. This process directly involved the Board of Directors, Leadership Team with input from staff, volunteers, and community members.

The leadership team of Age Well provided an extensive review of population projections, demographic shifts, operational statistics, external forces, financial data, national benchmarks, results of stakeholder interviews, community needs and perceptions, social service and health care trends, and Age Well's Mission, Vision, and Values.

The assessment showed that our aging population in Vermont is growing rapidly, with the number of people over the age of 65 projected to increase by 16% by 2030. This mirrors national trends. In addition, we know that Vermont itself has the second lowest birthrate in the nation, which is declining, a trend we see reflected in our service areas, and that in the next 15 years the number of seniors over the age of 65 will outnumber those young adults aged 18 years of age or younger.

We heard from our Community partners and members; their overarching feedback reported that Age Well serves the population well in meeting the goals of our mission. Our clients and volunteers reported that they are appreciative of the work we do, and they find it helpful and rewarding in their own lives as they serve their communities and clients. Staff feedback was obtained through reflections on our current strategic pillars and this feedback was summarized for the Board and Leadership team. Opportunities overall include balancing mission with new growth, focusing on workforce and challenges faced, dealing with critical transportation issues, creating new programs to diversify our revenue streams and maintaining financial viability, while creating and sustaining a culture of engagement. Continued work on Wellness programing to support isolation and loneliness in our elders was highlighted as well as focusing on Wellness programing for our employees was discussed. Our presence in Grand Isle County was reported as 'invisible' therefore, this is an opportunity for strategic intervention. State funding and grant funding cut backs, the existence of the perceptions of 'competition for care management' and duplication of efforts in care coordination realms within our communities are all possible threats.

Leadership took that information and developed a draft of the strategic plan. This document was then reviewed with the Age Well Strategic Directions Committee of the Board, the full Board of Directors, the Staff, Age Well Volunteers and our Advisory Council. It (will be) was also discussed at Department Meetings, and All Staff Meetings. The input gathered on the draft was incorporated into the final document (to be) approved by the Age Well Board by September 30th of 2019.

Updating Age Well's Mission, Vision, and Values

Age Well's Mission, Vision, and Values (are being) were reviewed as part of the process to ensure the statements continue to communicate Age Well's purpose, future direction, and philosophy. Refinements were recommended and the following are the updated Mission, Vision, and Values:

Age Well's Mission

Age Well's mission is to provide the support and guidance that inspires our community to embrace aging with confidence.

Age Well's Vision

Age Well aspires to use our Vermont experience to be a nationally recognized and collaborative leader in the aging network; promoting healthy aging, independence, dignity, and personalized choice for older adults.

Age Well's Values:

- ***Our People:*** Promoting and maintaining a culture in which our employees feel their work is valued, supported, connected to purpose and inspirational.
- ***Financial Strength:*** We will create new means to support and maintain our financial strength so we remain sustainable for our future.
- ***Advocacy and Leadership in the Aging Network:*** Embracing advocacy and advancing leadership for positive change at the federal, state and local levels to continue to provide creative, flexible and evolving choices.
- ***Innovation:*** We will advance creative solutions and innovations focused on managing the social determinants of health and other barriers that influence the populations we serve.
- ***Community Collaborations and Partnerships:*** Collaborating with community partners and peers to promote and support client independence, overall population and health and wellness; through strategies that address the social determinants of health.
- ***Integrity, Knowledge, Confidence and Compassion:*** We will advance our mission with integrity, knowledge, confidence and compassion; always.

Critical Issues & Strategic Initiatives:

Based on the findings of the Environmental Assessment and discussions during the planning process, five critical issues were identified as top priorities to be addressed, with linkages to our Strategic Indicators and dashboard.

- **Culture and Wellness:** Age Well will respond to the needs of our staff, volunteers and client population through a fully engaged organizational culture and a mission of excellence. We will develop programs that support health and wellness in our staff and the populations we serve. (This is tied to our “People” outcomes).
- **Financial Vitality:** Age Well will actively participate in social and healthcare reform efforts while creatively adapting to the changing regulatory/reimbursement environment to preserve our ability to provide services for Older Vermonters. We will be creative in seeking alternative revenue streams to diversify our financial strength for the future while developing an improved “Culture of Giving”. (This is tied to our “Financial Vitality” outcomes).
- **Engaged, Vibrant, Effective Governance:** Age Well will embark on improving our Governance structures and processes to continue to develop an engaged, vibrant and effective Board of Directors and Leadership team. (This is tied to our “People” outcomes).
- **Innovation and Technology:** Age Well will continue to develop and invest in robust technology to support future creative innovations that will serve our elders in new ways. (This is tied to our “Efficiency/Value” outcomes).
- **Public Education, Advocacy and Policy:** Age Well will continue to advocate for our mission and the ongoing support of our older Vermonters, through specific public education programs, new business collaborations, including ongoing and visible advocacy. We will be leaders in advancing public policy that supports our Older Vermonters through the standards and goals of the Older American’s Act. (This is tied to our “Financial Vitality” outcomes)

Strategic Initiatives were then identified to address each of the Critical Issues. Each Strategic Initiative will be assigned: a priority level based on its anticipated impact; a Leadership Team member carrying primary responsibility for its implementation; an anticipated completion date. That detail is reflected in the planning grids which begin on page 6 of this document.

Strategic Indicators & Goals for 2020-2022

Age Well has identified a small group of critical high-level measures which serve as the Strategic Indicators of overall organizational performance. These are grouped into the categories of: People, Finance, Quality/Satisfaction, Efficiency /Value. For the FY2020-2022 Strategic Plan, we have identified specific goals for each of the Strategic Indicators that we believe we must achieve by the end of each Fiscal Year. Where applicable, we have also identified the relevant national benchmark to provide additional perspective. These measures are reported to the Board on a regular basis to facilitate the tracking of progress and organizational performance. They are included in this plan on the Dashboard of Strategic Indicators, found on page 10 of this document.

Age Well’s mission is to provide the support and guidance that inspires our community to embrace aging with confidence.

Critical Issues & Strategic Initiatives

<i>Top Critical Issue: Culture and Wellness</i>	<i>Strategic Initiatives:</i> Age Well will respond to the needs of our staff, volunteers and client population through a fully engaged organizational culture and a mission of excellence. We will develop programs that support health and wellness in our staff and the population we serve. To do this, Age Well will:	<i>Priority (H=High M= Med L= Low)</i>	<i>LT Member With Primary Responsibility</i>	<i>Target Date</i>	<i>Actual Completion Date</i>
Tasks/Tactics	Promote a culture of engagement; focusing on transparency, trust and integrity through consistent, open communications and recognition strategies that are multi focal and inclusive.	H	Jane Jason	Dec 2019	
	Develop and implement a new wellness program strategy for Vermont elders to promote population health.	M	Jane Chris	Dec 2020	
	Develop and implement a purposeful and deliberate wellness strategy for Age Well as an organization.	H	Jane Chris Jason	Jan 2020	
	Develop and implement a purposeful and deliberate staff development and training program.	H	Jane Jason Erica	Jan 2020	
	Plan and develop a strategy for a “Center for Positive Aging”.	M	Jane Chris Tracey	April 2021	
	Implement the strategy for a “Center of Positive Aging”	M	Jane Chris Tracey	Sept 2022	

<i>Top Critical Issue:</i> Financial Vitality	<i>Strategic Initiatives:</i> Age Well will actively participate in social and healthcare reform efforts while creatively adapting to the changing regulatory/reimbursement environment to preserve our ability to care for Older Vermonters. We will be creative in seeking alternative revenue streams to diversify our financial strength for the future while developing an improved “Culture of Giving”. To do this, Age Well will:	<i>Priority</i> (H=High M=Med L=Low)	<i>LT Member</i> With Primary Responsibility	<i>Target</i> Completion Date	<i>Actual</i> Completion Date
Tasks/Tactics	Create cost or efficiency savings by continuing process optimizations and innovations, using process improvement, and system redesign and alignment.	H	Amy Martin	Sept, 2020	
	Develop multi-year Financial Plan based on Strategic Plan.	M	Jane Amy	Mar 2021	
	Continue to ensure systems are responsive to external regulations and audits through new compliance, process improvement /quality assurance systems.	M	Jane Martin	Sept, 2020	
	Implement Endowment/Planned Giving Programs.	H	Jane Sara Amy	April 2020	
	Enhance Development/Grants functions with targeted financial goals.	H	Sara Amy	Jan 2020	
	Target and Implement new Business Development to improve diversification of revenue sources in order to support Age Well programs.	M	Jane Tracey Amy	Sept 2020	
	Target and leverage our annual One Care attributions for Age Well and meet/exceed new payment model financial outcomes.	H	Erin Amy	Sept 2022	

<i>Top Critical Issue: Engaged, Vibrant and Effective Governance.</i>	<i>Strategic Issues:</i> Age Well will embark on improving our Governance structures and processes to continue to develop an engaged, vibrant and effective Board of Directors and Leadership team. To do this, Age Well will:	<i>Priority (H=High M=Med L=Low)</i>	<i>LT Member With Primary Responsibility</i>	<i>Target Completion Date</i>	<i>Actual Completion Date</i>
Tasks/Tactics	Actively and purposefully engage in robust Board recruitment and target new Board members from all four (4) counties that we serve, including those with more diverse backgrounds and cultural expertise.	H	Jane	Sept 2020	
	Develop and enhance the Culture of Giving by the Board of Directors through best practice strategies: <ul style="list-style-type: none"> • Board Fundraising/Development education programming • Conference engagement • Targeted Development focus areas and Board assignments 	H	Jane Sara	Sept 2020	
	Develop and implement a robust Board of Directors Education and Development plan guided by the annual Board self-evaluation outcomes.	H	Jane	Sept 2020	
	Create and implement a robust Board of Directors Compliance program including new Board of Directors governance policies.	M-H	Jane Martin	Sept 2020	
	Develop and implement a robust Leadership Development plan.	M	Jane Jason	Sept 2020	

<u>Top Critical Issues:</u> Innovation and Technology	<i>Strategic Initiatives:</i> Age Well will continue to invest in new technology to support future creative innovations that will serve our elders in new ways. To do this, Age Well will:	<i>Priority</i> <i>(H=High</i> <i>M=Med</i> <i>L=Low)</i>	<i>LT Member</i> <i>with Primary</i> <i>Responsibility</i>	<i>Target</i> <i>Completion</i> <i>Date</i>	<i>Actual</i> <i>Completion</i> <i>Date</i>
Tasks/Tactics	Complete optimization of the Penelope Software program.	H	Erin Martin	April 2020	
	Plan for and implement Phase II and III of Penelope Software program.	H	Martin Chris Erica	Sept 2021	
	Continue to develop integration strategies for technology platforms while continuing to sunset older/obsolete technology.	M-H	Martin	Sept 2021	
	Create and implement an IT strategic plan.	M	Martin	Sept 2021	
	Develop and execute department and organizational level dashboards with metrics for outcome management and measurement.	M	Martin	March 2021	
	Advance at least 2 new innovative strategies per year that address the social determinants of health (SDOH) for our clients in these categories: <ul style="list-style-type: none"> • Reducing social isolation through intergenerational programs • Supporting innovative transportation programs • Enhancing health and wellness or access to services through partnership with clinical or community based entities • Addressing nutritional and food security status • Creation of intellectual and cultural activities and events (daytime) 	H	Martin Erin Chris Erica	Sept 2022	

<i>Top Critical Issue: Public Education, Advocacy and Policy</i>	<i>Strategic Initiatives:</i> Age Well will continue to advocate for our mission and brand to support our elder Vermonters, through specific public education programs including ongoing and visible Advocacy. We will be leaders in advancing public policy that supports our Older Vermonters through the standards and goals of the Older American’s Act. To do this, Age Well will:	<i>Priority (H=High M=Med L=Low)</i>	<i>LT Member With Primary Responsibility</i>	<i>Target Completion Date</i>	<i>Actual Completion Date</i>
Tasks/Tactics	Advance and lead Community Outreach and Business Development efforts in order to build and support new relationships through connections to our local and legislative communities.	H	Jane Tracey	Sept 2020	
	Target legislators in the age group of our Age Well Clients: e.g. Older Vermonters Caucus, and younger legislators to create a sustained, visible presence at the State house to advocate for AAA critical issues, including financial support and vitality.	H	Jane Tracey	May 2020	
	Cultivate and train volunteers and staff as policy advocates.	M-L	Tracey Erica	Jan 2021	
	Lead in the development of a strategic plan for the V4A- to enhance alignment on policy, advocacy, fiscal stewardship and outcomes.	H	Jane	Dec 2019	
	Leverage Action Circles through new strategies at V4A to better support policy outcomes.	H	Jane	Dec 2019	

Attachment A: Dashboard of Strategic Indicators

People	Current Data (as of 4/1/19)	Goal for 2022
Employee Turnover Rate		< or = 28% per year
Care and Service Team Engagement		➤ Or = 70%
Board of Directors Engagement		➤ Or = 90 % Engaged
Finance	Current Data (as of 4/1/19)	Goal for 2022
Net Operating Margin		➤ Or = Budgeted Margin (1.5%)
Days Cash On Hand		➤ Or = Budgeted Days Cash (45 Days)
% of Legislative Bills Accepted and Funded		100%
Quality/Satisfaction	Current Data (as of 4/1/19)	Goal for 2022
Senior Satisfaction Rates with MOW “Good to Excellent”		➤ Or = 90%
Volunteer Retention Rate		➤ Or = 90%
Number of new clinical entity and / or payer collaborations that address SDOH outcomes		➤ Or = 2 /year
Efficiency/Value	Current Data (as of 4/1/19)	Goal for 2022
Total number of Innovations Completed		➤ Or = 2/year
Advance Leadership in V4A		# Pooled resources/ contracts # of Combined BOD AAA Engagements

Age Well’s mission is to provide the support and guidance that inspires our community to embrace aging with confidence.



**AREA PLAN
FEDERAL FISCAL YEARS
2022 - 2025**

**DATE SUBMITTED
08/01/2021**



**Age Well Area Plan
Federal Fiscal Years 2022 - 2025
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Section A: Verification of Intent

Age Well's Area Agency on Aging's Area Plan is hereby submitted for the period October 1, 2021 through September 30, 2025. It includes all assurances and plans to be followed by the submitting agency under provisions of the Older Americans Act and the Area Plan Instructions. The Area Agency on Aging identified shall assume full responsibility to develop and administer the plan in accordance with all requirements of the Act and related State policy. The Area Agency on Aging assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

The Area Plan was developed in accordance with all rules and regulations specified under the Older Americans Act and will be submitted to the Department of Disabilities, Aging and Independent Living Signatures below verify the intention to comply with all Older Americans Act and State of Vermont assurances.

Date

Age Well CEO

Date

Age Well President, Board of Directors

The Age Well Advisory Council has had the opportunity to review and comment on the Area Plan.

Date

Chairperson, Age Well Advisory Council

Date Approved

Commissioner, Department of Disabilities, Aging and Independent Living

Section A: Age Well Mission Statement

Our mission:

To provide the support and guidance that inspires our community to embrace aging with confidence.

Section A: Executive Summary

During the past year, Age Well has undergone continued and exceptional growth in all programs. COVID-19 affected every element of our programming, yet we remained focused and continued to serve throughout the pandemic. In October 2021, the organization will move into the third year of a three- year Strategic and Operations Plan to enhance services to meet the growing needs of the older Vermonters we serve.

Age Well continues to stay focused on our strategic goals and outcomes and we have accomplished much in all of our programmatic areas, including Care and Service Coordination, Nutrition, Wellness, Development, and Support Services. Some key achievements include:

CASE MANAGEMENT

- Continued focus on quality through the use of our “Service Standards Tool.” The purpose of this tool is to help organize deadlines and responsibilities by position type, ensure consistent service for clients, recognize strong staff performance, and facilitate productive supervision time. Accuracy of coding and time capture has also improved and become more consistent as a result of this change.
- Maintained a strong strategic partnership with OneCare Vermont and expanded documentation of shared care plans in care navigator to achieve over 80% care management for high and very high risk clients.
- Became the ‘hub’ in the new ‘hub and spoke model’ for our Veterans Directed Care Program and increased engagement with new Veteran clients by 60% in 12 months.
- Utilizing both Penelope clinical documentation system and Patient Ping, which tracks admissions and discharges from healthcare settings to better support clients through care transitions so we can better coordinate client needs.

NUTRITION & WELLNESS

- July 2021 marks three years that Age Well implemented the single-vendor Meals on Wheels model with Lindley Food Service, now known as TRIO Community Meals, to provide HDM/congregate meals and meet the needs of our growing and evolving community. We have continued to provide eight different therapeutic meal types and further fine tuned our workflows in collaboration with TRIO. Our work together through the one vendor model allows for efficient data management and collection which, became



very apparent during the recent state wide Meals Cost Analysis report requested by DAIL, using our ServTracker system.

- In FY 20-21, Age Well served 2% more clients and 22% more meals through the Home Delivered Meals program compared to FY 19. Through the third Quarter of FY 21, Age Well has seen an increase of 1606 clients served HDM and a 9% increase in total meals served. This total includes new “Grab and Go” meals. We expect these trends to continue post pandemic.
- Evaluation of the effectiveness of a culturally appropriate meal model to serve the New American population at two meal sites in Burlington and Winooski is ongoing and well attended. Age Well currently has a team of three bilingual staff members consisting of two Case Managers and a Community Health Worker, who manage the cases of many New Americans and former refugees to Vermont.
- Tai Chi for Balance, continues virtually at present time post COVID-19 pandemic and will resume in person when appropriate. In FY21, Tai Chi Vermont has resumed certification and re-certification of Tai Chi Volunteer Instructors at all levels with the goal to complete 100% of re-certifications by fall of 2021. We expect our programs to resume in person into FY22 and may entertain an ongoing hybrid model.
- Age Well continues to develop the “Matter of Balance” evidence based falls prevention program. The designated master trainer completed certification in the newly developed virtual version of A Matter of Balance, in January 2021 and we continue to explore options to partner with other community organizations to provide support and training for future virtual workshops.
- The virtual nutrition education class “Eat Less, Move More, Weigh Less” provided by the North Carolina State University was launched in September 2020 by Age Well. This evidenced based 15 week program taught by a Registered Dietitian, is designed to improve participants’ nutrition choices and to encourage the class to incorporate more physical activity and behavioral strategies to support improved health. To date 33 older Vermonters completed this virtual offering through Age Well and has been well embraced by clients to date. We have also offered this to our own staff as part of our wellness activities programming for Age Well. We will continue to offer this into FY 22 and beyond.



INFORMATION & ASSISTANCE & SHIP

I&A has taken on a significantly more active role in assisting and advocating for clients and their family members. As case management and SHIP resources are being increasingly tapped to serve ever-growing needs, I&A has stepped up to improve and increase the services they provide. In addition to phone assistance, scheduled visits with clients and their family members and walk-ins needing immediate assistance have become a growing role for I&A staff at Age Well. Some other examples include:

- Collaboration and meetings with Vermont 2-1-1 to ensure that provider resources within the database are updated quarterly. I&A staff also compile local resources to meet the needs of the clients within our service areas.
- Utilizing the “Bluebook” database within the Athena Penelope System to manage local and statewide resources.
- Formation of a process improvement team of supervisors, Care and Service Coordinators, C&S Administrators, and Information and Assistance staff to improve the referral process, resulting in a standardized checklist of important information focusing on safety and accuracy of referral information — redefined internal referral procedures to improve the timeliness of response to referrals.
- Improved integration and cross-training between Information and Assistance and SHIP.
- Aligned Information Assistance, SHIP, Options Counseling, and Community Health Worker Teams with a common supervisor to support the referral process, communication, and delivery of “short term” Care and Service Coordination services.
- Relocated one Information & Assistance coordinator to Age Well’s our new St. Albans office to expand access to in person Information and Assistance service to Franklin and Grand Isle Counties.
- Integrated SHIP into Penelope to improve coordination of services and reduce duplication, providing a better experience for clients. This integration also allowed Age Well to archive an old unsupported database with poor functionality.

VOLUNTEER SERVICES

Age Well’s Volunteer Services Department has been growing since 2015. Key achievements for this program from July 1, 2020 to June 2021 include:

- Contribution of 46,141 hours of service by our volunteers, which is the equivalent of 22 full time employees.
- Prior to COVID we had 991 volunteers. Although we increased Volunteer recruitment resulting in 1361 volunteers during COVID, many COVID volunteers have returned to work leaving us with 1164 volunteers. We are proud to say we have the largest volunteer program in the State of Vermont.



- The results from our Volunteer survey of April 2021 showed 95% of volunteers are satisfied or very satisfied with being a volunteer and feel they are making a positive difference.
- Volunteer retention rate at the end of the 2nd Q was 99.8%
- We have 251 clients matched with volunteers and the number of requests has more than tripled now that the COVID restrictions have been lifted.
- Volunteers logged 220,174 miles to provide meals and other volunteer services to clients.
- Age Well was recently awarded the AmeriCorps grant to provide ‘hub’ services for the Senior Companion program state wide. This will start July 1, 2021 and cover a three-year grant cycle.

CAREGIVER SUPPORT PROGRAM & DEMENTIA RESPITE

Age Well’s Caregiver Support continues to offer the following services:

- Caregiver assessment for the whole family. This includes having our caregiver support specialist be available to meet with the family caregivers to help them create a plan for support. When working with a family with dementia, eligibility for the Dementia Respite Grant is also assessed.
- One-on-one and group support for Caregivers is provided both in person and on the phone. This hybrid model proved to be very effective during the pandemic.
- Caregiver skill-building and education sessions (Powerful Tools for Caregivers™, how to build a care-team, self-care, goal setting, preventing caregiver burnout, etc.).
- Public education sessions for the community, employers, and other partners around the challenges of caregiving/caregiver needs are a core part of the program.
- Dementia Training for staff, volunteers, the general public, and community partners; in partnership with the Vermont Chapter of the Alzheimer’s Association is embedded in the program.
- Partnership with Vermont Kin as Parents (VKAP) to provide grant money and support to “Grandfamilies.”
- Oversight, development, and delivery of training for a team of Respite Volunteers. Our innovative “Respite Squad” program of fifteen volunteers provide respite to families served by Age Well. We were recently honored with a National Association of Agency on Aging Award in the Care Giver Category for this program. Our Director of Volunteer services will present at the 2021 n4a national conference on this topic.



TRANSPORTATION

Age Well's Director of Volunteer Services continues overseeing our Transportation Contract with GMT, Cider, and ACTR as this is a natural alignment with our volunteer programming. In FY 21:

- We implemented changes to ensure that the least expensive transportation option is used for each client to maximize the total number of rides for seniors throughout the four counties that we serve.
- We contributed to the Heineberg Senior Center to support their purchase of a handicap accessible van. We are supportive of their efforts to continue to advance and meet the transportation needs of our clients in the Burlington area- to promote activities that reduce social isolation and increase engagement overall.

AGE WELL MAJOR PLANS AND PRIORITIES

As federal and state funding continues to shift, it will be important for Age Well to explore other revenue-generating ideas, potentially exploring 'fee-for-service' opportunities, and/or new contracts that generate cost savings especially as our state recovers post pandemic. The investment we made in community outreach and business development to support our ability to remain financially viable in the future has produced great outcomes. We have forged new linkages with our community and business partners to engage them in new ways, which has resulted in new donors and gifts to Age Well. Targeting new opportunity and diversifying our revenue streams, will be a main focus in FY22 and beyond.

We will use our CRF and ARPA funding sources wisely over the next three years as we continue to expand home delivered and congregate meals, care management and care giver support services. We will explore creative ways to support our community network of senior centers, aging services non- profits and meal providers through 'CRF mini grants' which will allow them to continue to advance their reach to vulnerable older adult populations that we serve.

In FY 22 we will continue to promote strong collaborations with Senior Centers, and our co-AAA's in every region. Age Well will continue to look for opportunities to take on network lead roles such as the successful Veteran's Directed (Hub and Spoke) model and the Senior Companion program. Age Well believes that leveraging our collective impact among all AAA's is the way we will continue to bend the cost curve and promote quality outcomes using best practices together. We will also continue to explore new opportunities to expand the Age Well Wellness initiatives that will support the client's needs, support population health initiatives, improve engagement, and reduce social isolation.

Age Well will continue to collaborate with community partners at One Care Vermont (OCV), while exploring new contracts and services with clinical entities or payers. The Care and Service Coordination Department is continuing to exceed the goals of Care Management of the high and very high-risk clients attributed to Age Well. We will continue to advance our work with our community partners to meet the complex needs of our clients and improve overall population health outcomes.

Technology will continue to advance Age Well's mission and vision. We will focus on innovations in technology to better support client needs so that they can remain connected. We will update our website in FY22, and we will integrate more technology, applications and



efficiency into how we perform our operations day today, with a focus on operational efficiency while addressing the Social Determinants of Health through innovations. We will continually focus on data management, integration and integrity so that we can make sound decisions based on both quantitative and qualitative sources of information.

CHALLENGES

The top challenges that we have identified include:

- Vermont demographics shows Vermonters over the age of 65 will grow 63% in the next ten years. The systems and infrastructure do not currently exist to support the needs and changes coming and we will advocate for livable communities and services.
- Recovery post COVID-19 pandemic continues to be a concern, as CRF and ARPA funding sources are time limited. Sustainability of our programs remains a top priority as we focus on efficiency, cost containment and quality.
- Broadband and internet access for our older adult populations remains a challenge, yet we are encouraged by the State budget that has embedded considerable funding in FY 22 to support these initiatives.
- Funding levels are not increasing at the same rate as the growth of our aging population. Continued lobbying and finding alternative funding sources will be key to resolving this challenge.
- Recruiting and retaining quality talent to serve older Vermonters will remain a challenge especially in the health and social services sectors. We will focus on increasing our workforce retention rates through innovative new programs at Age Well and consider how advancing advocacy to support older Vermonters back into the workforce may be feasible.
- Addressing diversity, equity and inclusion as part of our culture of engagement is a top priority, especially as we consider how to improve our service to vulnerable older populations including BIPOC, LGBTQIA+ and other diverse cultural groups.
- The availability of older-adult informed and accessible mental health and caregiver support services continues to be insufficient state-wide and this will remain a top priority for collaboration and management.
- Advancing awareness of our broad range of services. Age Well is known in the larger communities (Chittenden County), yet there is still lack of awareness of our who we are and the services we provide in the other three counties we serve. We need to continue to focus on strong and purposeful outreach and education to increase awareness in these areas.



Section B: Needs Assessment

Background:

The Vermont Department of Disability, Aging and Independent Living (DAIL) and Flint Springs Associates (FSA), a Vermont-based consulting firm, conducted a statewide assessment of the needs of older Vermonters and family caregivers of older Vermonters, and an assessment of community services and supports available to assist older Vermonters and family caregivers.

Under the Federal Older Americans Act (OAA), Vermont is required to develop a State Plan on Aging every four years which serves as the blueprint for how the State and its network of five Area Agencies on Aging (AAA) and service providers will work to meet the changing needs of older Vermonters (60 and over) and their family caregivers.

The results of the needs assessment serves as a key source of information to guide DAIL and the Area Agencies on Aging in planning services and responding to the needs of these populations for the 2022-2025 Area Plan.

Methodology:

Age Well worked collaboratively with Flint Springs Associates and the Vermont Area Agencies on Aging to create and distribute a needs assessment survey targeted at Older Vermonters (60+) and Family Caregivers of older Vermonters. Each Area Agency came up with their strategy for promoting and distributing the survey, using paper surveys and/or online survey.

Age Well's Director of Business Development worked with Flint Springs Associates by:

- Prioritizing critical sources of information for the needs assessment survey.
- Attended meetings with AAA representatives for review of interview and survey tools and discussion of methods to engage survey participation.
- Age Well distributed two surveys: Vermonters 60+ survey and a Family Caregiver survey. Surveys were distributed using the following methodology:
 - Care and Service staff mailed paper surveys to clients, including New American clients (translation services were available and offered). Paper surveys we mailed to anyone who called Age Well's Helpline without access to email.
 - The online survey registration link was emailed to over 6,000 people including community partners who shared the link with their networks and/or members. Partners included: Community Health Centers of Burlington, Addison County Chamber of Commerce, Franklin County Chamber of Commerce, Lake Champlain Chamber of Commerce, City of Burlington Senior Providers Resource Group, Pride Center of Vermont, 50 Vermont Town offices in Addison, Chittenden, Franklin and Grand Isle Counties, Franklin/Grand Isle Resource Group. Senior Day Centers, Senior Housing Sites, Care and Respite organizations, United Way of Addison County, United Way of Northwest Vermont and the Howard Center.
 - Online survey links were shared via email with Age Well Meals on Wheels clients, Care and Service Clients, New American Clients, Helpline clients and 3,500 e-newsletter subscribers.



- Age Well promoted the survey by running two ads on Front Porch Forum reaching 117,000 households in Addison, Chittenden and Franklin/Grand Isle Counties and a second ad reaching 78,000 households.
- The survey (both print and electronic version) was promoted on the Age Well website and through Age Well Social Media Channels on Facebook, LinkedIn and Twitter.

Goals:

A key goal to widely distributing surveys to older Vermonters and family caregivers was to gain input from people without internet access or the computer skills needed to complete an on-line survey.

The survey findings provided DAIL and the Vermont Area Agencies of Aging with vital information, which will guide us and be instrumental in developing the 2022-2025 State Plan on Aging. This document outlines how the State of Vermont and the network of Agencies on Aging and service providers will strive to meet the needs of older Vermonters and Caregivers.

Results:

Each AAA had a target number of surveys to collect to ensure high confidence in the findings:

AAA	Target	# Responses	Percent of target
Age Well	565	695	123%

The vast majority (91%) of older Vermonters responding to the survey live in their own home.

The average age of respondents: hard copy survey 78.0 years, significantly older than online respondents 70.5 years.

Gender breakdown 72% female compared to 27% male.

84% of respondents identified as heterosexual, 1% identified as bisexual, 1% as gay, and 2% as lesbian and 12% preferred not to answer.

Online surveys yielded higher responses and much lower proportions of hard copy responses. As a result, demographic characteristics associated with the use of Meals on Wheels, meant hard copy respondents were more likely to meet OAA's interest in assessing the needs of low income, rural citizens.

People who completed hard copy surveys identified availability of food/meal services, public transportation and walking distance to needed services at higher rates than online respondents did. This might be attributed to the difference in household income associated with the survey type.

Efforts to capture feedback from minority populations, another OAA target, were attempted but yielded less than 1% of survey responses. Diverse older adults encounter unique challenges when seeking home and community-based services, social services, and long-term care services and supports. Planning for inclusive programs requires keeping these challenges in mind throughout the planning process.



Vermonters 60+ DAIL Survey Findings

Prior to the COVID-19 pandemic, older Vermonters felt that they were living the life they desired most of the time. The DAIL needs assessment found that COVID-19 negatively impacted a number of quality of life issues, as social connections have been disrupted, leading to more isolation and difficulty engaging in activities.

More than 50% of older Vermonters report their physical health has influenced their ability to live the life they desire. The responses varied significantly based on type of survey used. Three quarters of hard copy respondents noted impacts to their life due to physical health and 46% of online respondents reported the same. Significant gaps exist in the number of older Vermonters who seek care for mental health and hearing issues.

Older Vermonters who completed hard copy surveys identified availability of food/meal services, public transportation and walking distance to needed services at higher rates than online respondents did.

Both the online survey and paper survey showed that the most important factors in being able to stay at home was the need for assistance with help home maintenance, housekeeping and home modifications between half and two-thirds of respondents noted that needed services were not available.

Older Vermonters misunderstand how long-term care services work and what options there are available to them.

Food insecurity is significantly present in respondents who completed hard copy surveys. Meals on Wheels, Three Squares VT, Commodity Supplemental Food Programs and the community food shelf is utilized significantly more by hard copy compared to online respondents.

Older Vermonters and family caregivers reported having some knowledge of programs such as: Senior Helpline (45%), Respite care for family caregivers (54%) and family caregiver support groups (58%).

Falls Prevention: Two-thirds of Older Vermonters, aged sixty and over, report having taken steps to address the risk of falling. Notably, three-quarters of hard copy survey respondents say they have acted in this direction compared to 57% of online respondents. As hard copy respondents tend to be older and have more reported interaction with services including Meals on Wheels, it is likely that prompts from services providers who connect with them may be associated with this difference.

Nearly half (47%) of survey respondents identified Medicare as a possible payment option. Older Vermonters and family caregivers reported they did not know how these services could be accessed if needed and how they would be paid for.

It is important to solicit feedback from a wide range of older Vermonters and family caregivers. In addition to the DAIL survey Age Well will be creating an online survey to be distributed via e-mail to Age Well's Volunteers (1,200+) Age Well newsletter (4,000 opt-in subscribers) and posted on Age Well's social media channels including: Facebook, Twitter, Instagram and LinkedIn. The survey will be emailed to Community partners for inclusion in their communication within their networks.

Family Caregiver Survey Findings:

Friends, family members, health care providers and the internet are the most common sources of support and information that family caregivers rely on for information. Between one-half and two-thirds of responses identifying where family caregivers look for needed information and support, much smaller percentages identified the following formal organizations as information sources: Home Health Agencies (27%); Senior Help Lines/AAA's (23%); social media (11%); libraries (7%); and Vermont 2-1-1 (4%).

More than half of family caregivers expressed interest in gaining information and/or education around self-care, medical benefits, long-term care and estate planning.

Caregivers' responses indicated strong interest in learning how to take care of themselves, gaining information about health coverage including Medicare, Medicaid and SSI, being better informed to plan for future care needs and wills.

Emotional health, ability to pursue individual interests and hobbies, sleep, and social connections are negatively impacted by over one-half of respondents. The negative impact on spouses giving care was significantly higher than on adult children. Of those who would like to, but currently do not use respite, the main reasons are that people do not know where to find respite care and feel they cannot afford it.

Age Well Opportunities

- 1) Identify and prioritize outreach with community partners and directly to underserved populations: older Vermonters with the greatest economic need, greatest social need, rural, limited English speaking, LGBTQIA+ populations and Veterans.**
 - Advocate for low-income and diverse older adults by ensuring legislators, policy makers, philanthropists, advocacy groups and service organizations are aware of the challenges older Vermonters encounter and the resources available through the Area Agencies on Aging.
 - Incorporate diverse Vermonters in outreach, marketing and media stories, sharing their stories and experiences.
 - Create and execute outreach and communications strategies to promote AAA services with existing and newly formed and diverse community partners. Programs may include but are not limited to Meals on Wheels, Care and Service, Elder Abuse, Choices for Care, SHIP, Caregiver Support and the AAA Helpline.
 - Provide Age Well staff and volunteers with resources and opportunities for training to serve the diverse needs of the older adult community.
 - Collaborate with organizations serving diverse populations by offering Age Well presentations to their staff.
 - Share community partner materials and promote resources to clients.
- 2) Promote access to family caregiver services and resources**

- Partner with community organizations to raise awareness of supports available including respite services, caregiver support training, volunteer support
- Increase participation by family and informal caregivers that identify in racial, ethnic, and cultural minority groups. Seek more targeted input from the New American/BIPOC community. It might be possible to do a virtual focus group with New American family caregivers.
- Develop culturally specific outreach materials and other methods to serve culturally diverse family caregivers, offer translated information when possible.

3) Raise Awareness about existing services such as:

Choices for Care

The Helpline

Three Squares VT

- Collaborate with existing and new community organizations to conduct educational presentations. Educational efforts are important toward the goal of reducing ageism and increasing knowledge about long-term care options.
- Increase awareness through public relations strategies, paid and unpaid advertising and marketing, Age Well's social media channels (Facebook, Twitter, Instagram, and LinkedIn) and the Age Well Blog. Create content and share information with Town Papers, Community Access TV, Radio and TV ads. Create content for community partner newsletters and promotion with partners such as: Chambers of Commerce, United Way, Community Health Centers, Senior Centers, Rotaries and local community advocacy organizations such as COVE (Community of Vermont Elders) VERG (Vermont Elders Resource Group) FGI (Franklin/Grand Isle County Resource Group) HANDS (Helping and Nurturing Diverse Seniors) and others.



Section C: Focal Points

Age Well, in conjunction with guidance and support from DAIL, has strategically defined our focal points as Senior/Community Centers, Meal Sites, and other locations convenient to Older Vermonters. We will continue to meet with each of our partners regularly at the convenience and availability of site staff and evaluate annually to create additional strategies to meet the needs of Older Vermonters in the areas that we collectively serve. Age Well collaborates with civic organizations such as Rotary, Lions Club, Elks, and VFW's across all counties. Age Well encourages partners such as Senior Centers and meal sites to participate in the VASCAMP (Vermont Association of Senior Centers and Meal Providers) to obtain additional resources and support to better serve the communities. We continue to focus on identifying gaps in our service area and work to minimize these gaps. Age Well staff is not on site at all focal points at all times but as scheduled staff provide on- site support and classes in conjunction with each focal point's director and staff.

- Name of Focal Point:** Creek Road Recreation Center is formally known as the Russ Sholes Senior Center municipal building Middlebury.

Address of Focal Point: 154 Creek Road, Middlebury VT, VFW Middlebury MOW HUB and event location.

Key Staff: Michelle Eastman (Age Well Nutrition Coordinator), (802) 662-5267 and community partners.

Towns Served: Primary towns served Middlebury, E. Middlebury, Shoreham, Bristol, Lincoln and Ripton but serve all of Addison County.

OAA Programs: Congregate Meal Site (Twice a Month on Wednesdays) temporarily on hold due to COVID-19, 3SquaresVT outreach, Case Management, Home Delivered Meals, SHIP, I&A Helpline, Several Restaurant Programs including Restaurant ticket program throughout the year.

Non-OAA Programs: Offer a variety of fitness classes.

Coordination: Age Well works closely with the recreation director and VFW staff to utilize space and to plan and offer meals and educational speakers targeting meal site participants. Exploring options for Grab and Go or curbside pick-up meals due to COVID-19.
- Name of Focal Point:** Armory Lane Senior Housing

Address of Focal Point: 50 Armory Lane, Vergennes, VT and St Peter's Church, Vergennes MOW Hub location, monthly Grab and Go distribution site due to COVID-19.

Key Staff: Michelle Eastman (Age Well Nutrition Coordinator), (802) 865-0360 and community partners.

Towns Served: Primary towns served are Vergennes, Panton and Ferrisburgh but serve all of Addison County.

OAA Programs: Congregate Meal Site (Tuesdays and Thursdays) temporarily on hold due to COVID-19, Tai Chi, 3SquaresVT outreach, Case Management, Home Delivered Meals, SHIP, I&A Helpline, Several Restaurant Programs throughout the year, St. Peters Catholic Church is Age Well's Meals on Wheels Hub (M-F).

- Non-OAA Programs:** Age Well works closely with SASH coordinator in the building to provide educational programming, entertainment, and activities.
- Coordination:** Age Well works closely with the site staff to coordinate speakers, menus, and activities geared to meet the needs and interests of the meal site participants offering meal support through COVID-19 pandemic.
3. **Name of Focal Point:** Bridport Seniors (Addison County).
Address of Focal Point: Bridport, VT.
Key Staff: Phil Witteman President, Michelle Eastman Age Well.
Towns Served: Primary town served is Bridport but serves all of Addison County.
OAA Programs: Age Well provides Case Management, including 3SquaresVT outreach, SHIP, I and A services, Senior Companions and Friendly Visitor options and Home Delivered Meals.
 Age Well Presentations (3SquaresVTVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVTVT outreach, Senior Companions, Friendly Visitors, Tai Chi and Living Strong Classes in addition to 2 annual events with entertainment and meals and with additional meal supports offered due to COVID-19.
Non-OAA Programs: Local trips, music and entertainment with other programming.
Coordination: Age Well staff.
 4. **Name of Focal Point:** Champlain Senior Center and MOW HUB.
Address of Focal Point: 20 Allen Street, Burlington VT.
Key Staff: Candice Holbrook (Burlington Parks and Rec, Member of Age Well Advisory Council) and Sarah Carter, Senior Center Director.
Towns Served: Primary town served is Burlington but serve all of Chittenden County.
OAA Programs: Congregate Meal Site (Monday through Friday) temporarily on hold due to COVID-19,, New American Program (Wednesdays), Tai Chi, 3SquaresVT outreach, Case Management, Home Delivered Meals, SHIP, I&A Helpline, Several Restaurant Programs throughout the year, Multiple educational and Meal Events including entertainment promoted throughout the year.
Non-OAA Programs: Programming dependent on Burlington Parks, Recreation and Waterfront.
Coordination: Age Well works closely with the site staff to coordinate speakers, menus, and activities geared to meet the needs and interests of the meal site participants offering meal support through COVID-19 pandemic.
 5. **Name of Focal Point:** Heineberg Senior Center.
Address of Focal Point: 72 Heineberg Road, Burlington VT .
Key Staff: Beth Hammond (Executive Director) with supports from City of Burlington.
Towns Served: Primary town served is Burlington but serve all of Chittenden County.
OAA Programs: Congregate Meal Site (Tuesdays and Wednesdays) temporarily on hold due to COVID-19, Tai Chi, Case Management, Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities), Home Delivered Meals,

Several Restaurant Programs throughout the year including site distribution of Restaurant tickets for the Restaurant ticket program.

Non-OAA Programs: Activities prior to pandemic include: Blood Pressure Clinic, Bingo, Book Club, Bowling(Wii), bridge Club, Chair Massage, Cribbage, Month Coffee Hours, Coloring, Computer Support, Food Day, Foot Care Clinic, Jazzercise, Line Dancing, Mahjong, Scrabble, Songwriters group, Yoga.

Coordination: Age Well works closely with the site staff to support speakers, menus, and activities geared to meet the needs and interests of the meal site participants offering meal support through COVID-19 pandemic.

6. **Name of Focal Point:** St. Jude’s Church meal site and MOW hub location.
Address of Focal Point: 10759 VT-116, Hinesburg VT.
Key Staff: Ted Barret
Towns Served: Primary Towns Served are Hinesburg and St George but serve all of Chittenden County.
OAA Programs: Congregate Meal Site (Twice a month on Tuesdays) temporarily on hold due to COVID-19, Meals on Wheels Hub, Care Management, Home Delivered Meals, 3SquaresVT Outreach, Restaurant Program throughout the year.
Non-OAA Programs: Offer a variety of functions/entertainment for the Faith Community.
Coordination: Age Well works closely with the site volunteers to support speakers, menus to meet the needs and interests of the meal site participants offering meal support through COVID-19 pandemic.

7. **Name of Focal Point:** Winooski Senior Center and MOW Hub location and weekly Grab and Go meal distribution site due to COVID-19.
Address of Focal Point: 123 Barlow Street, Winooski VT.
Key Staff: Barbara Pitfido (Senior Programs Manager) with support from City of Winooski.
Towns Served: Primary town served Winooski but serve all of Chittenden County.
OAA Programs: Congregate Meal Site (Wednesdays and Fridays temporarily on hold due to COVID-19, Tai Chi (Mondays), New American Program including Tai Chi and Technology classes (Fridays), Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities), Meals on Wheels Hub, Case Management, Home Delivered Meals, New American targeted remote technology training in collaboration with Technology for Tomorrow.
Non-OAA Programs: Coffee Talk, Open House Time, Tech Buddies, Bingo.
Coordination: Age Well works closely with the site Director and staff to support and coordinate speakers, menus, and activities geared to meet the needs and interests of the meal site participants while providing fresh culturally appropriate meals for New American-Bhutanese participants weekly with multiple supports in place to provide meals and other resources to clients though the CVOID-19 Pandemic.

8. **Name of Focal Point:** Arrowhead Senior Center location (Groovy Lunch Bunch).
Address of Focal Point: 46 Middle Road, Milton VT and Mow Hub at Milton Town offices/Grange Hall.

Key Staff: Emily Boccio (Age Well Nutrition Coordinator) (802) 662- 5264, Gail Wixson Arrowhead Senior Center current president.

Towns Served: Primary town served Milton but serve all of Chittenden County.

OAA Programs: Congregate Meal Site (Wednesdays) temporarily on hold due to COVID-19, Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities), Meals on Wheels Hub is the Milton town office/Grange Hall, Case Management, Home Delivered Meals, Tai Chi through Milton Parks and Recreation.

Non-OAA Programs: Bingo, Country Music Jam Sessions, Guest Speakers, Fall Flea Market coordination. Age Well works closely with the site staff to coordinate speakers, menus, and activities geared to meet the needs and interests of the meal site participants. Due to COVID-19 exploring offering a Grab and Go meal option due to COVID-19 pandemic.

9. **Name of Focal point:** Essex Senior Center (Chittenden County) and St James Episcopal Church.

Address of Focal Point: 2 Lincoln Street Essex Junction, VT.

Key Staff: Nicole St Monte with support from Essex Junction and Town Parks and Recreation.

Town served: Primary towns served are Essex Junction and Essex Town but serve all of Chittenden County.

OAA Programs: Age Well offers Volunteer, SHIP, 3SQVT presentations at the Senior Center as requested. Multiple area restaurants partner with our nutrition program are located in the Essex Junction and Essex Town service area. Case Management, 3SquaresVT outreach, Friendly Visitors, Living Strong, and Medicare/Medicaid classes presented by SHIP at Age Well are all embedded throughout the community. Continued exploration for future collaboration. Age Well programming could expand beyond Home Delivered Meals hub location at St. James Episcopal Church and Tai Chi classes at the Essex Junction Parks and Recreation location to offer a congregate meal site.

Non-OAA programs: Due to COVID-19 programs are on hold at this center due to COVID-19 but often offer trips, entertainment, cards.

10. **Name of Focal Point:** Charlotte Senior Center (Chittenden County).

Address of Focal Point: 212 Ferry Road, Charlotte, VT.

Key Staff: Carolyn Kulik

Towns Served: Primary town served is Charlotte but serves all of Chittenden County.

OAA Programs: Age Well continues to provide Case Management, including 3SquaresVT outreach, SHIP, I and A services, Senior Companions and Friendly Visitor options and Home Delivered Meals.

Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Case Management, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors with additional meal supports offered due to COVID-19.

Non-OAA Programs: Online and in person educational and entertainment including cooking demonstrations, music and art classes.

- Coordination:** Age Well staff.
11. **Name of Focal Point:** Colchester Community Center (Chittenden County).
Address of Focal Point: 55 Mallett’s Bay Ave, Colchester, VT.
Key Staff: Michael Lapan with supports through Colchester Parks and Recreation
Towns Served: Primary town served is Colchester but serve all of Chittenden County.
OAA Programs: Annual Bayside Park Picnic with entertainment, Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities), Case Management, Home Delivered Meals, and multiple restaurants that partner with our nutrition program are located near this service area, 3SquaresVT outreach, Senior Companions, Friendly Visitors, Tai Chi through Colchester Parks and Recreation.
Non-OAA Programs: Dependent on Colchester Parks and Recreation programming with fitness classes offered.
Coordination: Age Well staff.

 12. **Name of Focal Point: Williston (Chittenden County)**
Address of Focal Point: Williston, VT.
Key Staff: Pat Long Age Well
Towns Served: Primary town served is Williston but serves all of Chittenden County.
OAA Programs: Age Well provides Case Management, including SHIP, I and A services, Senior Companions and Friendly Visitor options. Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors, Tai Chi in the community. In addition, Age Well works with the area restaurants to provide Restaurant ticket meals to older Vermonters. Age Well has established partnerships with both the Williston Federated Church and the Immaculate Heart of Mary Church along with the local SASH coordinators to offer periodic meal events. These events not only provide a safe social environment, entertainment, and education to Older Vermonters but help to build relationships in the community.
Non-OAA Programs: Site specific programming may include music, discussions and coffee hours.
Coordination: Age Well staff.

 13. **Name of Focal Point: Underhill (Chittenden County)**
Address of Focal Point: Underhill, VT.
Key Staff: Terry Gingras –St Thomas Church and Pat Long Age Well exploration: Grab and Go distribution site.
Towns Served: Primary town served is Underhill but serves all of Chittenden County.
OAA Programs: Age Well provides Case Management, including SHIP, I and A services, Senior Companions and Friendly Visitor options. Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors, Tai Chi in the community. In addition, Age Well works with the area restaurants to provide Restaurant ticket meals to older Vermonters.



- Age Well has collaborated with St Thomas Church in Underhill to establish a fully accessible congregate meal site with construction completed in late January 2020, currently offering a Grab and Go location. These events will not only provide a safe social environment, entertainment, and education to Older Vermonters but also help to build relationships in the community.
- Non-OAA Programs:** Determined by faith community needs and may include music, coffee hour, etc.
- Coordination:** Age Well staff.
14. **Name of Focal Point:** **Richmond**, Huntington, Bolton Senior Center without Walls. (Chittenden County)
Address of Focal Point: Richmond, VT.
Key Staff: Martha Nye and Pat Long Age Well
Towns Served: Primary town served is Richmond but serves all of Chittenden County.
OAA Programs: Age Well provides Case Management, including SHIP, I and A services, Senior Companions and Friendly Visitor options. Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors, Tai Chi in the community. In addition, Age Well works with the area restaurants to provide Restaurant ticket meals to older Vermonters.
Although temporarily on hold due to the COVID-19 pandemic, Age Well has collaborated with Our Lady of the Holy Rosary Church and the Richmond Congregational Church as a monthly meal site which and now the Holy Rosary Church functions as a Grab and Go distribution site and the Lucky Spot store as MOW Hub. These events will not only provide a safe social environment, entertainment, and education to Older Vermonters but also help to build relationships in the community.
Non-OAA Programs: Offer a variety of educational and fitness programming.
Coordination: Age Well staff.
15. **Name of Focal Point:** Richmond, **Huntington**, Bolton Senior Center without Walls. (Chittenden County).
Address of Focal Point: Huntington, VT.
Key Staff: Donna Lewis and Pat Long Age Well
Towns Served: Primary town served is Huntington but serves all of Chittenden County.
OAA Programs: Age Well provides Case Management, including SHIP, I and A services, Senior Companions and Friendly Visitor options. Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors, Tai Chi in the community. In addition, Age Well works with the area restaurants to provide Restaurant ticket meals to older Vermonters.
Although temporarily on hold due to the COVID-19 pandemic, Age Well has collaborated with the Community Church of Huntington a monthly meal site which is temporarily on hold due to the pandemic and now the Community Church of

- Huntington functions as an occasional Grab and Go distribution site and Beaudry's Store as MOW Hub. These events will not only provide a safe social environment, entertainment, and education to Older Vermonters but also help to build relationships in the community.
- Non-OAA Programs:** Offer a variety of educational and fitness programming.
Coordination: Age Well staff.
16. **Name of Focal Point:** Richmond, Huntington, **Bolton** Senior Center without Walls (**Chittenden County**).
Address of Focal Point: Fire Station Bolton, VT.
Key Staff: Doris Wheelock and Donna Lewis and Pat Long Age Well
Towns Served: Primary town served is Bolton but serves all of Chittenden County.
OAA Programs: Age Well provides Case Management, including SHIP, I and A services, Senior Companions and Friendly Visitor options. Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors, Tai Chi in the community. In addition, Age Well works with the area restaurants to provide Restaurant ticket meals to older Vermonters.
 Although temporarily on hold due to the COVID-19 pandemic, Age Well has collaborated with the Bolton Fire Station to function as a Grab and Go distribution site due to the Pandemic. These events will not only provide a safe social environment, education to Older Vermonters but also help to build relationships in the community.
Non-OAA Programs: Offer a variety of educational and fitness programming.
Coordination: Age Well staff.
17. **Name of Focal Point:** Shelburne (Chittenden County) and Aubuchon Hardware MOW HUB.
Address of Focal Point: Shelburne, VT.
Key Staff: Ann cousins Pat Long Age Well
Towns Served: Primary town served is Shelburne but serves all of Chittenden County.
OAA Programs: Age Well provides Case Management, including SHIP, I and A services, Senior Companions and Friendly Visitor options. Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors, Tai Chi in the community. In addition, Age Well works with the area restaurants to provide Restaurant ticket meals to older Vermonters.
 Although temporarily on hold due to the COVID-19 pandemic, Age Well has collaborated with St Catherine of Siena Church and the Shelburne Town offices along with the Wright House in conjunction with the local SASH coordinator to offer a variety of locations for meals which are temporarily on hold due to the pandemic and now St. Catherine of Siena Church of Shelburne functions as a Grab and Go distribution site. In addition, the Trinity Episcopal Church is interested in hosting intermittent social events, including a meal, entertainment, and educational opportunities these events will not only provide a safe social environment,



- entertainment, and education to Older Vermonters but also help to build relationships in the community.
- Non-OAA Programs:** Offer a variety of engaging activities including coffee hour, educational offerings and music.
- Coordination:** Age Well staff.
18. **Name of Focal Point:** Swanton School House Lunch at Schoolhouse Apartment Complex.
- Address of Focal Point:** 31 Church Road, Swanton VT and MOW Hub location
- Key Staff:** Emily Boccio (Age Well Nutrition Coordinator) (802) 662- 5264
- Towns Served:** Primary towns served are Swanton and Highgate but serve all of Franklin County.
- OAA Programs:** Congregate Meal Site (Tuesdays) temporarily on hold due to COVID-19, Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities), Meals on Wheels Hub, Case Management, Home Delivered Meals
- Non-OAA Programs:** None currently as building is being remodeled and space re-assigned.
- Coordination:** Age Well works closely with the SASH site staff to support and coordinate speakers, menus, and activities geared to meet the needs and interests of the meal site participants offering meal supports due to COVID-19.
19. **Name of Focal Point:** Fairfield Community/Senior Center (Franklin County).
- Address of Focal Point:** 124 School Street, E. Fairfield, VT.
- Key Staff:** Julie Wolcott and Kathryn Rosenberg
- Towns Served:** Primary town served is Fairfield but serve all of Franklin County.
- OAA Programs:** Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Case Management, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors with additional meal supports due to COVID-19.
- Non-OAA Programs:** Offer coffee hour, cards, music, and local food pantry.
- Coordination:** Age Well staff.
20. **Name of Focal Point:** Church of the Rock St. Albans, VT (Franklin County) MOW Hub.
- Address of Focal Point:** 1091 Fairfax Street St. Albans, VT.
- Key Staff:** Rachel Whiting-COTR administration Emily Boccio Age Well
- Towns Served:** Primary towns served are St Albans, Swanton and Fairfax but serves all of Franklin County.
- OAA Programs:** Bi-weekly meal site temporarily on hold due to COVID-19 pandemic. Age Well provides Case Management including SHIP, I and A services, Senior Companions and Friendly Visitor options. Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVt T outreach, Senior Companions, Friendly Visitors, Tai Chi in addition two annual meal events with education, entertainment held in collaboration with the Collins Perley Facility.
- Non-OAA Programs:** Faith Community determines educational offerings, support groups and coffee hour.

Coordination: Age Well staff.

Age Well continues to offer support to the staff at the Franklin County Senior Center and continues to provide information and educational opportunities for the community.

21. **Name of Focal Point:** The Dairy Center Enosburg Falls, VT.
Address of Focal Point: Enosburg Falls, VT.
Key Staff: Lise Gates, Emily Boccio Age Well
Towns Served: Primary towns served are Enosburg Falls, Sheldon, Highgate, Center Montgomery, Berkshire, Bakersfield, Franklin, Fairfax, E. Fairfield and Richford but all serves all of Franklin. County.
OAA Programs: The Dairy Center acts as the Enosburg location for the MOW hub, and Grab and Go meals distribution site also participating in the Everyone Eats Program other meals served daily in the socially distant, safe Congregate Restaurant program. Age Well provides Case Management, including SHIP, I and A services, Senior Companions and Friendly Visitor options. Age Well Presentations (3SquaresVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Home Delivered Meals, 3SquaresVT outreach, Senior Companions, Friendly Visitors, Tai Chi in the community. In addition, Age Well works with the Abbey Restaurant to provide special meal events, including education and entertainment, to older Vermonters.
Non-OAA Programs: None currently as space is a restaurant venue.
Coordination: Age Well staff.
22. **Name of Focal Point:** Islands in the Sun Senior Center Alburgh (Grand Isle County).
Address of Focal Point: Main St, (P.O. Box 595) Alburgh, VT.
Key Staff: Irene Clarke Senior Center Director.
Towns Served: Primary Town served is Alburgh but serve all of Grand Isle County.
OAA Programs: Age Well Presentations (3SquaresVTVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered, Case Management, Home Delivered Meals, 3SquaresVTVT outreach, Senior Companions, Friendly Visitors with additional meal supports offered due to COVID-19. Age Well's annual picnic at Sand Bar State Park included participants from all four counties served. Age Well's educational booth at the Grand Isle Farmers Market was well received and hope to repeat in upcoming seasons. Age Well participates in the Franklin/Grand Isle County Hunger Council Meetings and the Grand Isle Partnership Committee meetings, which both addresses hunger and Food insecurity in Grand Isle County.
Non-OAA Programs: Dependent on site staff. Bingo, coffee hour, local food pantry.
Coordination: Age Well staff.
23. **Name of Focal Point:** Blue Paddle Bistro MOW Hub South Hero (Grand Isle County) and Wally's Restaurant Ticket Program.
Address of Focal Point: 316 US-2 South Hero, VT.
Key Staff: co-owners Mandy Hotchkiss and Phoebe Bright.



Towns Served: Primary town served is South Hero but serves all of Grand Isle County.

OAA Programs: Age Well continues to provide Case Management, including 3SquaresVT outreach, SHIP, I and A services, Senior Companions and Friendly Visitor options and Home Delivered Meals to the entire Grand Isle county.

Age Well Presentations (3SquaresVTVT outreach, SHIP, Nutrition, and Volunteer Opportunities) offered in area, Case Management, Home Delivered Meals, 3SquaresVTVT outreach, Senior Companions, Friendly Visitors with additional meal supports offered due to COVID-19.

Non-OAA Programs: None currently as space is a restaurant venue.

Coordination: Age Well staff and restaurant staff.



Section D: Goals, Objectives, Strategies, Performance Measures

Goal #1

Title III: Community Planning and System Development

Goal/Outcome: Increased focus on reaching diverse older Vermonters, including BIPOC, LGBTQIA+ and New Americans. We will support outreach and engagement with existing and new community partners.

Program:

Community Planning and Systems Development.

Who does the program serve?

Age Well supports diverse older adult population, including the LGBTQIA+ Community, New Americans and Veterans.

What does the program do?

The marketing and communications team create content to promote programs and distributes information to raise awareness about services and resources available to older Vermonters, their caregivers and families.

Headline Performance Measure:

1. Number of new partners established with diverse/new groups.
2. Number of stories featured in media and advertising.
3. Number of outreach attempts and presentations to diverse/new community groups.

Story Behind the Baseline:

The 2020 Needs Assessment of Older Vermonters Age 60+ and their family Caregivers indicated that 84% of respondents identified as heterosexual, 1% identified as bisexual, 1% as gay, 2% as lesbian and 12% preferred not to answer. Additionally input from New Americans and other racial/ethnic groups yielded only .01% of the total number of survey respondents. This data shows that significant outreach is important and necessary.

What Works:

It is an integral part of the organization to connect with diverse and under-represented communities ensuring that older, diverse Vermonters are informed that Age Well offers resources to support them, their caregivers and families. The goal is to ensure they are actively engaged in the community. Age Well, leaders will participate in key community service group meetings focused on policy creation or modification to serve community members.

Age Well, as part of the V4A, actively engages with the V4A lobbying organization, Age Well will engage legislators to educate them about aging issues in diverse communities while participating in lobbying for the needs of all older Vermonters. We



aim to identify key Legislators to inform them of Age Well's programming and outreach strategies.

Partners:

New and existing community partners such as AARP, City Market, COVE, the Pride Center, LGBTQ Alliance of Vermont, Community Health Centers, City of Burlington Senior Provider's Group, HANDS, VT Elder Resource Group, and United Way. Vermont Legislators, Hunger-free Vermont, RISPNET, Rotaries, AALV, USCRI, AAA's, SASH, COVE, Senior and Community Centers, hospital and clinical partners, Universities, Veterans organizations and Media Outlets.

Action Plan:

We will strive to collaborate with community organizations serving diverse older Vermonters including, but not limited to, New Americans, BIPOC, LGBTQIA+ and other cultural groups.

We will attend meetings with existing and partners, and the community to support these efforts.

The Development, Communications and Marketing team will reinforce the importance of supporting diverse older adults on social media channels, blogs and all advertising and media by:

- 1) Highlighting diverse while telling authentic stories of how people live and thrive in the community and at home.
- 2) Generating marketing and Development content that reflects and supports diversity and inclusion. Using images of BIPOC, New Americans, Veterans and other cultural groups.

Age Well will continue to create opportunities with organizations and groups that serve diverse older Vermonters. We will collaborate by:

- 1) Distributing translated handouts targeted at diverse older Vermonters, their caregivers and their families.
- 2) Seeking marketing opportunities to share information that promote Age Well services and resources including access to healthy food and nutrition, health and wellness and community engagement opportunities.
- 3) Engaging with representatives and leaders to address the most pressing challenges of diverse, older Vermonters.
- 4) Delivering presentations to organizations that serve diverse older adults.

Age Well will continue to promote internal training for staff that includes diversity training.

- 1) Age Well will create a Diversity and Equity and Inclusion committee made up of Age Well staff and leaders. We will engage community partners and community members to support our ongoing education and program development.



Goal #2

Title III-B: Information and Assistance, Case Management Services, Legal Assistance, Access to Transportation, Outreach, Other

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

Program:

Case Management.

Who does the program serve?

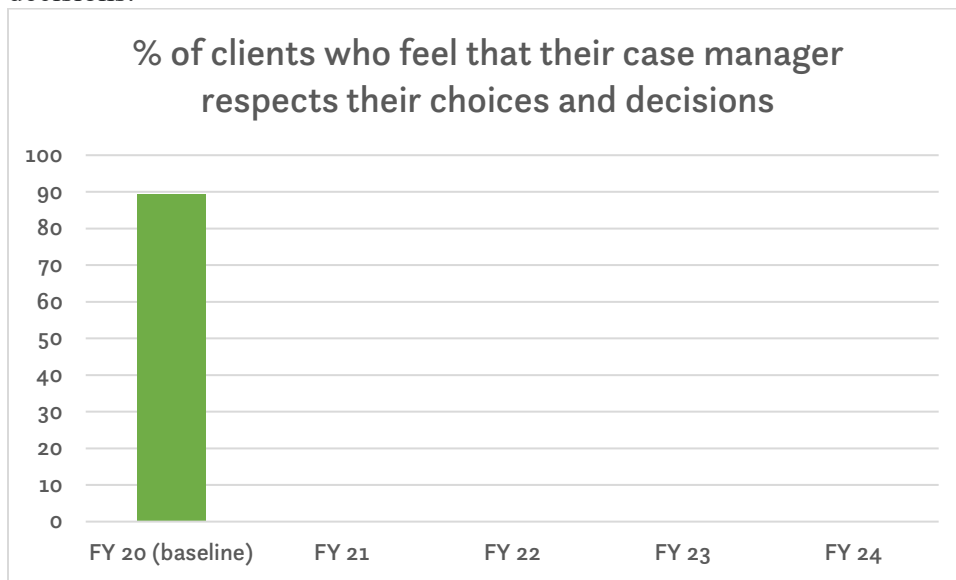
Older Vermonters with greatest economic need, older Vermonters with greatest social need, and older Vermonters at risk for institutional placement.

What does the program do?

A service provided to an older individual, at the direction of the older individual or a family member of the individual, to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the older individual.

Headline Performance Measure:

1. Percentage of individuals who report that their case manager respects their choices and decisions.



Story Behind the Baseline:

Age Well mails satisfaction surveys to all active case management clients twice annually. For the past 3 years, satisfaction surveys have included a question that reads “Do you feel that your case manager respects your choices and decisions?” In FY20, 89.4% of those surveyed responded “Almost all of the time” or “Always” to this question.



Age Well uses person-centered practices in the delivery of case management services and in January of 2019 implemented a person centered planning tool that is now used with all case management clients within their first three months of starting case management services. Because self-determination a key value of Age Well and the State of Vermont, all Area Agencies on Aging are in agreement that maintaining a high percentage of positive responses to this question are a meaningful measure to evaluate the strength of our person-centered practices.

What Works:

All new case managers receive training on the person-centered philosophy and person centered planning as part of the onboarding process. Seasoned case managers have many opportunities to enhance their understanding of person-centered practices through more advanced trainings such as Motivational Interviewing training, Self-Neglect and Self-Determination training, and others. Age Well's Training and Development Specialist is key in ensuring that these trainings are provided to all case management staff at Age Well.

Supervision and peer-support are also paramount in supporting case managers to practice person-centered case management. Age Well utilizes a team-based approach to case management, which helps to ensure that clients benefit from the expertise of many specialized staff regardless of who their assigned case manager may be. Peer support promotes person-centered practices by providing an opportunity for case managers to get feedback on challenging situations, benefit from the knowledge of their peers, and receive support to strengthen healthy boundaries with clients.

Age Well also partners with OneCare and utilizes the shared communication system, Care Navigator, to upload and share person-centered goals with the client's interagency care team. Use of this software is intended to ensure that all members of a client's care team are aware of the client's short and long-term goals and can assist in removing barriers that may challenge those goals.

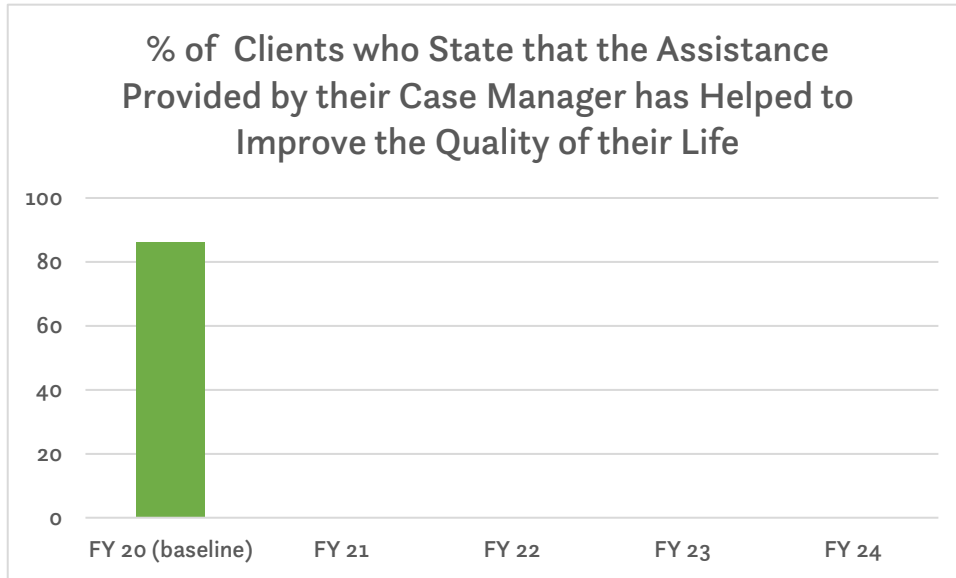
Partners: Age Well's Training and Development Specialist, Vermont Ethics Network, V4A, Boston University School of Social Work Center for Aging & Disability Education and Research (CADER), OneCare, SASH, Primary Care Offices

Action Plan:

- Continue to provide training on person centered practices and person centered planning during the onboarding of new case managers.
- Continue to offer the opportunity for seasoned case managers to complete Boston University's CADER certificates that enhance understanding of self-determination, decision-making, and person-centered practices.
- Increase the percentage of case managers trained in practices that support individual self-determination and decision making, such as Motivational Interviewing.
- Build the Person Centered Planning Tool into Age Well's shared case management documentation system to better ensure that plans are completed and renewed according to agency standards.
- Continue to expand use of the Care Navigator software to ensure that all members of a client's care team are aware of the client's specific goals.

Headline Performance Measure:

2. Percentage of individuals who report that the assistance provided by their case manager helped to improve their quality of life.



Story Behind the Baseline:

Age Well mails satisfaction surveys to all active case management clients twice annually. For the past three years, satisfaction surveys have included a question that reads “Has the assistance provided by your case manager helped to improve your quality of life?” In FY20, 86.3% of case management clients responded affirmatively to this question.

What Works:

Age Well utilizes a team-based approach for Care and Service Coordination services. Teams of Care and Service Coordinators, Community Health Workers, and Options Counselors meet weekly by county. The entire Care and Service Coordination team, including State Health Insurance Program Counselors, Information and Assistance Counselors, and the Caregiver Support Specialist, also meet for a brief weekly huddle. Both of these team meetings offer opportunities for the team to share resources and updates and receive peer and supervisor feedback on cases. This model ensures that staff in any position can benefit from the expertise of others and utilize this experience to connect clients to available resources to help them improve their quality of life.

Age Well also ensures that staff are adequately trained in understanding a variety of resources that help meet older Vermonters’ unmet needs and helps them to improve their quality of life. Age Well utilizes a Person Centered Planning tool which helps to facilitate conversations about individual short and long term goals. Through person centered case management, case managers help clients to meet their goals and age in the setting of their choice.



Partners: Age Well works closely with area hospitals, SASH, Nutrition Services, Volunteer Services, Housing, Home Health Agencies, Bayada, Adult Day Programs, 3 Squares, and Designated Mental Health Agencies.

Action Plan:

- Coordinate care with community partners to prevent duplication of services and to maximize care coordination to better meet the needs of the clients we serve.
- Continue to utilize a team-based model.
- Continue to offer Specialized Care and Service Coordination to meet the needs of older adults with complex needs.
- Continue to monitor and report out on impacts of caregiver shortages while advocating for short and long term solutions for the Choices for Care and Moderate Needs programs.
- Continue using the Person Centered Planning tool to help clients identify and reach their short and long term goals.

Headline Performance Measure:

3. Number of clients assisted by Age Well’s case management program to apply for or transition onto a care program such as Choices for Care, Moderate Needs, or the Veteran Directed Care Program.

Story Behind the Curve:

Throughout the period of this area plan, Age Well will seek to increase the number of individuals assisted to transition onto or apply for a care program. Care services provided in the home improve the wellbeing and quality of life of older Vermonters. Age Well will seek to improve screening practices, partnerships, and outreach in order to improve access to care programs.

What Works:

Programs that provide access to care services help older Vermonters to age in the setting of their choice. Age Well’s entire Care and Service Coordination team, including Care and Service Coordinators, Specialized Care and Service Coordinators, Options Counselors, State Health Insurance Counselors, Community Health Workers, Information and Assistance Coordinators and the Caregiver Support Specialist receive training about care program benefits and eligibility. Ensuring that the entire Care and Service Coordination team is trained in at least basic program eligibility allows for older Vermonters to be screened for these services regardless of the services that they receive.

Age Well has developed specialized roles, such as the Veteran Directed Care (VDC) Program Lead, Community Health Worker Team Lead, and Specialized Care and Service Coordinators that have advanced training in particular areas. These specialized roles are able to both provide clients with complex situations navigate program eligibility and provide case consultation to other members of the Care and Service Coordination Team. Our experience has shown that the development of these roles has increased the quality of services for all clients and in many cases, has increased their access to programs. For example, within the first four months of developing



the VDC Program Lead position and changing to a hub and spoke model, statewide participation in the VDC program increased by 60%. Age Well has also seen an increase in assistance provided to older Vermonters to access the 3SquaresVT program since developing the Community Health Worker Team Lead position.

Partners: DAIL, UVM Home Health and Hospice, Addison County Home Health and Hospice, Franklin County Home Health, Department of Veterans Affairs, ARIS Solutions, local personal care agencies, V4A

Action Plan:

- Coordinate care with community partners to prevent duplication of services and to maximize care coordination to better meet the needs of the clients we serve.
- Continue to utilize a team-based model.
- Continue to offer Specialized Care and Service Coordination to meet the needs of older adults with complex needs.
- Continue to monitor and report out on impacts of caregiver shortages while advocating for short and long term solutions for the Choices for Care and Moderate Needs programs.
- Continue using the Person Centered Planning tool to help clients identify and reach their short and long term goals.

Goal #3

Title III-B: Information and Assistance, Case Management Services, Legal Assistance, Access to Transportation, Outreach, Other

Goal/Outcome: 80% or higher of older Vermonters receiving case management services report satisfied or highly satisfied with services.

Program:

Case Management.

Who does the program serve?

Older Vermonters with greatest economic need, older Vermonters with greatest social need, and older Vermonters at risk for institutional placement.

What does the program do?

A service provided to an older individual, at the direction of the older individual or a family member of the individual, to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the older individual.

Headline Performance Measure:

1. Percentage of individuals reporting that they are satisfied or highly satisfied with their case management services.

Story Behind the Baseline:



Age Well mails satisfaction surveys to all active case management clients twice annually. These surveys ask several questions designed to measure client satisfaction with case management services. Questions in the current survey designed to assess satisfaction include:

- How would you describe the quality of your case manager's work?
- Do you feel that your case manager listens to you and understands your needs?
- Do you feel your case manager respects your choices and decisions?
- Do you feel that the assistance provided by your case manager has helped you to remain in your home?
- Has the assistance provided by your case manager helped to improve your quality of life?

In partnership with the other four Area Agencies on Aging, Age Well will work to determine whether overall program satisfaction should be assessed using a combination of the existing satisfaction survey questions or whether a new survey question should be designed to more directly ask about satisfaction with case management services.

What Works:

Age Well recognizes that many factors influence client satisfaction with case management services. Based on client feedback, we know that some of these factors include:

- Feeling heard and understood by their case manager.
- Feeling that their choices and decisions are honored.
- Receiving timely follow up from their case manager.
- Receiving assistance that helps them identify and meet their unmet needs.
- Feeling that their case manager is knowledgeable about program resources and seeks out information when a resource is unknown.

Age Well promotes high quality case management services by providing case managers with robust training on resources, benefit program eligibility, and person-centered practices. Age Well recognizes supervision, peer support, and ongoing education as factors that promote quality service delivery. Age Well also uses a team based model for Care and Service Coordination services, which ensures that clients have access to the expertise of all on the team, regardless of who their assigned case manager may be. Utilizing a team-based model also promotes peer-support for challenging situations, leading to more effective case management.

Partners: V4A, Senior Solutions, Northeast Kingdom Council on Aging, Central Vermont Council on Aging, Southwestern Vermont Council on Aging, Age Well's Training and Development Specialist.

Action Plan:

- Prior to Area Plan implementation, work with statewide Case Management Directors and Supervisors to define a consistent method for measuring client satisfaction.
- Continue to utilize a team-based model.
- Continue to offer Specialized Care and Service Coordination.

- Evaluate opportunities to enhance the quality of services provided through additional training or additional levels of program certification, such as NCQA (National Committee for Quality Assurance) Certification.
- Continue to promote ongoing education that improves case managers' knowledge of person-centered practices and resources, including trainings offered by BU's CADER program, V4A, KnowledgeWave, and OneCare.

Goal #4

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

Goal: Strengthen Core Older Americans Act Services that Support Older Vermonters at Greatest Economic and Social Need

Objective: Nutrition Counseling will be offered and made available to 100% of OAA NSP participants who have a nutrition risk score of 6+.

Program:

Home Delivered Meals (HDM), Congregate Meals, Nutrition Counseling.

Who does the program serve?

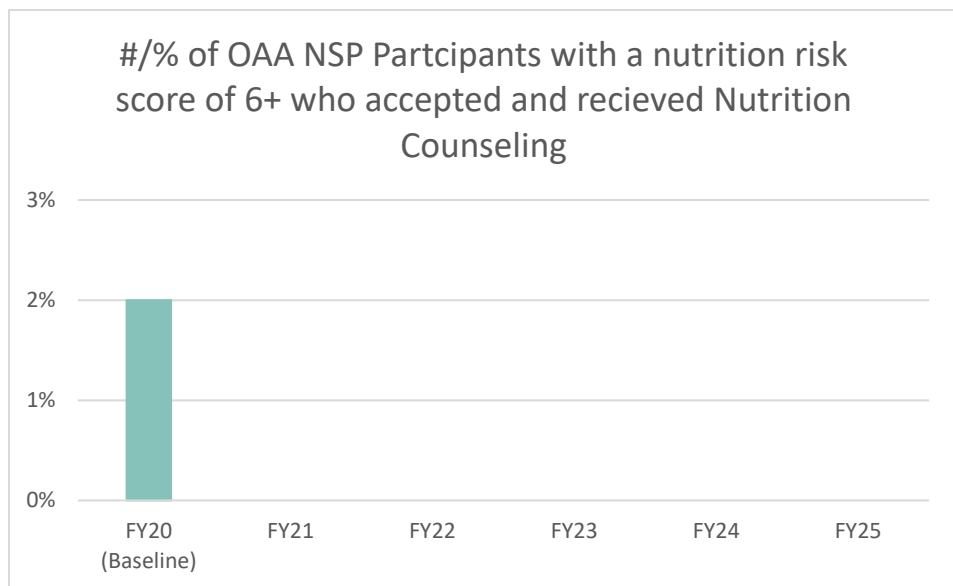
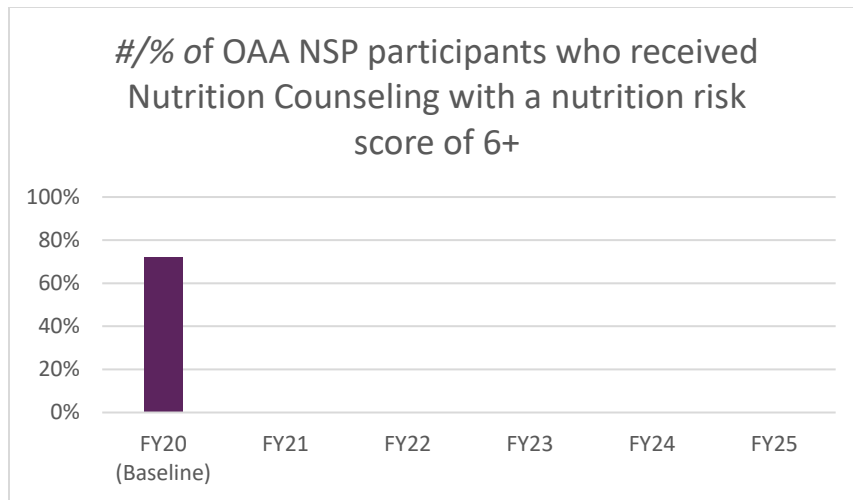
All Older Vermonters that participate in Age Well programming.

What does the program do?

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

Headline Performance Measure:

1. Number and percentage of OAA NSP participants with a nutrition risk score of 6+ who are referred to nutrition counseling and set a measurable goal.



Story Behind the Curve:

Age Well has collected and analyzed client data regarding Nutrition or Malnutrition Risk since 2018 when we moved to the ServTracker Database platform. Age Well has seen a consistent increase in the number of clients and the percentage of clients receiving Meals on Wheels who score a 6 or higher on the Nutrition Risk Assessment (NRA) tool.

Many isolated older Vermonters' nutritional statuses are often compromised due to poor access to healthy foods, balanced meals, and chronic health problems.

Age Well is continuously improving data quality, which gives us the ability to better understand our service areas. All Meals on Wheels clients are assessed annually for eligibility and malnutrition risk. In FY 20, 72% of clients that received nutrition counseling (21 individuals out of a total of 29) scored a 6 or higher on the NRA tool, with 55% (or 22 out of 40) in FY 19. The COVID-19 pandemic led to an easement of OAA eligibility restrictions, allowing additional older Vermonters access to the Meals on Wheels program and may have led to a slight decrease



in those who scored a 6 or more. A total of 70% or 1199 individuals out of the total 1698 individuals served HDM scored a 6 or higher on the NRA in FY 20. Note: 15 individuals refused to complete the NRA assessment. Another 173 VCIL clients were served in FY 20. Therefore, 21 clients or 2% of the clients that scored a 6 or higher on the NRA were provided nutrition counseling.

Age Well has completed an initial Prioritization Score or Food Insecurity screen on 100% of HDM clients, including an annual reassessment of existing clients. This prioritization score indicates that in FY 20, 52% of those clients screened fell in the highest risk for hunger and food insecurity. Another 17% scoring in the mid-range for hunger or food insecurity. 95% responded to Age Well's annual Meals on Wheels Satisfaction survey, indicating that receiving Meals on Wheels has positively affected whether or not they run out of food each month. Age Well plans to continuously evaluate data trends to determine if food insecurity risk is changed once a client begins meal service.

Nutrition Counseling provided by a Registered Dietitian (RD) is offered routinely to all (100%) HDM clients scoring a 6 or higher on the NRA tool. It has been helpful for clients to work with the RD to establish a clear set of goals to support a plan of care to create successful management of their Chronic Health conditions or to identify supports and resources available to them such as the 3Squares VT program or ways to access the local food shelf. Through these sessions, the client will often identify with the assistance of the RD, simple and achievable solutions to help them better manage their health.

Other clients do not wish to move forward with this option.

What Works:

One HDM served seven days a week is helpful to manage Nutritional status for Older Vermonters but does not meet 100% of our clients' nutritional needs. Clients need to explore simple meals and snacks that can contribute to and complement their HDM intake to meet their total nutritional needs. By offering and providing access to Nutrition Counseling, Age well is able to better support clients in managing nutritional and health needs.

Partners:

Age Well works with a Registered Dietitian to provide Nutrition Counseling to clients that score a 6 or higher on the Nutrition Risk Assessment tool or those that request additional information to help them manage a chronic health condition through diet. Referrals may be self-initiated or be initiated by Age Well staff, healthcare provider, or family member.

Action Plan:

- This RD works closely with the Director of Nutrition and Wellness and staff to provide individualized guidance to individuals or caregivers who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use. Each Counseling session provides one-on-one customized instruction that addresses the options and methods for improving nutrition status with an achievable and measurable goal clearly defined.

- Continue to gather data by collecting and documenting all demographic and health-related information—annual assessment and data collection monitoring to ensure that all data is handled correctly. Staff is re-trained annually to ask the NRA tool questions not to lead the client in any way and that the score is indicative of the client's lifestyle.
- If a client scores a 6 or more on the NRA tool, the client will be informed that Nutrition Counseling is available to them at no cost, and the referral can be initiated at the time of discussion by the Age Well staff person in the Penelope database. As the client feels more comfortable with Age Well Staff the service of Nutrition counseling can be offered again as a meaningful tool to assist client in managing their Nutrition issue. By definition, individualized goal setting is part of the Nutrition Counseling process offered by the Registered Dietitian.
- If a client scores a 6 or more on the NRA tool, the client will be informed that Nutrition Counseling is available to them at no cost, and the referral can be initiated at the time of discussion by the Age Well staff person in the Penelope database.
- A client would then be contacted by RD to schedule a time to meet either in person (if safe and allowable) or virtually or by phone for a Nutrition counseling session or sessions.
- RD will assess a client and create a measurable goal that is achievable to assist the client in managing their nutritional concerns.
- Each home-delivered meal meets a third of the DRI for people over the Age of 60 with the option of eight (8) different therapeutic meals and a customized delivery schedule.

Goal #5

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

Goal: Therapeutic meals will be available to 100% of OAA NSP Meals on Wheels participants

Objective: Receiving a therapeutic meal through the Age Well HDM program helped them manage their chronic disease or condition (medical diagnosis, symptoms, allergies, medication management and side effects).

Program:

Home Delivered Meals (HDM).

Who does the program serve?

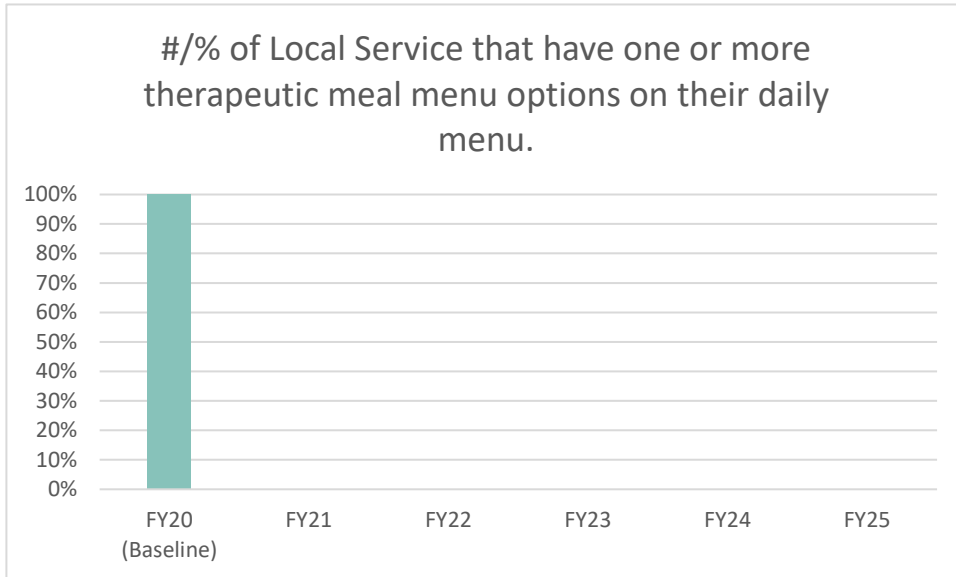
All Older Vermonters that participate in Age Well Home Delivered Meals Program.

What does the program do?

Therapeutic meals, are defined as meals that reflect appropriate dietary therapy based on evidence-based practice guidelines. Diet/meals are to address a medical diagnosis, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes.

Headline Performance Measure:

1. Number and percentage of Local Service Providers in the AAA service area that have one or more therapeutic meal menu options on their daily menu.



Story Behind the Curve:

The nutritional status of many isolated older Vermonters is often compromised due to poor or intermittent access to healthy foods, balanced meals, and chronic health problems. Age Well has made changes to the nutrition program and transformed the home-delivered meals system to



include therapeutic diets specifically tailored to help clients manage specific chronic health conditions. This has been exacerbated by the isolation related to the COVID-19 pandemic.

These meals are provided through a single vendor, TRIO Community Meals. Age Well offers all (100%) clients in the four county service area access to the following: Heart Healthy Diet (Regular Diet), Diabetic Friendly Diet, Renal Friendly Diet, Vegetarian (Lacto-OV), Gluten-Free Diet, Lactose-Free Diet, and two texture modifications: Mechanical soft or fork-tender and pureed. In addition, Age Well is able to provide diets customized to meet individual allergy concerns.

According to the Meals on Wheels Satisfaction survey results for FY 20, Age Well clients indicated that 73% of those surveyed (323 out of 474 total respondents) replied that they were able to manage their health conditions as a result of receiving HDM. Another 77% stated that receiving HDM helped to improve their health, with 80% noting that receiving HDM makes them feel better.

What Works:

Age Well moved to a single-vendor model in 2018 with TRIO Community Meals of Rutland to provide HDM for clients in each of the four-counties served. Age Well provides the following meal options: Regular/Heart Healthy, Diabetic Friendly, Renal Friendly, Lactose-Free, Gluten-Free, Vegetarian (Lacto-Ovo), Mechanical Soft and Puree meals, and any combination thereof to assist clients in managing their chronic health conditions and food allergies.

Partners:

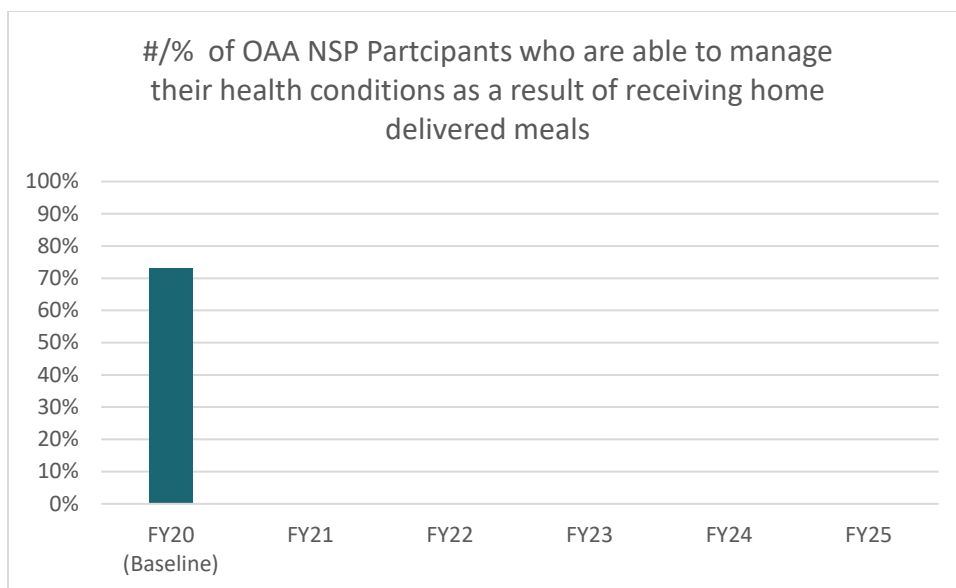
Age Well works closely with TRIO to provide therapeutic meals to all of the existing Service Area.

Action Plan:

- Continue to gather valuable data through mailed Meals on Wheels satisfaction surveys to measure the impact of the meal delivery model and meal options, including the impact of therapeutic meals on managing chronic disease, and to gather client comments on the program.
- Age Well has continued to explore opportunities for additional funding to increase HDM service options, including consideration of a Vegan option or a second meal option to support clients managing specific chronic health conditions.

Headline Performance Measure:

2. Number and Percentage of OAA NSP participants who receive a therapeutic meal(s) who self-report that the meal(s) provided by the LSP helped them manage their chronic disease or condition (medical diagnosis, symptoms, allergies, medication management, and side effects).



Story Behind the Curve:

The nutritional status of many isolated older Vermonters is often compromised due to poor or intermittent access to healthy foods, balanced meals, and chronic health problems. Age Well has made changes to the nutrition program and transformed the home-delivered meals system to include therapeutic diets specifically tailored to help clients manage specific chronic health conditions. This has been exacerbated by the isolation related to the COVID-19 pandemic.

These meals are provided through a single vendor, TRIO. Age Well offers all (100%) clients in the four county service area access to the following: Heart Healthy Diet (Regular Diet), Diabetic Friendly Diet, Renal Friendly Diet, Vegetarian (Lacto-Ovo), Gluten-Free Diet, Lactose-Free Diet, and two texture modifications: Mechanical soft or fork-tender and pureed. In addition, Age Well is able to provide diets customized to meet individual allergy concerns.

According to the Meals on Wheels Satisfaction survey results for FY 20, Age Well clients indicated that 73% of those surveyed (323 out of 474 total respondents) replied that they were able to manage their health conditions as a result of receiving HDM. Another 77% stated that receiving HDM helped to improve their health, with 80% noting that receiving HDM makes them feel better.

What Works:

Age Well moved to a single-vendor model in 2018 with Trio Food Service of Rutland to provide HDM for clients in each of the four-counties served. Age Well provides the following meal options: Regular/Heart Healthy, Diabetic Friendly, Renal Friendly, Lactose-Free, Gluten-Free, Vegetarian (Lacto-Ovo), Mechanical Soft and Puree meals, and any combination thereof to assist clients in managing their chronic health conditions and food allergies.

Partners:

Age Well works closely with Trio Food Service to provide therapeutic meals to all of the existing Service Area.



Action Plan:

- Continue to gather valuable data through mailed Meals on Wheels satisfaction surveys to measure the impact of the meal delivery model and meal options, including the impact of therapeutic meals on managing chronic disease, and to gather client comments on the program.
- Age Well has continued to explore opportunities for additional funding to increase HDM service options, including consideration of a Vegan option or a second meal option to support clients managing specific chronic health conditions.

Goal #6

Title III-D: Health Promotion and Disease Prevention

Goal: Strengthen core Older Americans Act Health Promotion that support older Vermonters at greatest economic and social need.

Program:

Health Promotion and Disease Prevention

Who does the program serve?

Health Promotion programs serve older Vermonters that desire to improve their personal health by participating in evidenced based programming that will support participants in creating sustainable behavior change. Falls risk screening occurs at multiple points when Age Well Staff engages with clients.

What does the program do?

Age Well offers a variety of Health Promotion programs such as Tai Chi for Balance, Eat Smart, Move More, Weigh Less, A Matter of Balance, HomeMeds and Powerful Tools for Caregivers that focus on specific behavior modifications and personalized goal setting to improve one's overall health outcome.

Headline Performance Measure:

1. Number and Percentage of OAA Health Promotion Program participants that participate and complete a program and set a measurable goal. Age well will measure the number of clients that set a measurable goal compared to the total number of clients that participate annually in Health Promotion programming.

Story Behind the Curve:

Age Well has developed a suite of Health Promotion programs to encourage positive health changes and ultimately promote improved health outcomes in Older Vermonters in our 4 county service area. Previously the Tai chi participation rate had been on a steady increase however due to the pandemic it had abruptly changed. We will begin to track participant numbers by program and trend increases or decreases in participation rates.

What Works:



By coordinating a data collection effort, in conjunction with a robust promotional plan using social media platforms, Age Well E-newsletter and flyer distribution, Age Well will begin to show a steady increase of participants who complete the programs of at least a 5% increase over the first year and each year subsequently. We will re-evaluate our targets in Years 2 and 3.

Partners: Age Well will continue to work with Community Partners such as SASH, local Senior Centers and Meal sites, healthcare providers and volunteers and supporters.

Action plan:

- Promote ongoing programs monthly and highlight quotes from past participants encouraging others to join in to programs.

Headline Performance Measure:

2. Number and Percentage of individual health promotion programs supported by Age Well through OAA.

Story Behind the Curve:

Age Well has developed a suite of Health Promotion programs to encourage positive health changes and ultimately promote improved health outcomes in Older Vermonters in our four county service area. Previously the Tai chi participation rate had been on a steady increase however due to the pandemic it had abruptly changed. We will begin to track participant numbers by program and trend increases or decreases in participation rates.

What Works:

By coordinating a data collection effort, in conjunction with a robust promotional plan using social media platforms, Age Well E-newsletter and flyer distribution, Age Well will begin to show a steady increase of at least a 5% over the first year and each year subsequently. We will re-evaluate our targets in Years 2 and 3.

Partners: Age Well will continue to work with Community Partners such as SASH, local Senior Centers and Meal sites, healthcare providers and volunteers and supporters.

Action plan:

- Promote ongoing programs monthly and highlight quotes from past participants encouraging others to join in to programs.

Goal #7

Title III-E: National Family Caregiver Support Program

Goal/Outcome: Increase availability and improve access to caregiver counseling services.

Program: National Family Caregiver Support Program

Who does the program serve? Caregivers providing care to older Vermonters.

What does the program do?



The Caregiver Support Program develops, administers, and coordinates programs and resources for caregivers.

Headline Performance Measure:

1. Number and percentage of caregivers who are at risk of stress and burden who are offered counseling.

Story Behind the Baseline:

At the point of intake for caregiver support services, Age Well’s Caregiver Support Specialist conducts a person-centered assessment with the caregiver to assess risk for stress and burnout and to establish the services that a caregiver is already connected to or may be interested in. Caregivers may be referred to counseling at the point of intake or at any point during the course of caregiver support as needed. Referrals to mental health counseling are documented in the case notes but are not currently tracked in a reportable format, so calculating a baseline for this performance measure is not currently possible.

In order to ensure that caregivers who are at risk of stress and burden have access to counseling services, the Area Agencies on Aging will work together, in partnership with DAIL, to define and implement a system for quantifying risk for stress and burden and tracking referrals to mental health counseling.

Over the next three years, Age Well will seek to ensure that caregivers have access to mental health counseling when needed by surveying and compiling the currently available resources, tracking and analyzing barriers that caregivers face when trying to access counseling, and working with partners to increase resources and reduce barriers.

What Works:

Age Well’s caregiver support specialist offers one-on-one support to informal caregivers to assess their unmet needs, provide options about resources for support, and coordinate services and referrals that help them cope with the challenges of caregiving and provide safe and effective care to their loved ones. The Caregiver Support Specialist works with caregivers through a person-centered process to identify their individual needs.

Partners: V4A, DAIL, Alzheimer’s association, Counseling Services of Addison County, Northwestern Counseling and Support Services, and The Howard Center.

Action Plan:

- In year one, Age Well will work in collaboration with DAIL and the other Area Agencies on Aging to develop and implement a uniform assessment tool for assessing risk of stress and burden.
- Age Well’s Caregiver Support Specialist, in collaboration with the Director of Care and Service Coordination and Age Well’s Information and Assistance program, will work with the three Designated Mental Health Agencies in our Service Area to understand the scope of counseling services that are available to and appropriate for caregivers.



- Age Well will leverage the data collection and reporting capabilities of its care coordination documentation system, Athena Penelope, to better understand the barriers to accessing counseling that caregivers face.

Headline Performance Measure:

2. Number of activities provided to the public that contain information on counseling resources available to caregivers in Age Well’s service area.

Story Behind the Baseline:

Age Well currently provides resource information to caregivers through its website, social media posts, and in-person or virtual presentations about Age Well’s services. However, Age Well, in collaboration with the four other Area Agencies on Aging, have identified an opportunity to increase public awareness of caregiver counseling resources statewide. Over the term of this area plan, Age Well will work to collect baseline data and plan to increase the amount of information provided to caregivers about counseling resources.



What Works:

The marketing and communications team create content to promote programs and distributes information to raise awareness about services and resources available to older Vermonters, their caregivers and families.

Partners: Age Well's Development and Marketing Team, Howard Center Mental Health Services, Northwestern Counseling and Support Services, and Counseling Services of Addison County

Action Plan:

- Age Well's Caregiver Support Specialist, in collaboration with the Director of Care and Service Coordination and Age Well's Information and Assistance program, will work with the three Designated Mental Health Agencies in our Service Area to understand the scope of counseling services that are available to and appropriate for caregivers.
- Age Well will work with available service providers to create informational posts in social media and printed materials.
- Age Well's Caregiver Support Specialist will host presentations and classes providing information about counseling services available to caregivers
- Age Well will promote services available to caregivers through presentations and community partnership meetings.

Goal #8

Title III-E: National Family Caregiver Support Program

Goal/Outcome: Increase available respite volunteer supports for caregiving families by 3x within 3 years.

Program: National Family Caregiver Support Program and Age Well's Volunteer Services Program

Who does the program serve? Caregivers providing care to older Vermonters.

What does the program do?

The Caregiver Support Program develops, administers, and coordinates programs and resources for caregivers.

Objective: Expand our capacity to at least 45 Respite Volunteers ("Respite Squad") across Age Well's service area who are trained and supported to provide respite to caregiving families.

Headline Performance Measure:

1. Number of volunteers participating in Respite Volunteer training.



Story Behind the Baseline:

Family Caregivers risk their financial wellbeing, physical and mental health, and interpersonal relationships by taking on the role of caregiver. Caregiver burnout is prevalent and affects the health outcomes of both the caregiver and the care recipient.

What Works:

Age Well's Volunteer and Caregiver Support programs have developed a four week Respite Volunteer Training which prepares volunteers to provide high quality, reliable respite services for caregiving families. Respite Volunteers are carefully matched and supported by Volunteer Program staff to maximize the longevity of the respite relationship. Respite Volunteers support the independence and social connectedness of caregiving families, are trained to look for signs of caregiver burnout, and help families to reduce or delay nursing home placements for their loved ones. A vital bridge for families who might not yet be eligible for high/highest acuity based programs, Respite Volunteers also keep families connected to Age Well through the Volunteer Program staff who can refer them to other services as a family's circumstances evolve.

Partners: This is a collaborative effort between Age Well's Caregiver Support and Volunteer Program. These two programs currently collaborate to offer Powerful Tools for Caregivers and to match Respite Squad volunteers with families served by Age Well.

Action Plan:

- Age Well's volunteer program will recruit an additional 30 volunteers who will participate in the training and then be matched to support family caregivers in all 4 counties that we serve. Our goal is to have 85% of all Respite trained volunteers matched annually.

Headline Performance Measure:

2. Percentage of respite trained volunteers matched with caregiving families.

Story Behind the Baseline:

Family Caregivers risk their financial wellbeing, physical and mental health, and interpersonal relationships by taking on the role of caregiver. Caregiver burnout is prevalent and affects the health outcomes of both the caregiver and the care recipient.

What Works:

Age Well's Volunteer and Caregiver Support programs have developed a four week Respite Volunteer Training which prepares volunteers to provide high quality, reliable respite services for caregiving families. Respite Volunteers are carefully matched and supported by Volunteer Program staff to maximize the longevity of the respite relationship. Respite Volunteers support the independence and social connectedness of caregiving families, are trained to look for signs of caregiver burnout, and help families to reduce or delay nursing home placements for their loved ones. A vital bridge for families who might not yet be eligible for high/highest acuity based programs, Respite Volunteers also keep families connected to Age Well through the Volunteer Program staff who can refer them to other services as a family's circumstances evolve.



Partners: This is a collaborative effort between Age Well’s Caregiver Support and Volunteer Program. These two programs currently collaborate to offer Powerful Tools for Caregivers and to match Respite Squad volunteers with families served by Age Well.

Action Plan:

- Age Well’s volunteer program will recruit an additional 30 volunteers who will participate in the training and then be matched to support family caregivers in all 4 counties that we serve. Our goal is to have 85% of all Respite Squad trained volunteers matched annually.

Goal #9

Title VII: Prevention of Elder Abuse, Neglect, and Exploitation

Goal/Outcome: To increase awareness and knowledge of best practices for identifying, preventing, and responding to abuse, neglect, exploitation, and self-neglect among Age Well employees, clients, caregivers, and community partners.

Program: Prevention of Elder Abuse, Neglect and Exploitation

Who does the program serve? The program serves vulnerable adults over 60 years of age.

What does the program do?

The program helps to increase awareness of abuse, neglect, exploitation, and self-neglect of vulnerable adults. By increasing awareness and providing information about resources, we aim to educate vulnerable adults and their supports about the prevention of exploitation and resources to contact if abuse, neglect, or exploitation is suspected. The program also provides education to help our staff and community partners identify signs of abuse and neglect. Recognizing that there are several departments within Age Well with staff or volunteers who visit clients in their home or in the community, we seek to increase educational opportunities about abuse, neglect, exploitation, and self-neglect for staff and volunteers in the Care and Service Department, Volunteer, Department, and Nutrition Departments. Research tells us that to be effective; information must be distributed in several different forms to make an impact.

Headline Performance Measure:

1. Number of posts written to increase public awareness and knowledge of abuse, neglect, exploitation, and self-neglect featured in blogs, media, paid, and earned advertising

Story Behind the Baseline:

In FY '20 Age Well developed a self-neglect public awareness campaign with the Vermont Association of Area Agencies on Aging to develop statewide materials to increase awareness of self-neglect. The campaign resulted in significantly increased self-neglect referrals.

What Works:

Public awareness including media stories, social media stories and blogs directly and significantly increase the number of self-neglect referrals.



Partners: Adult Day Programs, Adult Protective Services, Vermont Association of Area Agencies on Aging, Social Work/Case Management Teams at University of Vermont Medical Center, Northwestern Medical Center, Porter Hospital, Primary Care Practices, Local Law Enforcement Agencies, Project Vision of Addison County, Designated Mental Health Agencies, Home Health Agencies, Bayada, SASH, Housing/Transportation Providers, Specialists and Primary Care Providers and the Office of the Vermont Attorney General.

Action Plan:

- Age Well will increase educational opportunities for staff and volunteers to increase awareness and resources available.
- Continue to seek opportunities to promote self-neglect public awareness campaigns.
- Create guest ‘blogs’ with community partners to share information and educational resources.
- Continue to seek opportunities to promote elder abuse awareness campaigns.

Headline Performance Measure:

2. Number of in-person or virtual presentations that increase awareness of abuse, neglect, exploitation, and self-neglect.

Story Behind the Baseline:

Connecting and collaborating with community partners by providing educational training about abuse, neglect, exploitation, and self-neglect help reduce stigma and guide vulnerable adults and their supports to appropriate resources for assistance.

What Works:

Ongoing outreach and public education about abuse, neglect, exploitation, and self-neglect help to raise community awareness, reduce stigma and provide resources to guide vulnerable adults with resources for assistance.

Partners: Adult Day Programs, Adult Protective Services, Vermont Association of Area Agencies on Aging, Social Work/Case Management Teams at University of Vermont Medical Center, Chambers of Commerce, Hunger-free Vermont, Northwestern Medical Center, Porter Hospital, Primary Care Practices, Local Law Enforcement Agencies, Project Vision of Addison County, Designated Mental Health Agencies, Home Health Agencies, Bayada, SASH, Housing/Transportation Providers, Specialists and Primary Care Providers, Office of the Vermont Attorney General, Community Health Centers, City of Burlington Senior Provider’s Group, VT Elder Resource Group, The United Way, Vermont Legislators and Vermont Media Outlets.

Action Plan:

- Continue to seek opportunities to promote elder abuse awareness campaigns.
- Collaborate with existing and new community partners to offer presentations focusing on abuse, neglect and exploitation.



- Attend meetings, presentations to community groups and continued collaboration with existing partners to highlight the services Age Well provides as we support older Vermonters. Provide insights into the work we are doing collectively as AAA's.

Headline Performance Measure:

3. Percentage of self-neglect referrals that are directed to the helpline instead of to Adult Protective Services.

Story Behind the Baseline:

Age Well receives self-neglect referrals from a variety of sources, including emergency response providers, home health agencies, community members, primary care providers, community partners, hospitals, and others. In 2019, Age Well, in partnership with DAIL and the other four Area Agencies on Aging, developed a self-neglect public awareness campaign aimed at improving awareness of self-neglect, the appropriate process for referring suspected cases of self-neglect, and available supports. After conducting the public awareness campaign, Age Well saw a nearly 60% increase in self-neglect referrals.

Although awareness of self-neglect in Age Well's service area appears to have increased, many self-neglect referrals continue to be incorrectly referred to Adult Protective Services. When referrals are incorrectly made to Adult Protective Services, it leads to delays in receipt of the referral by Age Well and thus delays in the response time to assess the needs of these vulnerable individuals. Additionally, at times opportunities to collect valuable information about the client and referral source are lost. As such, Age Well seeks to continue to educate the public and, in particular, community partners about self-neglect referral practices. If these efforts are successful, Age Well expects to see an increase in the percentage of self-neglect referrals that are correctly referred to Age Well, rather than to Adult Protective Services.

What Works:

Information and education about abuse, neglect, exploitation, and self-neglect help reduce stigma and guide vulnerable adults and their supports to appropriate resources for assistance. Age Well's three Specialized Care and Service Coordinators provide intensive case management services to clients identified as self-neglecting to increase supports and meet unmet needs. Social media posts. Printed informational materials, and presentations are effective in increasing awareness of these issues.

Partners: Adult Day Programs, Adult Protective Services, Vermont Association of Area Agencies on Aging, Social Work/Case Management Teams at University of Vermont Medical Center, Northwestern Medical Center, Porter Hospital, Primary Care Practices, Local Law Enforcement Agencies, Project Vision of Addison County, Designated Mental Health Agencies, Home Health Agencies, Bayada, SASH, Housing/Transportation Providers, Specialists and Primary Care Providers and the Office of the Vermont Attorney General.

Action Plan:

- In year one, Age Well will collect the baseline percentage of self-neglect referrals made directly to the Helpline versus Adult Protective Services.



- Age Well will analyze the referrals sources that are referring to Adult Protective Services and create a plan for targeted outreach to those individuals or organizations.
- Age Well will also plan to follow up with the referral source for each individual incorrectly referred referral to provide education, follow up, and to seek additional information about the referral.



Section E: Agency Plan for Data Management

Purpose of Plan

- To demonstrate Age Well's commitment to DAIL, other AAA agencies, Clients, and community partners our goal of maintaining quality data within our systems.
- To demonstrate the transparency by which Data Standards are established, and shared internally.
- To demonstrate the methodology used for Data Management.

I. Objectives

- To demonstrate an ongoing effort to improve the data quality related to the services delivered through Age Well.
- To demonstrate a commitment to identify and involve appropriate stakeholders in data quality improvement initiatives, utilizing a multidisciplinary approach, and the establishment of a Data Quality Team.
- To provide a process for communication of data quality initiatives starting with leadership, managers, staff and Board of Directors.

II. Authority/Responsibility

Internal:

Board of Directors:

The Board of Directors at Age Well is ultimately responsible to ensure the quality and oversight of data related to services provided, through the data management plan.

Chief Executive Officer: The Chief Executive Officer requires participation by all departments in the data quality management and improvement. The Chief Executive Officer assures that the Director of IT is responsible for oversight of framework within which all data improvement activities take place.

Director of IT and Director of Operations and Compliance: The Director of IT along with the Director of Operations and Compliance as well as members of the Leadership team, and the Key staff dedicated to Data Management, will coordinate and support Data Management Standards, and Data management quality improvement initiatives.

Department Directors: Each manager and director makes data management and quality improvement a part of routine operations within each department. The manager is responsible for identifying opportunities to improve data quality within their department. Directors ensure active participation in improvement projects by their department staff.

Data Quality Team: The Director of IT along with members of the Leadership team, and the Compliance and Quality Specialist, will create a Data Quality Team in 2021. The team will be responsible for assessing future data needs for NAPIS reporting, and maintaining data standards.

External:

DAIL: Review and feedback related to regulatory reports may provide guidance on changing data standards, as well as indicators of improvement. External and other regulatory report audits of Age Well’s Case Management Services are performed at scheduled intervals. The external audit reviews adhere to State of Vermont guidelines and standards offered through the Department of Disabilities, Aging and Independent Living. The feedback from these audits is filtered through the process improvement cycle, and prioritized for action planning as needed.

III. **Processes**

- **Data Quality Reporting**: Data quality reports are run regularly to identify missing information and duplicate client records. The frequency of the reporting was started early in 2020 with the intent to reduce the percentage of missing data as reported in the NAPIS reporting.
 - a. ***Missing Information*** –
 - i. Missing information reports in Penelope and ServTracker identify information that is missing and necessary for NAPIS reporting.
 - ii. The reports are distributed to staff who update the data through contact with clients.
 - iii. These reports will be run at least twice yearly
 - b. ***Duplicate accounts*** –
 - i. Duplicate account reporting was started in 2020 as a new initiative to improve data quality and mitigate the need for backend data aggregation.
 - ii. These reports will be run at least twice yearly
- **Data Aggregation / Integration** – Data aggregation is required at Age Well as a result of having multiple and specialized databases for different departments.
 - a. ***Master Index (MI)***-
 - i. Age Well is looking to further improve data integration across different database applications, and facilitate reporting capability, by employing Master Index concepts. Age Well will research system/software options in 2021 with adoption goals in fiscal year 2022.
- **Data Quality Team** –
 - a. Age Well plans to establish a quality team early in 2021 that is comprised of an interdisciplinary team.
 - i. The team will provide guidance on NAPIS data changes identified for 2022.
 - ii. The team will review data standards and suggest modifications.
 - iii. The team will suggest changes for greater efficiencies related to database uses.

- **Training** –
 - a. The data standards were further defined into a database specific document and shared with department Directors. This served as both a training document and resource for future reference.

IV. **Methodologies**

- **Data Standards Documentation** – Data Standards were initiated in 2020. The document outlines standards for each major system from which client data is pulled, and used for subsequent reporting
 - a. **Penelope** – The Penelope data standards was completed and shared with Case Management services.
 - b. **ServTracker** – The Meals on Wheels Client data is stored in ServTracker. These data standards are in process and will be completed on 2021.
 - c. **Better Impact** – Better impact is used to track volunteers and client related events. These data standards are in process and will be completed on 2021.
- **Open Database Connectivity (ODBC) and other tools**
 - a. **ODBC** – A number of our application have moved to, or in the process of moving to the cloud. This is providing the opportunity to access data utilizing Open Database Connectivity tools. We are using this currently for Penelope and currently evaluating more universal tools to perform data extracts for ServTracker as well.
 - b. **Excel** – Excel is still a primary tool for managing data and filtering results.

Section F: Continuous Quality Improvement Plan

Purpose of Plan

- To demonstrate Age Well’s commitment to DAIL, other AAA agencies, Clients, and community partners our goal to continuously improve our processes and systems.
- To demonstrate the transparency by which quality improvement efforts occur through Compliance audits. Keys areas of potential risk are identified, scheduled for internal audit, and recorded as a metric.
- To demonstrate the methodology used for critical incident review leading to internal review and improved changes using Business Process Management.

V. Objectives

- To demonstrate an ongoing effort to improve the delivery of services, consistent with the mission, vision and values of Age Well.
- To demonstrate a commitment to identify and involve appropriate stakeholders in process improvement initiatives, utilizing a multidisciplinary approach. Leadership, facilitation and consultation for performance improvement activities are provided by primary stakeholders, Directors, key staff, and the Quality/Compliance team.
- To utilize a framework for improvement that incorporates a thorough exploration of current processes, identification of measures of improvement, a systemic plan for implementation of improvements, and a process for periodic review of data using Business Process Management (BPM) methodology.
- To provide a process for communication of process improvement initiatives starting with leadership, managers, staff and Board of Directors.
- Process improvement initiatives are prioritized based on: Risk Management, Compliance and Quality Audit results, and scope of importance to our internal and external customers.

VI. Authority/Responsibility

Internal:

Board of Directors:

The Board of Directors at Age Well is ultimately responsible to ensure the quality and oversight of services provided, through the Quality/Compliance Program, and other state agency reports. The Governance and Compliance Committee, a subgroup of Board of Directors members, serve as conduit to the full Board of Directors for the Compliance Officer to discuss incidents, review report results and metrics, and offer guidance as needed. The Board of Directors reviews a Dashboard of Compliance and Audit activities on a quarterly schedule.

Chief Executive Officer: The Chief Executive Officer requires participation by all

departments in the Performance Improvement Program. The Chief Executive Officer assures that the Director of Operations and Compliance is responsible for oversight of framework within which all process improvement activities take place.

Director of Operations and Compliance: The Director of Operations and Compliance along with members of the Leadership team, and the Compliance and Quality Specialist, will coordinate and support performance improvement initiatives through data collection, measurement and analysis, critical incident reviews and mitigation, and improved efficiencies identified in departments.

Department Directors: Each manager and director makes process improvement a part of routine operations within each department. The manager is responsible for identifying opportunities to improve processes and systems within their department. Directors ensure active participation in improvement projects by their department staff. An Operational Plan completed by the Directors in association with the CEO takes place annually to identify and prioritize strategic organizational goals with associated improvement initiatives. Results are reported out quarterly to the Strategic Directions Committee of the Board and the full Board of Directors.

External:

DAIL: External audits of Age Well’s Case Management Services is performed at scheduled intervals. The external audit reviews adhere to State of Vermont guidelines and standards offered through the Department of Disabilities, Aging and Independent Living. The feedback from these audits is filtered through the process improvement cycle, and prioritized for action planning as needed.

Compliance Auditor: An external third party is contracted every 3 years to review adherence to the current Compliance plan, and performs a security audit with each department. The recommendations are then reviewed, and prioritized for adoption or mitigation. The external audit is presented to the Governance and Compliance Committee and the full Board of Directors for their review and approval.

Financial Auditor: An external third party is contracted every year to review financial records. Any findings or recommendations are then reviewed, and prioritized for adoption or mitigation. The Finance Committee of the Board oversees this process with the Director of Finance and the CEO. The full audit report is presented to that committee and the full Board of Directors at completion.

VII. Processes

- **Quality Audit:** The Compliance Areas of Risk include the four main areas; Health Insurance Portability and Accountability Act (HIPAA), Billing, Programs, and Finance. HIPAA is focused on privacy and security and will be discussed within Risk Management. The other areas, and associated policies, are also

aspects of compliance to ensure adherence to quality standards and service provision.

a. **Programs** –

- i. Medical Record Review of Case Management Services is performed by DAIL on regular intervals with most recent audit completed in 2019. Age Well was granted a 2-year Certification.
- ii. Auditing for specific policies within Programs, not audited by DAIL, will be identified in 2021.

b. **Finance** –

- i. Financial Record Reviews: These are performed by an external auditor on a yearly basis. The results of the audit are shared with the Finance Committee, the Board of Directors, Leadership, and staff.
- ii. Contracts: Age Well audits our financial contracts annually and ensures adherence to existing financial management policies as approved by the Board of Directors.
- iii. Additional policies not covered under the yearly audit will be reviewed for consideration in 2021.

c. **Billing** –

- i. Auditing for specific policies within Billing is scheduled to begin in 2021. A retrospective client sample review will be conducted on a quarterly basis with focus on polices that are related to Medicaid billing, and ensuring not entities associated with Medicaid services are restricted by any State or Federal Agency.
- ii. Additional policies not covered under the yearly audit will be reviewed for consideration in 2021.

d. **Results** –

- i. Results are aggregated and updated into the Compliance Areas of Risk Summary and shared with Board of Directors, leadership team, and subsequent staff.
- ii. Process improvement strategies will be deployed using BPM methodology.

- **Risk Management –**
 - a. **HIPAA -**
 - i. Privacy and Security rules are a key source of potential risk and are a potential indicator of systems and processes that require improvement. The Age Well HIPAA monitoring approach is broken into periodic checks:
 - Weekly system checks
 - Monthly System checks
 - Quarterly Systems checks
 - Yearly system checks
 - b. **Incidents –**
 - i. Incident review and analysis is another important method in identifying potential issues and the need for process improvement. Incidents are analyzed, assessed for risk, and then mitigated with action plans as necessary. Critical incidents are formalized (Methodology described below).
 - ii. The appropriate degree of investigation and process improvement is initiated, according to the level of severity and/or by identifying a trend of similar events in a short period.
 - iii. Incidents are reported to the Board of Directors and to the impacted departments.
 - iv. Sentinel Events: Any sentinel event that may occur at Age Well is investigated and reviewed using Root Cause Analysis (RCA) or Concentrated Review (CR) Methodology. This is a multidisciplinary approach to determining the root cause of significant events. Action plans for improvement are tied to this process. Each RCA/CR event is reported up to the CEO and to the Board of Directors through the Governance and Compliance Committee. Methodology is outlined below.
- **Training and Organizational Culture –**
 - a. Incidents can be reported by any staff member to compliance@agewellvt.org
 - b. Training program –
 - i. A comprehensive annual training will be initiated and conducted by Compliance and Quality Specialist in 2021. A video, created for HIPAA privacy and security, will be a key component of this training.
 - ii. Creating a culture of Compliance will be another aspect of the training program. Encouraging staff to identify areas of potential risk, or improvement will yield more proactive sources of processes or systems benefiting from improvement.

- **Operations Plan –**
 - a. The operational Plan is the outcome of an organizational Strategic Plan approved by the Board of Directors.
 - b. The plan prioritizes yearly targets including new initiative, or improvements to existing systems or processes.

VIII. Methodologies

- **Critical Incident Review** – A risk assessment is conducted for Incidents submitted to or detected by the Compliance team. Issues identified as critical such as a breach, triggers a formal Critical Incident Review using Root Cause Analysis or Concentrated Review methodology. Included in the steps are:
 - a. A cross functional team of individuals is assembled.
 - b. A formal and detailed investigation of the incident or event, with analysis is conducted.
 - c. An Action Plan for process improvement is created and managed for implementation with associated departments by the Quality/Compliance team.
 - d. The issue is reported to the CEO, and the Board of Directors
 - e. The Compliance/Quality specialist ensures the action steps and any system improvements are completed by timelines determined in the action plan.

- **Business Process Management (BPM)**
 - a. Business Process management is a methodology for improvement used at Age Well for projects as needed. The process concept allows for continuous improvement through analysis, evaluation, and redesign as needed.
 - i. Understand the baseline using either qualitative and quantitative data or information gathered.
 - ii. Develop new processes to mitigate the issues.
 - iii. Repeat tests of change for the new process, as many times as needed, which takes into account that a process developed at one point in time might need to adapt to different conditions.
 - iv. Analyze to determine if process improvements are viable.
 - v. Design or redesign completely, or partially, to meet the improvements required.
 - vi. Execute in small scale when possible or entirely with proper consideration when you know the change is beneficial, or needed for issue mitigation.
 - vii. Monitor – Keep track of the Key Process Indicators (KPI) of the new process and benchmark them to the old. It is important to



continuously monitor to reach new goals or expected targets to ensure the improvements are hardwired.

- viii. Optimize –Continuously analyze the data, and implement tests of change to further improve the process until expected targets are reached.
- b. Age Well uses as needed Microsoft Visio to develop current and future state process flow charts.
- c. Microsoft project also used as needed to create formal project management to track tasks and resources.



REQUEST FORM FOR A DIRECT SERVICE WAIVER

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

Age Well requests approval of the State Unit on Aging for direct provision of the following service for Federal Fiscal Years 2022 - 2025.

Reason for request:

- Necessary to assure an adequate supply,
- The service directly relates to the AAA's administrative functions, or
- The service can be provided more economically and with comparable quality by the AAA.

Program: Volunteer Meals on Wheels Delivery

Service: Volunteer Services

Service Area: Across all four counties that Age Well serves

Estimated Persons Served for SFY waiver is requested: 841 MOW volunteers

AAA FTE's dedicated to direct service requested: 1.5

Describe the activities and anticipated results of the activities performed by AAA staff: Age Well continues to seek a waiver to oversee Volunteer Services to deliver home-delivered meals. Age Well contracts out the preparation of food and all transportation services to senior meals programs but still provides management of the volunteer services. The Meals on Wheels program requires two staff members who can coordinate volunteer driver activity. When Age Well submitted the RFP for a single-vendor model in December 2017 to 45 potential vendors, including existing ones, zero of the respondents offered a model that would manage the coordination of MOW drivers. The waiver is needed because we currently manage MOW volunteers in-house. The volunteers serve across all of our four counties. We continue to do this as we were not successful in finding a vendor through the recent RFP process that could manage this service. The current vendor is still unable to coordinate the volunteer delivery system.

Describe the efforts undertaken by AAA to seek potential local providers to perform the function. – *please be comprehensive and specific:* Age Well continues to consider any and all opportunities available for partnering and or contracting out the volunteer services. At this time, the current vendor is unwilling to manage volunteers. Despite not having a vendor for the volunteer management, we currently have the following partners helping to orchestrate the scheduling of volunteers to deliver meals:

In addition to the two part-time paid coordinators at Age Well, we also have eight volunteer coordinators and one coordinator paid by the Senior Center that they work for that assist with recruiting and scheduling meals on wheels volunteers. The current areas where we have volunteer coordinators are Hinesburg, Charlotte, Jericho, Richmond, Shelburne, Burlington, Fairfax, and Westford. The current Senior Center that has paid staff coordinating Meals on Wheels is the Winooski Senior Center.

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

- Time period public input was solicited



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

Plan of action (including anticipated timeline) to build local provider capacity to provide direct service in the future - please be comprehensive and specific: We are pursuing partnerships with other organizations moving forward. As of December 2020, we secured partnerships with five local law enforcement agencies in Chittenden County and plan to expand this effort in both Franklin and Addison counties. We successfully brought on the Swanton police department to both deliver meals and make friendly calls to check in on vulnerable meals on wheels clients during COVID. We are continuing to reach out to local Fire and Rescue departments, Rotary groups, Churches, financial organizations, and local businesses. We currently have one additional partnership with Bourne's energy in Swanton to add to the previous partnership with Switchback Brewery in Burlington, Georgia Town Offices, Fredrick Tuttle Middle School in South Burlington, First Congregational Church, and Saint Anthony's parish.

In 2021 and over the next three years we will continue to expand our efforts to recruit businesses to coordinate teams of volunteers. Additional collaborations have been forged with City Market in Burlington, the Dairy Cooperative in St. Albans, Burton in Burlington and the NuHarbor in Colchester. This effort continues to be overseen by our Director of Volunteer Services in collaboration with our Director of Nutrition.

This direct service waiver is approved by:

For the following time period:

Today's Date:



REQUEST FORM FOR A DIRECT SERVICE WAIVER

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

Age Well requests approval of the State Unit on Aging for direct provision of the following service for Federal Fiscal Years 2022 - 2025.

Reason for request:

- Necessary to assure an adequate supply,
- The service directly relates to the AAA's administrative functions, or
- The service can be provided more economically and with comparable quality by the AAA.

Program: Powerful Tools for Caregivers

Service: Caregiver Support

Service Area: Across all four counties that Age Well serves

Estimated Persons Served for SFY waiver is requested: Age Well intends to offer the Powerful Tools for Caregivers Workshop twice in FY22, serving between 20-40 caregivers in total.

AAA FTE's dedicated to direct service requested: Age Well plans to use up to two staff trained in the program as facilitators in FY22. For two runs of the 6-week program, the total staff time required to provide the direct service would be 100 hours during the year, or 5% of a FTE.

Describe the activities and anticipated results of the activities performed by AAA staff: The Powerful Tools for Caregivers Program is a 6 week facilitated, evidence-based workshop designed to help caregivers reduce stress, increase coping, and build skills and confidence with caregiving abilities. From the Powerful Tools for Caregivers website:

“Research studies find high rates of depression and anxiety among caregivers and increased vulnerability to health problems. Caregivers frequently cite restriction of personal activities and social life as problems. They often feel they have no control over events, and that feeling of powerlessness has a significant negative impact on caregivers’ physical and emotional health.

In the years since the program began, extensive research, evaluation and revision has been done to ensure its continued value and success. The 6-week PTC class has been shown to have a positive impact on caregiver health for a diverse group of caregivers”

Describe the efforts undertaken by AAA to seek potential local providers to perform the function. – *please be comprehensive and specific:* Age Well plans to ultimately recruit and train volunteers to offer this class within Age Well’s service area. In order to do that, at least one of Age Well’s staff would first need to become a master trainer.

Powerful tools for Caregivers outlines several requirements to become a certified master trainer on their website: <https://www.powerfultoolsforcaregivers.org/class-leaders/>

From the website, those requirements include the following:

- To become a PTC Master Trainer, a trained PTC Class Leader must:
- Complete a minimum of 4 PTC 6-week classes, with one of the series conducted within the year prior to Master Training.



- Plan to conduct a PTC Class Leader training within 6 months following the master training
- Have a trained PTC Master Trainer with whom to work
- Obtain written support of a sponsor organization willing to support the Master Trainer in coordinating a PTC Class Leader training
- Complete the teleconference Master training
- Pay the \$250.00 Master Trainer training fee (an invoice will be sent following the training)

Age Well has two trained staff who could feasibly complete the required number of class offerings within the next 12 months. Age Well's caregiver support specialist has completed 3 PTC courses and another trained staff member has completed 2 PTC courses to date. Because offering a PTC training course requires two certified master trainers, Age Well is also working collaboratively with staff at the other four Area Agencies on Aging to co-facilitate PTC courses. This both reduces the staff expenditure to offer the program and opens the possibility of working collaboratively with PTC Master Trainers from other Area Agencies on Aging to begin to train volunteers to facilitate the course. Because of the time parameters outlined above, Age Well will begin recruiting volunteers after there are two appropriate PTC Master Trainers available to run the training course.

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

As part of the development of Age Well's 2022-2025 Area Plan, Age well sought public input throughout June and July of 2021. Feedback was sought through surveys and virtual presentations provided to the public and community partners. Outreach to partners and clients included the Franklin/Grand Isle Resource Network (over 300 community partners); 1200 of Age Well's volunteers; the Lake Champlain, Franklin, and Addison Chambers of Commerce; the United Way; the Pride Center; members of Community Health Centers of Burlington (sent to 18,000 patients and providers; and Burlington Senior Provider's Task Force (reaching 25+ organizations).

Feedback received as part of this process highlighted the need for support for informal caregivers. Age Well also received several comments about caregiver shortages impacting the ability for older adults to remain at home. This program is designed to bolster natural supports, which can help bridge caps caused by nationwide caregiver staffing shortages.

Plan of action (including anticipated timeline) to build local provider capacity to provide direct service in the future - please be comprehensive and specific: Age Well has two trained staff who could feasibly complete the required number of class offerings within the next 12 months. Age Well's caregiver support specialist has completed 3 PTC courses and another trained staff member has completed 2 PTC courses to date. Because offering a PTC training course requires two certified master trainers, Age Well is also working collaboratively with staff at the other four Area Agencies on Aging to co-facilitate PTC courses. This both reduces the staff expenditure to offer the program and opens the possibility of working collaboratively with PTC Master Trainers from other Area Agencies on Aging to begin to train volunteers to facilitate the course. Because of the time parameters outlined above, Age Well will begin recruiting



volunteers after there are two appropriate PTC Master Trainers available to run the training course

This direct service waiver is approved by:

For the following time period:

Today's Date:



REQUEST FORM FOR A DIRECT SERVICE WAIVER

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

Age Well requests approval of the State Unit on Aging for direct provision of the following service for Federal Fiscal Years 2022 - 2025.

Reason for request:

- Necessary to assure an adequate supply,
- The service directly relates to the AAA's administrative functions, or
- The service can be provided more economically and with comparable quality by the AAA.

Program: HomeMeds

Service: Assessment tool and program for medication reconciliation

Service Area: Across all four counties that Age Well serves

Estimated Persons Served for SFY waiver is requested: Age Well plans to provide HomeMeds assessments to between 10 and 20 clients per month, or 120-240 clients during FY22.

AAA FTE's dedicated to direct service requested: In FY22, Age Well will shift how this program is delivered. Instead of Care and Service Coordinators providing HomeMeds assessments, Age Well plans to recruit and train a licensed nurse to provide these assessments in FY22. This work is expected to consume approximately 25% of that FTE's time.

Describe the activities and anticipated results of the activities performed by AAA staff: Age Well requests approval to provide direct service for the HomeMeds Program, which is recognized by ACL as an Evidence-Based Program designed to reduce complications associated with medication errors. We are requesting the ability to use IIIB (Case Management, Information, and Assistance, Legal Assistance, Access to Transportation and other) and IIID (Health Promotion and Disease Prevention funds in implementing this program across Chittenden, Addison, Franklin, and Grand Isle Counties.

Describe the efforts undertaken by AAA to seek potential local providers to perform the function. – *please be comprehensive and specific:*

Because Age Well's care and service coordination team serve clients in their homes versus an office setting, we feel that our team is best suited to offer these assessments, which are designed to be completed where a client lives and takes their medications. We feel that Area Agencies on Aging are best suited to provide this service, so we are not currently exploring the potential for other local providers to perform this service. Age Well's Care and Service team has redefined protocols to ensure that this service is not duplicative of other medication management or reconciliation services provided by other entities.

Instead of seeking other providers to perform the service, Age Well is exploring funding opportunities that would allow us to continue to offer the program without the need to use OAA funds for staff time. In FY22, Age Well will receive approximately \$11,000 from an ACL grant in collaboration with other New England Area Agencies on Aging to provide evidence based health promotion programs. As the entirety of this grant will be used to fund staff time associated



with the program, it is estimated that less than 5% of FTE expenses associated with the program would need to be funded through OAA funds for FY22.

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

As part of the development of Age Well’s 2022-2025 Area Plan, Age well sought public input throughout June and July of 2021. Feedback was sought through surveys and virtual presentations provided to the public and community partners. Outreach to partners and clients included the Franklin/Grand Isle Resource Network (over 300 community partners); 1200 of Age Well’s volunteers; the Lake Champlain, Franklin, and Addison Chambers of Commerce; the United Way; the Pride Center; members of Community Health Centers of Burlington (sent to 18,000 patients and providers; and Burlington Senior Provider’s Task Force (reaching 25+ organizations).

Feedback gathered as part of that process highlighted the need for supported care transitions, medication management, services that promote aging in place, and reducing falls; all of which are addressed by this program.

Plan of action (including anticipated timeline) to build local provider capacity to provide direct service in the future - please be comprehensive and specific: Age Well will continue to collaborate with Hospitals, Home Health Agencies, and Primary Care offices. Age Well anticipates that we can eventually pilot this service as a purchase option. This service would contribute to the healthcare reform initiative of preventing needless readmissions due to a medication error. The financial investment from our community partners would then allow our program to become sustainable outside of federal funding. In the interim, we will continue to assess the process and explore other opportunities to facilitate administering HomeMeds.

This direct service waiver is approved by:

For the following time period:

Today’s Date:



Section H. Public Hearing

Process for gathering input for public feedback to inform the 2022-2025 Area Plan.

Age Well created a 2022-2025 Area Plan survey on July 23, 2021 to gather feedback from the community. The survey was distributed to a broad range of community partners and shared with their distribution networks and list-serves.

Community partners that were asked to participate:

- Burlington Senior Provider's Network
- Community Health Center of Burlington
- Addison County Chamber of Commerce
- Franklin County Chamber of Commerce
- Lake Champlain Chamber of Commerce
- Franklin/Grand Isle Resource Network

On July 23, 2021, Age Well posted the 2022-2025 Area Plan survey on the Age Well Website. The survey was also included in the Age Well email newsletter that is widely distributed, posted on all social media channels including Facebook page, Twitter, Instagram and LinkedIn.

Public outreach/advertisement conducted:

The Age Well Advisory Committee was presented with the final draft of the 2022-2025 Area plan on July 6, 2021. The meeting was held virtually.

Age Well sought public comment on the final draft of our 2022-2025 Area Plan from July 12 – July 23, 2021.

The Area Plan was posted in .pdf format on the Age Well website and promoted on our social media channels throughout the public comment period (July 12-July 23).

The invitation for public comment was distributed via email to the following:

- Age Well Meals on Wheels clients
- SHIP and helpline clients who have opted in to receive Age Well email
- Age Well Volunteers, caregivers, and relatives of older Vermonters,
- Senior Centers
- Veterans Associations (USCRI and Rispsnet)
- Association of Africans Living in Vermont
- Pride Center Vermont



Comments provided (please indicate whether comment is general to the plan or specific to a section of the plan) TBD

General Comments:

- Vermont needs a statewide aging plan which takes a multigenerational approach. Planning for aging needs to start before age 60 (see California's Plan for Aging). Also, too often middle class older Vermonters don't qualify for services unless they drain their savings. Nursing shortage and thin profit margins make many long term care facilities an undesirable to horrifying prospect.
- Financial support or filling the income gaps. Affordable housing for all who need it. Supplemental health insurance that is affordable.
- Since everyday living now involves technology, I think more could be done to assist older adults in that area.
- Insufficient community engagement; limited options for shelter, food and medical services; social isolation; insufficient engagement of elderly in educational and cultural enrichment activities.
- Elderly may not fully divulge the support they really need
- Elders need more support groups with their own age participants, whether in person or on zoom. But, of course, many of them cannot access zoom.
- Ageism in the workplace. Lack of housing options and availability. Navigating support systems is complicated and inefficient. So many Vermonters over 60 are caring for aging parents while faced with their own aging challenges.
- Older Vermonters need access to affordable housing in Vermont who live on SS income.
- We desire our independence yet may need help. Insurance does not cover housekeeping, cooking, driving help.
- I think we don't always know the individual situations of many older Vermonters and what they lack and how to help. I myself am an older Vermonter. I am knowledgeable and well informed. If I were not, I might have no idea how to fill in any gaps for myself. I have no such gaps just now, but I can see how it could happen. How does Age Well find such folks and address their needs? Here I am thinking less of health matters and more of concerns of daily life.
- Vermont need to find funds for seniors to help them pay the high costs of utility bills.
- Vermont's plan for aging should make certain that older people can maintain their feeling of self-worth and independence.

Specific to a second of the plan:

- Lack of emphasis and access to fitness activities and programs. (Goals)
- There is a lack of adequate support for relatives or people who provide caregiving; it's difficult to find quality caregivers, or caregiver supports who want to work for inadequate pay (Goals)
- Interventions in care that improve the quality of life of older Vermonters. (Goals)

Identified areas of concern included:

- Accessing/Navigating Technology



- Accessing Support Services
- Need for additional Long Term Care Supports
- Inadequate Resources for Mental Health
- Promoting and Maintaining Independence for older Vermonters including BIPOC, LGBTQ+ and Native/New American populations.
- Reducing Social Isolation
- Navigating Health Care (example Medicare Part D, Medigap Supplemental Insurance)
- Lack of Affordable Housing
- Addressing Food Insecurity

How the AAA has incorporated feedback into its final draft plan.

Age Well reviewed public comments and incorporated feedback into the final Area Plan, including goals with measurable outcomes.

Feedback received led to our commitment to continue to explore new opportunities to expand the Age Well Nutrition and Wellness initiatives that will support the client's basic nutritional needs, support population health initiatives, improve engagement, and reduce social isolation. We plan to measure this by identifying the number of food insecure clients and refer them to nutritional counselling. We will also measure the percentage of OAA Health Promotion Program participants that participate and complete a wellness program and set a measurable goal. Age well will measure the number of clients that set a measurable goal compared to the total number of clients that participate annually in Health Promotion programming.

Age Well will also assess the percentage of individuals who report that the assistance provided by their case manager helped to improve their quality of life, which is directly tied back to comments we received from our public outreach that suggests assess how services impact and improve quality of life. We will also continue to engage with the ACO to address population health strategies through our Care Management services.

Age Well focused on new goals related to community outreach and support strategies to close the perceived service gaps to BIPOC, LGBTQ+ and other diverse vulnerable older populations.

Based on feedback received, we will also explore innovative strategies to ensure technology helps our clients to connect to programming, wellness initiatives, supportive resources or educational materials. We have earmarked CRF funding to assist us in meeting several of these goals over the next three years.

Appendix A

Area Agency on Aging Assurances

Updated October 2017

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

Development of a Comprehensive, Coordinated, Client-Centered System

1. ((306(a)(1)) The plan shall provide, through a comprehensive and coordinated system, supportive services, nutrition services and, where appropriate, the establishment, maintenance or construction of multipurpose senior centers, including determining the extent of need for supportive services, nutrition services and multipurpose senior centers.
2. ((306(a)(1)) Among other things, the plan will take into consideration the number of older individuals with low incomes residing in the planning and service area, the number of older individuals with low-incomes, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), residing in the planning and service area, the number of individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians (Native Americans) residing in the area. The plan will also take into consideration the efforts of voluntary organizations in the community.
3. ((306(a)(1)) The plan shall include a method and plans for evaluating the effectiveness of the use of resources in meeting these needs.
4. ((306(a)(3)) The plan shall designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point and specify, in grants, contracts, and agreements implementing the plan, the identity of each designated focal point.
5. ((306(a)(5)) The Area Agency will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities.
6. ((306(a)(6)(B)) The Area Agency will serve as the advocate and focal point for the elderly within the community by monitoring, evaluating and commenting upon all

- policies, programs, hearings, levies and community actions which will affect the elderly.
7. ((306(a)(6)(C)(i)) Where possible, the area agency on aging will enter into agreements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults and families.
 8. ((306(a)(6)(C)(ii)) The Area Agency will, if possible, regarding the provision of services under Title III, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or came into existence during fiscal 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirement under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904 (c)(3)).
 9. ((306(a)(6)(C)(iii)) The Area Agency will make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service) in community service settings.
 10. ((306(a)(6)(E)) The Area Agency will establish effective and efficient procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs under this title and the following programs:
 - a. the Job Training Partnership Act,
 - b. Title II of the Domestic Volunteer Service Act of 1973,
 - c. Titles XVI, XVIII, XIX, and XX of the Social Security Act,
 - d. Sections 231 and 232 of the National Housing Act,
 - e. the United States Housing Act of 1937,
 - f. Section 202 of the Housing Act of 1959,
 - g. Title I of the Housing and Community Development Act of 1974,
 - h. Title I of the Higher Education Act of 1965 and the Adult Education Act,
 - i. Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,
 - j. the Public Health Service Act, including block grants under Title XIX of such Act,
 - k. the Low-Income Home Energy Assistance Act of 1981,
 - l. part A of the Energy Conservation in Existing Buildings Act of 1976 relating to weatherization assistance for low income persons,
 - m. the Community Services Block Grant Act,
 - n. demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, U.S. Code,
 - o. parts II and III of Title 38, U.S. Code,

- p. the Rehabilitation Act of 1973,
 - q. the Developmental Disabilities and Bill of Rights Act,
 - r. the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, established under part E of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750-3766b).
11. ((306(a)(6)(F)) In coordination with the State agency and the State agency responsible for mental health services, the Area Agency will increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations.
 12. ((306(a)(7)) The Area Agency will conduct efforts to facilitate the area –wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers by -
 - a. Collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - b. Conducting analyses and making recommendations with respect to strategies for modifying the local system of long term care to better-
 - a) Respond to the needs and preferences of older individuals and family caregivers;
 - b) Facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - c) Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings.
 13. ((306)(a)(7)(C)) The Area Agency will implement, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.
 14. ((306(a)(7)(D)) The Area Agency shall provide for the availability and distribution (through public educations campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers and resources.
 15. ((306(a)(8)) The Area Agency assures that case management services provided under this title through the Area Agency will:
 - a. not duplicate case management services provided through other Federal and State programs;
 - b. be coordinated with case management services provided through other Federal and State programs; and

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

Public Input

1. ((306(a)(6)(A)) The Area Agency will take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan.
2. ((306(a)(6)(D)) The Area Agency will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate) and the general public to advise continuously the Area Agency on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

Preference to Those in Greatest Economic or Social Need

1. ((306(a)(2)(B)) The area agency on aging will provide assurances that it will –
 - a. Expend at least 65% of part B funds for Access to Services, 1% of Part B funds for In-home Services and 5% of Part B funds for Legal Assistance.
2. ((306(a)(4)(A)(i)) The area agency on aging will provide assurances that it will –
 - a. Set specific objectives, consistent with State policy for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.
 - b. Include specific objectives for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 - c. Include proposed methods to achieve the objectives described in items a and b above.
 - d. The area agency on aging will assure that it will include in each agreement with a provider of any service under this title a requirement that the provider will –
 - e. Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals

- residing in rural areas served by the provider;
- f. To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with the need for such services; and
 - g. Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.
3. ((306(a)(4)(A)(iii)) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the Area Agency shall:
 - a. identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
 - b. describe the methods used to satisfy the service needs of such minority older individuals; and
 - c. provide information on the extent to which the Area Agency met the objectives described in clause (306(a)(4)(A)(i)).
 4. ((306(a)(4)(B)) The area agency will assure that it will use outreach efforts that will-
 - a. identify individuals eligible for assistance under the Act, with special emphasis on older individuals residing in rural areas; older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease or related disorders (and the caretakers of such individuals); and older individuals at risk for institutional placement; and
 - b. inform the older individuals listed in a. above and the caretakers of such individuals , of the availability of assistance.
 5. ((306(a)(4)(C)) The Area Agency shall ensure that each activity undertaken by the agency, including planning, advocacy and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
 6. ((306(a)(11)) The Area Agency shall provide information and assurances concerning older Native Americans, including: information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency will pursue activities, including outreach, to increase access to those older Native Americans to programs and benefits provided under this title;
 - a. an assurance that the Area Agency will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - b. an assurance that the Area Agency will make services under the Area Plan available,



to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Agreements with Service Providers

1. ((306(A)(1)) The plan shall include a method and plans for entering into agreements with providers of services for the provision of services to meet needs.
2. ((307(a)(11)) The Area Agency on Aging will--
 - a. enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance.
 - b. include in any such contract provisions to assure that any recipient of funds under section a (immediately above) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
 - c. attempt to involve the private bar in legal assistance activities authorized under Title III, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
3. ((307(a)(11)(B)) The Area Agency on Aging will assure that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing LSC projects in the planning and service area in order to concentrate the use of funds provided under Title III on individuals with greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
4. ((307(a)(11)(D)) The Area Agency on Aging will assure, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from other sources other than the OAA and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.
5. ((307(a)(11)(E)) The Area Agency on Aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination.

Provision of Services

1. ((306(a)(2)) The plan shall provide assurances that an adequate proportion, as required under section 307(a)(2) of the Older Americans Act, of the amount allotted for Part B to the planning and service area will be expended for the delivery of each of the following categories of services –
 - a. services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, (which

- may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- b. in-home services, including supportive services for families of older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and
 - c. legal assistance; and assurances that the area agency on aging will report annually to the State in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
2. ((306(a)(13)(A)) The Area Agency will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
 3. ((306(a)(13)(B)) The Area Agency will disclose to the Assistant Secretary and the State agency --
 - a. the identity of each non-governmental entity with which it has a contract or commercial relationship relating to providing any service to older individuals; and
 - b. the nature of the contract or relationship.
 4. ((306(a)(13)(C)) The Area Agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or commercial relationships.
 5. ((306(a)(13)(D)) The Area Agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.
 6. ((306(a)(13)(E)) The Area Agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
 7. ((306(a)(14)) The Area Agency assures that preference in receiving Title III services will not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement Title III.
 8. ((306(a)(15)) The Area Agency on Aging assures that funds received under Title III will be used to provide benefits and services to older individuals, giving priority to older individuals identified in section 306(a)(4)(A)(i); and, in compliance with the assurances specified in section 306 (a)(13).
 9. ((306(a)(16)) The Area Agency on Aging agrees to provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.
 10. ((306(a)(17)) The Area Agency on Aging shall include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency



preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

Department of Disabilities, Aging and Independent Living (DAIL) Requirements:

1. The Area Agency on Aging (AAA) shall:
 - a. assure that all services and service options are fully explained to applicants/participants/representatives;
 - b. assure that all applicants/participants/representatives are provided with a copy of the AAA's consumer grievance procedures and are provided with assistance as necessary to understand and follow the established procedures.
 - c. assist applicants/participants to obtain necessary services;
 - d. involve applicants/participants in the planning of their services;
 - e. coordinate services provided by the AAA with other related services provided to the participant by other agencies or individuals;
 - f. assure that the AAA's services meet the individual needs of each participant, including changes in services as needs change.
2. The AAA shall assure that all services provided under this area plan will be coordinated with other home and community based services and providers in the AAA's service area to avoid duplication, maximize existing resources and ensure optimum coordination of services for individual clients. "Home and community based services and providers" include, but are not limited to, hospital discharge planning, nursing homes, residential care homes, home health agencies, adult day services, services of the Vermont Center for Independent Living, services funded through Part B of the Rehabilitation Act, the Office of Public Guardians, and activities conducted through community resource teams or adult abuse teams.
3. The AAA shall assure that all Case Management services provided under this area plan will comply with the Department of Disabilities, Aging and Independent Living [Case Management Standards & Certification Procedures For Older Americans Act Programs & Choices for Care, Revised January 2017.](#)
4. The AAA shall assure that at a minimum, the Nutrition Screening Instrument: DETERMINE Your Nutritional Health Checklist, shall be used to screen all clients receiving home delivered meals; case management clients, congregate meal participants and for other individuals who may benefit from such counseling. The AAA shall build capacity to use the Nutrition Program Prioritization Tool with all home delivered meal clients in conjunction with the NSI screening.
5. The AAA shall assure that it will develop and maintain, in collaboration with DAIL, quality assurance and improvement processes which will allow the AAA and DAIL to monitor the quality of services provided by the Agency.
6. The AAA will assist in developing a stronger home and community-based system of care for older Vermonters and persons with disabilities by providing them with a choice of supportive services that address their long-term care needs and will allow them to remain independent and avoid or delay the need for nursing home admission.



7. The AAA shall administer state general funds Long Term Care Flexible Funds Special Services Funds and give priority to older Vermonters and persons with disabilities in greatest economic and social need. Flexible Funds may be used for a variety of good and services to assist Vermonters to be able to maintain their independence and live in the setting of their choice. These funds may only be used when there are no other funds available to pay for services. The AAA will utilize the funding to serve residents of the entire Area Agency on Aging planning and service area.
8. The AAA shall assure for all services provided under this plan that the DAIL Background Check policy will be followed.
9. The AAA shall assure that third party referrals will be accepted and followed-up upon.
10. The AAA shall assure responsibility for accepting and responding to third party referrals concerning individuals with self-neglecting behaviors who are 60 years of age or older.
11. The AAA shall assure that FFY 2018 funds to strengthen the volunteer base will be utilized for at least one evidenced-based falls prevention program.

General Administration

1. Compliance with Requirements. The Area Agency on Aging agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Department of Disabilities, Aging & Independent Living and federal agencies. This includes compliance with the State of Vermont Customary State Grant Provisions. (Please note section below.)
2. Data Entry Requirements. Notwithstanding the due dates listed in #3 below, the Area Agency on Aging agrees to complete data entry into the SAMS data base within 60 days of the end of each month. AAAs that do not complete the required data entry within the required time frame will be subject to 1/24 funding until the AAA is within the 60 day time frame. An AAA may request a variance to the 60-day data entry requirement if there are circumstances beyond the AAA’s control that necessitate an extension. Variance requests must be submitted **in advance of the due date** and should be sent to the attention of Angela Smith-Dieng.
Reporting Requirements. The Area Agency on Aging agrees to furnish such reports and evaluations to the Department of Disabilities, Aging and Independent Living as may be specified in these assurances as well as additional contracts and grants.

Due Date	Reporting Period	Reports/Data Due
February 15	October-December	Title III and Title VII QTR 1 Financial Reports
May 15	January – March	Title III and Title VII QTR 2 Financial Reports, Draft Audits
August 1	October – September	FFY20 Budgets FFY19-FFY22 Area Plan Updates
August 15	April – June	Title III and Title VII QTR 3 Financial Reports



October 20	July - September	Title III and Title VII QTR 4 Financial Reports
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*** The Department reserves the right to delay the release of funds to the Area Agency on Aging if required data or reports are not submitted in a timely fashion.**

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

3. Area Plan Amendments. Area Plan amendments will be made in conformance with applicable program regulations.
4. Opportunity to Contribute. Each service provider must offer older persons an opportunity to voluntarily contribute toward the cost of the services they receive under Title III programs. Such contributions must be used to expand the provider’s services to older persons.
5. Usage of Local Funds. Local funds must be used in accordance with the budgeted use of local funds.
6. Client Transportation. AAAs shall purchase client transportation through public transit in all instances where public transit services are appropriate to client needs and as cost-efficient as other transportation, or wherever consistent with regional transportation development plans.
7. Exclusion from Federal Procurement. The AAA agrees to comply with federal requirements which prohibit non-federal entities from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Non-federal entities may check for suspended and debarred parties which are listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs, issued by the General Services Administration.

AAA Budget Information

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

B. General Rules Pertaining to AAA Funding

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



- Title III funds used for Area Plan Administration (APA) require a twenty five percent (25%) non-Federal match. Expenses for Area Plan Administration should be recognizable by FASB 116 and 117. Area Plan Administration must be funded with Title IIIC-1 or non-AoA funding source. An AAA may only apply APA to programs not listed as allowable direct services in Section V (Waivers).
- Each AAA must budget their allocated funds for Area Plan Administration, or the State will redistribute any unbudgeted funds by formula to other AAAs.
- AAAs budget allocations of Title III-B, III-C-1 or III-C-2 funds require the approval of DAIL. The Department limits the amount of funds that each AAA may transfer to not more than 30% between Titles III-B and C, or not more than 40% between Titles III-C-1 and III-C-2.
- Title III-B funds are for Supportive Services only.
- Title III-C-1 funds are for Congregate Meal programs, nutrition counseling, education and other nutrition services, and Area Plan Administration.
- Title III-C-2 funds are for Home Delivered Meals, nutrition counseling, education and other nutrition services.
- Title III-D funds are for Disease Prevention and Health Promotion Programs and activities which have been demonstrated through rigorous evaluation to be evidenced based and effective for improving the health and well- being or reducing disease, disability and/or injury among older adults. (ACL revised the definition of “evidence-based” as of 10/01/16. The revised definition can be found here: http://www.aoa.acl.gov/aoa_programs/hpw/title_IIID/index.aspx)
- Title III-E funds are for the National Family Caregiver Support Program. Funds may be used to provide the five categories of services authorized in the OAA: 1) information services; 2) access assistance; 3) counseling; 4) respite care; and 5) supplemental services. All Case Management, Information and Assistance, Respite and other expenses for family caregivers should be budgeted in this program. The category of supplemental services is designed to be used on a limited basis. As a result, each AAA must receive approval from the Department **in advance** of providing supplemental services and may dedicate no more than twenty percent of the Federal funding to this category. AAA are also required to provide caregiver services to older relative caregivers of children age 18 and younger but may dedicate no more than ten percent of federal funding to this type of service. Please refer to the additional NFCSP requirements in Section III of this document.
- Title VII funds are for Elder Abuse Prevention services.
- Nutrition Services Incentive Program (NSIP) funds are to support the Congregate and Home-Delivered Nutrition Programs by providing an incentive to serve more meals. NSIP funds must be used exclusively to purchase food, not meal preparation and may not be used to pay for other nutrition-related services such as nutrition education or for State or local administrative costs.



- Each AAA shall expend at least 65% of Part B funds for Access to Services, 1% of Part B funds for In-home Services and 5% of Part B funds for Legal Assistance.
- AAAs must budget expenses for Nutrition Education since it is a State required activity.
- Food and Nutrition Services (FNS - Food Stamp Outreach Program) require a fifty percent (50%) non-Federal match. These funds must be allocated within the Case Management and Information & Assistance programs, and in the Information and Access Assistance programs under Title III E.
- Administrative costs are to be spread by the percentage of total cash expenses to each program.
- Equipment costing over \$5000/unit must have authorization from the funding source if Federal funds are to be used.
- Local funds must be expended in accordance with the budgeted use of local funds.
- AAAs may only use their anticipated FY2019 funding and unbudgeted prior year funds, unless DAII has an audit or draft audit identifying the carryover amounts from the prior year.
- An Area Agency on Aging must expend 85% of its annual allocation and any carryover of special service funds during the current year. Special service funds are used to help meet the unmet needs of individuals for which there are no other available resources.
- The Department will only allow an AAA to draw in a proportionate share of their Title III, Title VII funds, State Base General Fund, Special Services, Nutrition Service-Meals, Flexible funds, Nutrition Services Incentive Program funds (NSIP), and Volunteer Outreach funds each month (i.e. 1/12th per month). Cash requests above the proportionate share will require an acceptable explanation. AAA will minimize the elapse time between the Federal funds drawn and the expenditure of funds for program purposes.
- Grants for the Provision of Long-Term Care Services (Flexible Funding) Expenses/Revenue - Allocate the revenue and expenses to the applicable program center. For instance, if you are purchasing adult day services and transportation services with coalition funds you should report the expenses and revenue in the adult day and transportation program columns. You should report the revenue from the flex fund grant agreements in the "State Other."

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

C. Expense Line Item Definitions

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



2. **Fringe** - Fringe benefits paid to agency employees and volunteers. Includes worker's compensation.
3. **Travel** - All mileage and other reimbursement (meals, lodging) related to agency employee, volunteer or board member travel.
4. **Supplies** - Consumables, such as paper goods, disposable office products, forms, napkins, meals tray etc. Does not include raw food in the context of congregate or home delivered meals. These costs should not be allocated, if other costs incurred for the same purpose are directly charged to an activity. When several activities benefit from a cost and it is not possible or material to directly charge the cost, the cost should be distributed to the individual activities by a means that best reflects the relative benefit of each activity. AAAs should be prepared to explain the way costs are spread.
5. **Rent/Utilities** - Costs associated with building rental and maintenance. Includes trash removal. Does not include insurance. These costs should not be allocated, if other costs incurred for the same purpose are directly charged to an activity. When several activities benefit from a cost and it is not possible or material to directly charge the cost, the cost should be distributed to the individual activities by a means that best reflects the relative benefit of each activity. AAAs should be prepared to explain how the costs are spread.
6. **Telephone/Postage** - These costs should not be allocated, if other costs incurred for the same purpose are directly charged to an activity. When several activities benefit from a cost and it is not possible or material to directly charge the cost, the cost should be distributed to the individual activities by a means that best reflects the relative benefit of each activity. AAAs should be prepared to explain the way the costs are spread.
7. **Equipment** - Costs associated with purchasing, maintaining and repairing equipment to operate the agency and its programs. Leases for equipment should be recorded here. Computer, photocopier, postage equipment and equipment maintenance contracts should be included. Expenses for equipment purchased for clients should be recorded under grants/contracts.
8. **Insurance** - This includes policies related to agency business but not to employee wages. Examples include vehicle insurance, property liability and directors'/officers' liability. Worker's compensation is not included. The cost of policies should be assigned to administration or spread to programs based upon an analysis of the policy. If this analysis is not provided with the policy, the AAA should request it.
9. **Audit** - Costs associated with agency audits or for audits by specific programs.
10. **Vehicle Operating Costs** - Costs associated with purchasing, operating, maintaining and repairing vehicles owned by the agency. The actual purchase cost should be included under equipment. Vehicle operations costs do not include mileage reimbursement for staff volunteers. If vehicles are used for multiple purposes, agencies should decide which purpose is primary at the point in time the vehicle is being used and assign the expense to the primary activity. For example, if a van is used to transport people, at the same time delivers meals and would be transporting people even if there were not meals



to deliver, the expense should be assigned to transportation. Another example: If a van is used to deliver meals on Tuesday and then transport people on Wednesday, the expense should be assigned both to transportation and to home-delivered meals based upon time spent delivering meals and time spent transporting people.

11. **Raw Food** - Cost associated with purchase of food for nutrition services. Does not include beverages and food for staff meetings. Costs for raw food used in preparing meals by agency staff should be split by the ratio of agency prepared home-delivered to congregate meals. The ratio should not include meals prepared under contract.
12. **Training** - Costs associated with organizing or participating in training excluding personnel and staff travel. Includes registration, coffee and donuts, rental of meeting space, costs of hiring a trainer, etc.. Training expenses should be assigned to activities based upon the staff person receiving the training and the purpose of the training. For example, if a staff person is receiving training in case management, the expense should be in case management. Training expenses not assigned to particular staff in the budget should be included in the administration column. The expense during the year should be moved from administration to the appropriate activity when it is known.
13. **Other** - Expenses which do not fit into any of the other categories. Included are dues and subscriptions, advertising and recognition (plaques, flowers etc.). Under administration are included expenses for services purchased from individuals or organizations to accomplish agency administrative work which would otherwise need to be done by staff. Examples are payroll service, janitorial service and legal fees. It also includes contingency money for legal fees etc.
14. **Grants/Contracts** - Grants and contracts include the expense for any program expenses for adaptive equipment and home modifications purchased for clients.
15. **Administration** - This line item is the proportion of administrative expense in the administrative activity assigned to each program by its percent of the agency budget.
Administration costs distributed to 'direct services' (services an AAA provides with an approved waiver) are area plan administration in accordance with Section 308 (a) (1) of the Older Americans Act. For budgeting purposes, case management is considered a non-direct 'allowable' service.
Funds granted to the Community of Vermont Elders should be budgeted as Administration.
Funds utilized to secure the services of a registered dietician for the purpose of performing menu reviews is an allowable administrative expense.
16. **Fundraising** - This line item represents a spread of fundraising costs from the fund-raising activity. The fundraising expense should be covered by funds raised. Both the expense and the revenue produced should then be spread to the activities the agency decides to support with the fundraising event/activity.

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

ATTACHMENT E



**ASSURANCES:
STANDARD STATE PROVISIONS FOR CONTRACTS AND GRANTS
REVISED DECEMBER 15, 2017**

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

- \$1,000,000 Each Occurrence
- \$2,000,000 General Aggregate
- \$1,000,000 Products/Completed Operations Aggregate
- \$1,000,000 Personal & Advertising Injury

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than \$500,000 combined single limit. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, limits of coverage shall not be less than \$1,000,000 combined single limit.

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

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



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

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

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

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

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

14. Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement.

15. Set Off: The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

16. Taxes Due to the State:

- A. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.



- B. Party certifies under the pains and penalties of perjury that, as of the date this Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
- C. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.
- D. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

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

18. Child Support: (Only applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date this Agreement is signed, he/she:

- A. is not under any obligation to pay child support; or
- B. is under such an obligation and is in good standing with respect to that obligation; or
- C. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

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

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

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

Party shall include the following provisions of this Attachment C in all subcontracts for work performed solely for the State of Vermont and subcontracts for work performed in the State of Vermont: Section 10 ("False Claims Act"); Section 11 ("Whistleblower Protections"); Section 12 ("Location of State Data"); Section 14 ("Fair Employment Practices and Americans with Disabilities Act"); Section 16 ("Taxes Due the State"); Section 18 ("Child Support"); Section 20 ("No Gifts or Gratuities"); Section 22 ("Certification Regarding Debarment"); Section 30 ("State Facilities"); and Section 32.A ("Certification Regarding Use of State Funds").

20. No Gifts or Gratuities: Party shall not give title or possession of anything of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

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



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

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

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

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

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

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

27. Termination:

- A. Non-Appropriation:** If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that is funded in whole or in part by Federal funds, and in the event Federal funds become unavailable or reduced, the State may suspend or cancel this Grant immediately, and the State shall have no obligation to pay Subrecipient from State revenues.
- B. Termination for Cause:** Either party may terminate this Agreement if a party materially breaches its obligations under this Agreement, and such breach is not cured within thirty (30) days after delivery of the non-breaching party’s notice or such longer time as the non-breaching party may specify in the notice.
- C. Termination Assistance:** Upon nearing the end of the final term or termination of this Agreement, without respect to cause, the Party shall take all reasonable and prudent measures to facilitate any transition required by the State. All State property, tangible and intangible, shall be returned to the State upon demand at no additional cost to the State in a format acceptable to the State.

28. Continuity of Performance: In the event of a dispute between the Party and the State, each party will continue to perform its obligations under this Agreement during the resolution of the dispute until this Agreement is terminated in accordance with its terms.



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

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

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

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

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

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

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

32. Requirements Pertaining Only to State-Funded Grants:

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

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



(End of Standard Provisions)

BUSINESS ASSOCIATE AGREEMENT

SOV CONTRACTOR/GRANTEE/BUSINESS ASSOCIATE: AGE WELL

SOV CONTRACT NO. SFY AREA PLAN UPDATE

CONTRACT EFFECTIVE DATE: _____

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

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

The parties agree as follows:

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

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

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

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

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

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

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



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

“*Report*” means submissions required by this Agreement as provided in section 2.3.

“*Security Incident*” means the attempted or successful unauthorized Access, Use, Disclosure, modification, or destruction of Information or interference with system operations in an Information System relating to *PHI* in accordance with 45 CFR § 164.304.

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

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

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

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

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

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

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

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

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

3. Permitted and Required Uses/Disclosures of PHI.



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

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

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

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

5. **Electronic PHI Security Rule Obligations.**

5.1 With respect to *Electronic PHI*, *Business Associate* shall:

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

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

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

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

- e) Following such report, provide Covered Entity with the information necessary for Covered Entity to investigate any such incident; and
- f) Continue to provide to Covered Entity information concerning the incident as it becomes available to it.

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

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

6. **Reporting and Documenting Breaches.**

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

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

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

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

8. Providing Notice of Breaches.

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

8.2 The notice to affected *Individuals* shall be provided as soon as reasonably possible and in no case later than 60 calendar days after *Business Associate* reported the *Breach* to Covered Entity.

8.3 The notice to affected *Individuals* shall be written in plain language and shall include, to the extent possible, 1) a brief description of what happened, 2) a description of the types of Unsecured *PHI* that were involved in the *Breach*, 3) any steps *Individuals* can take to protect themselves from potential harm resulting from the *Breach*, 4) a brief description of what the *Business Associate* is doing to investigate the *Breach* to mitigate harm to *Individuals* and to protect against further *Breaches*, and 5) contact procedures for *Individuals* to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

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

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

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

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



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

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

14. Termination.

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

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

15. Return/Destruction of PHI.

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

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



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

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

18. Miscellaneous.

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

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

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

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

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

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

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

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



AGENCY OF HUMAN SERVICES' CUSTOMARY CONTRACT/GRANT PROVISIONS

1. **Definitions:** For purposes of this Attachment F, the term “Agreement” shall mean the form of the contract or grant, with all of its parts, into which this Attachment F is incorporated. The meaning of the term “Party” when used in this Attachment F shall mean any named party to this Agreement *other than* the State of Vermont, the Agency of Human Services (AHS) and any of the departments, boards, offices and business units named in this Agreement. As such, the term “Party” shall mean, when used in this Attachment F, the Contractor or Grantee with whom the State of Vermont is executing this Agreement. If Party, when permitted to do so under this Agreement, seeks by way of any subcontract, sub-grant or other form of provider agreement to employ any other person or entity to perform any of the obligations of Party under this Agreement, Party shall be obligated to ensure that all terms of this Attachment F are followed. As such, the term “Party” as used herein shall also be construed as applicable to, and describing the obligations of, any subcontractor, sub-recipient or sub-grantee of this Agreement. Any such use or construction of the term “Party” shall not, however, give any subcontractor, sub-recipient or sub-grantee any substantive right in this Agreement without an express written agreement to that effect by the State of Vermont.
2. **Agency of Human Services:** The Agency of Human Services is responsible for overseeing all contracts and grants entered by any of its departments, boards, offices and business units, however denominated. The Agency of Human Services, through the business office of the Office of the Secretary, and through its Field Services Directors, will share with any named AHS-associated party to this Agreement oversight, monitoring and enforcement responsibilities. Party agrees to cooperate with both the named AHS-associated party to this contract and with the Agency of Human Services itself with respect to the resolution of any issues relating to the performance and interpretation of this Agreement, payment matters and legal compliance.
3. **Medicaid Program Parties** (*applicable to any Party providing services and supports paid for under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver*):
Inspection and Retention of Records: In addition to any other requirement under this Agreement or at law, Party must fulfill all state and federal legal requirements, and will comply with all requests appropriate to enable the Agency of Human Services, the U.S. Department of Health and Human Services (along with its Inspector General and the Centers for Medicare and Medicaid Services), the Comptroller General, the Government Accounting Office, or any of their designees: (i) to evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed under this Agreement; and (ii) to inspect and audit any records, financial data, contracts, computer or other electronic systems of Party relating to the performance of services under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver. Party will retain for ten years all documents required to be retained pursuant to 42 CFR 438.3(u).

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



agreements between the Party, subcontractors and other service providers to the Agency of Human Services and any of its departments as well as to the Center for Medicare and Medicaid Services.

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

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

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

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

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

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

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

5. **Non-Discrimination:**

Party shall not discriminate, and will prohibit its employees, agents, subcontractors, sub-grantees and other service providers from discrimination, on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, and on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. Party shall not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity as provided by Title 9 V.S.A. Chapter 139.

No person shall on the grounds of religion or on the grounds of sex (including, on the grounds that a woman is pregnant), be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by State of Vermont and/or federal funds.



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

6. **Employees and Independent Contractors:**

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

7. **Data Protection and Privacy:**

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

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

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

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



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

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

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

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

9. **Information Technology Systems:**

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

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

Intellectual Property/Work Product Ownership: All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the



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

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

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

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

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

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

Party, in the event of a data breach, shall comply with the terms of Section 7 above.

10. **Other Provisions:**

Environmental Tobacco Smoke. Public Law 103-227 (also known as the Pro-Children Act of 1994) and Vermont's Act 135 (2014) (An act relating to smoking in lodging establishments, hospitals, and child care facilities, and on State lands) restrict the use of tobacco products in certain settings. Party



shall ensure that no person is permitted: (i) to use tobacco products or tobacco substitutes as defined in 7 V.S.A. § 1001 on the premises, both indoor and outdoor, of any licensed child care center or afterschool program at any time; (ii) to use tobacco products or tobacco substitutes on the premises, both indoor and in any outdoor area designated for child care, health or day care services, kindergarten, pre-kindergarten, elementary, or secondary education or library services; and (iii) to use tobacco products or tobacco substitutes on the premises of a licensed or registered family child care home while children are present and in care. Party will refrain from promoting the use of tobacco products for all clients and from making tobacco products available to minors.

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

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

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

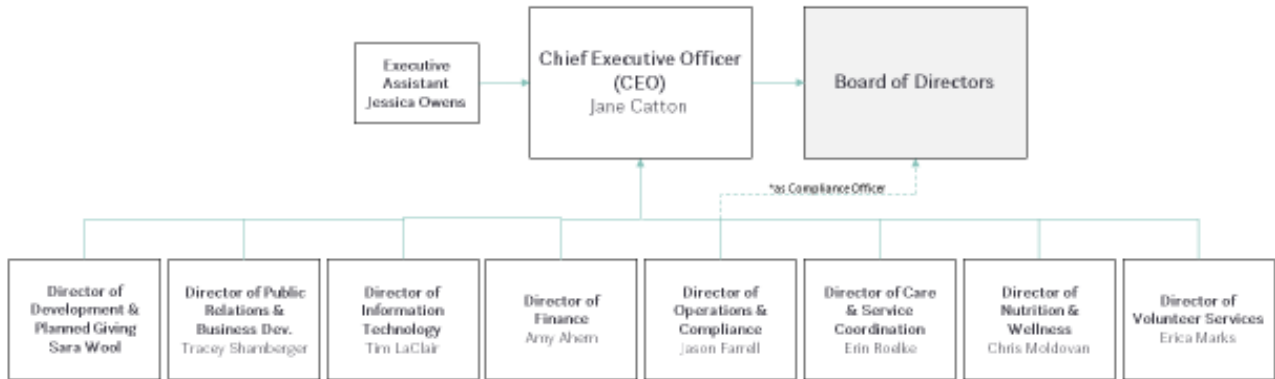
Drug Free Workplace Act: Party will assure a drug-free workplace in accordance with 45 CFR Part 76.

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

AHS ATT. F 5/16/2018

Appendix B: Chart of Organizational Structure

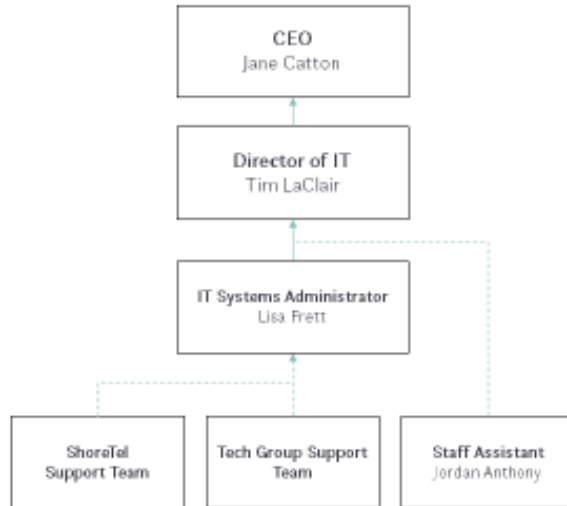
LEADERSHIP



FINANCE



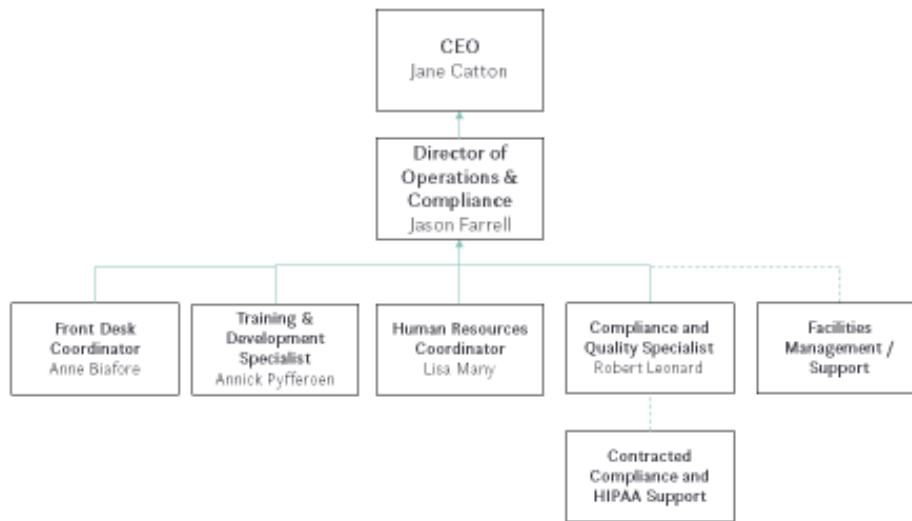
INFORMATION TECHNOLOGY



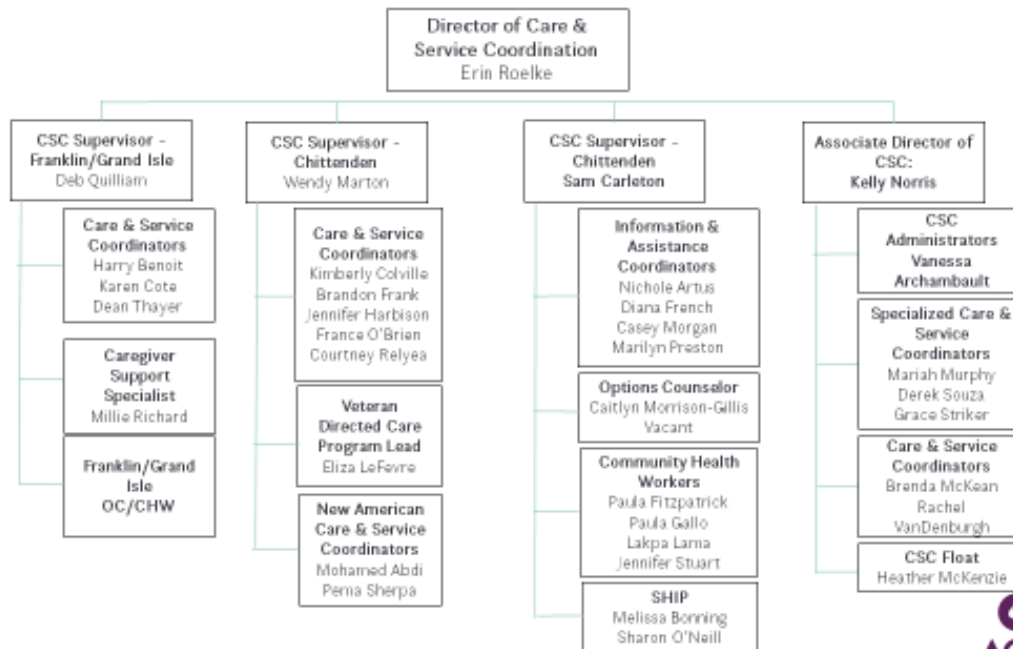
DEVELOPMENT AND COMMUNICATIONS



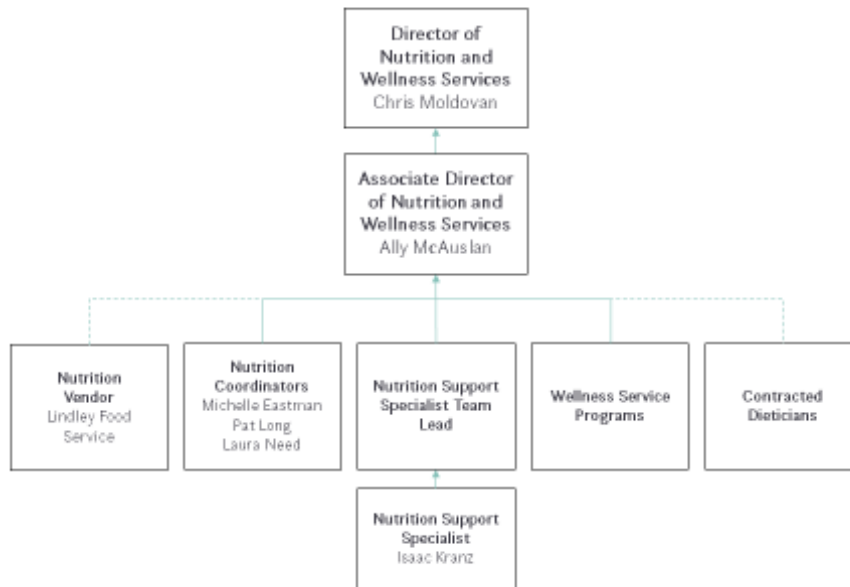
OPERATIONS & COMPLIANCE



CARE AND SERVICE COORDINATION



NUTRITION AND WELLNESS



VOLUNTEER AND TRANSPORTATION





Appendix B:

Age Well Advisory Council

Susie Brooks, Chair

Sales Director, Accessible Web

Kim Anderson

Director of Development and Communications @ Community Health Centers of Burlington

Katy Davis

Community Health Initiatives Director

Candice Holbrook

Recreation Program Manager at Burlington Parks, Recreation & Waterfront

Wayne Maceyka

Director of Marketing and Sale @ AllEarth Renewables, Inc., Age Well Volunteer

Karin Nissen

VCIL Meals on Wheels Coordinator

Allyan Rivera

Diplomate, American Board of Examiners in Clinical Social Work (Retired), Age Well Volunteer



Appendix B: Age Well Board Composition

Officers:

Joan Lenes, President

Former Legislator
197 Governors Lane, Shelburne, VT 05482
Jlenes197@gmail.com
(802) 999-9363

Joined Board: 10/1/17
Year 3 of Term 1

Allan Murray Ramsay, MD, FACP, Vice-President

Medical Director, Peoples Health & Wellness Clinic, Barre, VT
Vermont Coalition of Clinics for the Uninsured.
People's Health and Wellness Clinic, Barre, VT
Allan.m.ramsay@gmail.com
(802) 661-8276

Joined Board: March 2017
Year 3 of Term 1

John Davis, CPA, CFP, CVA, Treasurer

President, Davis & Hodgdon Associates, CPAs
33 Blair Park Road, Suite 201, Williston, VT 05495
Johnd@dh-cpa.com
(802) 878-1963

Joined Board: 12/1/15
Year 1 of Term 2

Sarah Gentry Tischler, Secretary

Partner, Langrock, Sperry & Wool
210 College Street, Burlington, VT 05402
stischler@langrock.com
(802) 355-7300

Joined Board: 1/1/17
Year 1 of Term 2

Members:

George Beato

Controller, Champlain Oil Co. Inc.
45 San Remo Drive, South Burlington, VT 05403
gbeato@champlainoil.com
(802) 310-1131

Joined Board: 3/9/20
Year 1 of Term 1

Susie Brooks

Sales Director, Accessible Web
sbrooks@accessibleweb.com
(802) 578-1364

Joined Board: 1/4/19
Year 1 of Term 1

Patrick Brown, PhD

Community Engagement Liaison
Howard Center

Joining Board: 09/16/21
Term 1 of 1

Meagan Buckley

Director of Health Services, Wake Robin Corporation
200 Wake Robin Drive, Shelburne, VT 05482
mbuckley@wakerobin.com
(802) 881-2161

Joined Board: 3/28/19
Year 1 of Term 1



Johannah Donovan

545 South Prospect Street, #37, Burlington, VT 05401
johannah.donovan@gmail.com
(802) 734-0493

Joined Board: 8/18/20
Year 1 of Term 1

Liz Gamache

Consultant, Liz Gamache, LLC
9 Messenger Street, St. Albans, VT 05478
liz@lizgamache.com
(802) 730-3424

Joined Board: 9/05/19
Year 1 of Term 1

John Hammer

Retired
400 Wake Robin Drive, #201 Shelburne, VT 05482
HomeportVT@gmail.com
(802) 318-2909

Joined Board: 7/02/20
Year 1 of Term 1

Alex Lehning

Executive Director and Librarian, St. Albans Library
P.O. Box 722, 9 Church Street, St. Albans, VT 05478
awlehning@gmail.com
(802) 399-6037

Joined Board: 01/11/2021
Year 1 of Term 1

Annmarie Plant

Aging Life Care Consultant, GHP Advisors PC
131 Main Street, Burlington, VT 05401
annmarie.plant726@gmail.com
(802) 238-7563

Joined Board: 9/05/19
Year 1 of Term 1

Sarah Russell

Organizational Development Consultant and HR Business
Partner
161 St. Paul Street, #301, Burlington, VT 05401
sarahhallrussell@gmail.com
(802) 617-838-5160

Joined Board: 4/22/20
Year 1 of Term 1

Lynda Ulrich, DMD

Owner, Fiddlehead Dental
39 Congress Street, St. Albans, VT 05478
drlynda@everwideningcircles.com
(802) 343-2477 (cell)

Joined Board: 5/24/2019
Year 1 of Term 1

Ruth Wallman

Retired
230 North Williston Road, Williston, VT 05495
Ruth.l.wallman@gmail.com
(802) 598-5577

Joined Board: 12/1/2015
Year 1 of Term 2



Appendix C: Emergency Operations Plan (EOP) and Continuity of Operations Plan

Background

As the local Area Agency on Aging (AAA) for Addison, Chittenden, Franklin, and Grand Isle counties, Age Well considers disaster preparedness an important part of our mission; to provide the support and guidance that inspires our community to embrace aging with confidence. This plan is prepared in an effort to aid in maintaining the personal safety of older Vermonters, while providing communications and continuity of services in the event of a disaster.

Assessment of Potential Hazards – the following is a list of the potential hazards that present a risk of an emergency situation for Age Well.

- Epidemic/Pandemic
- Flood
- Ice Storm
- Winter Storm
- Power Failure
- Acts of Terrorism
- State of Emergency
- Fire
- Cyber attack
- High Wind Event /Tornado

Age Well works collaboratively with Vermont's Agency of Human Services and the Vermont Emergency Management /Emergency Operations Center as the Lead Agency for emergency operations related to human services. Age Well has and will continue to participate in local emergency planning team meetings in our service area. Through the Vermont Association for Area Agencies on Aging (V4A), Vermont's AAA's have developed and will continue to update internal plans and procedures for any disaster. For example, most recently, Age Well has been an active participant in the Vermont Vaccine Implementation Advisory Committee, to outline the recommendations for making doses of COVID-19 vaccine available to all Vermonters, with a special focus on older adults. Age Well was actively engaged with the Vermont State Emergency Operations Center (SEOC) during COVID-19 as we implemented our own incident command system and supported logistics through the state wide emergency management command structure to support clients and operations state wide.

Continuity of Operations

In the event of an emergency, the Age Well CEO, in coordination with the appropriate state Agency, will activate emergency services to address the needs of older Vermonters as identified by agencies involved with disaster coordination through an established Vermont State Emergency Operations Plan. In the event that the Age Well CEO is incapable, or unable to perform this duty, the Age Well Board of Directors will assign a successor.



Age Well has pledged to provide assistance to identify and support potential victims of an emergency with the use of its data management tools, other data analytic resources, along with information gained and assistance provided via our toll-free, confidential Helpline. Age Well has a developed plan to ensure that the key IT functions critical to agency operations are maintained in the event of an emergency. This is supported by an external vendor, Tech Group, who maintains backup systems and system integrity in case of emergency including cyber attack.

Age Well defines essential functions as those programs or services that are vital to our agency's mission and must be maintained, or resumed as soon as possible. In the event of an emergency, each program and department at Age Well will review the department's completed essential functions analysis which will be reviewed as Age Well works to prioritize the mission-essential functions to be restored in the wake of a disaster. In prioritizing essential functions, Age Well will consider if a function were not performed within three days after a disruption due to emergency, what the impact would be on older Vermonter's lives, legal or contractual obligations, revenue, jobs, and service to our communities.

Age Well will keep all key stakeholders apprised of our operations throughout any emergency: including but not limited to the Age Well Board of Directors, regulatory agencies, government agencies, staff, clients, community partners, vendors, suppliers, the media and the general public. As changes in status of our operations or location occur throughout an emergency, Age Well will keep information current and forthcoming.

As part of Age Well's Emergency Operations Plan, we have developed an internal Emergency Communication Plan, including a system for communicating to staff any announcements such as weather-related closings, and other potential emergency conditions requiring office closures. This plan contains the criteria for closures, as well as the process for internal communications to all staff, and external communication to community partners.

This Emergency Communication Plan is a part of staff training which is updated as our Emergency Communication Plan evolves. Age Well maintains a list of community providers/partners for emergency supports in each of Age Well's four counties. Age Well maintains contact with these community partners to continually explore and re-define how we will support each other and leverage our collective resources in the event of an emergency. Age Well participates in ongoing discussions through the V4A in an effort to collaborate, share and learn from other AAA's in Vermont, as well as Agencies on Aging in the national network. Age Well has ongoing discussions at the Board, Executive, Director and Supervisory levels to clarify our agency's needs and resources for emergency preparedness planning.

Age Well Critical Assets for Consideration in an Emergency Event:

- Staffing and Volunteers
- Buildings/offices: St. Albans (3400 sq ft), Colchester (10,400 sq ft), Middlebury (1500 sq ft)
- Equipment including computers/laptops, servers, postage machine, copier/printers

- Information on back up files (cloud and server) including client information, payroll, benefits, employee information
- Emergency operations and occupational health and safety plans held on server/shared drive
- Financial files held in financial IT platform with Director of Finance
- Office supplies and forms
- Furniture and fixtures
- Two commercial freezers located in St. Albans and Rutland – for emergency meal storage.

Other External Assets:

- Board Members
- Partner Agencies /Other Community Partners
- Large Volunteer Contingency (1300 total)

Critical Operations (Internal)

- Payroll systems (ADP)
- Plant and Property/Facility Operations in three of four counties
- Accounts Payable/Receivables

Internal Protocol In Case of Emergency:

- CEO or Director on Duty Calls for Emergency Huddle of Leadership Team
- Emergency operations protocols put into action depending on the event
- Incident Command/Emergency Operations system initiated (as applicable)
- Board of Directors Notified by CEO or designee (in CEO absence)
- All Staff Email communications initiated
- IT Vendor Notified (as applicable)
- Consider Remote Operations (as applicable)
- Community Partner notification sent by PR/Community Outreach
- Regulatory agencies notified (as applicable)

Critical Operations (Programmatic):

- Information and Assistance calls/walk-ins, appointments (daily)
- Choices for Care clients visits monthly
- Case management protocols and in home visits
- Congregate meals per schedule
- Home Delivered meals
- Volunteer management
- Transportation
- Volunteer programs –Senior Companion
- SHIP /I&A
- Family Caregiver support services



- Wellness Programs
- VDC Program (Hub and Spoke)
- Senior Companion (Hub and Spoke)
- Administrative/Office/HR and Financial support functions

Program Protocols in Case of Emergency:

General:

- Establish alternate work sites if necessary.
- Arrange for phone/internet/computer and /or remote work access.
- Communicate with staff and Board of Directors
- Communicate with State Agencies.

Program specific:

Case Management:

- Contact Choices for Care and other vulnerable clients.
- Identify staff able to work and assign clients.
- Triage Helpline/I&A and urgent client visits based on disaster and staff availability.

Leadership Point Person: Director of Care and Service Coordination.

Information and Assistance/Helpline:

- Identify staff able to work and assign clients.
- Triage Helpline/I&A and urgent client visits based on disaster and staff availability.

Leadership Point Person: Director of Care and Service Coordination/Supervisor I&A/SHIP.

Meals/Nutrition:

- Contact TRIO
- Director to assess capability of delivering home delivered meals and scheduling/route considerations.
- Assess what assistance is needed or if other protocols need to be evaluated.
- Assess whether clients received or require emergency meals.

Leadership Point Person: Director of Nutrition and Wellness Services.

Transportation:

- Contact transportation providers to determine temporarily closed routes and/or unavailable drivers.
- Evaluate alternative options with contractors, Heineberg Senior Center (van) or volunteers.

Leadership Point Person: Director of Volunteer Services.

SHIP:

- Contact active or vulnerable clients.
- Cancel/reschedule Medicare Classes or consider remote options.
- Activity will depend on time of year (ie open enrollment or not).



Leadership Point Person: Director of Care and Service Coordination and Supervisor I&A/SHIP

Caregiver Support Program:

- Contact clients and/or caregivers on respite grant program.
- Cancel or reschedule Powerful Tools for Caregiver classes.
- Provide support as needed for caregiver needs.

Leadership Point Person: Director of Care and Service Coordination

Volunteer Programs:

- Contact active volunteers depending on situation.
- Assess if volunteers are needed to support emergency.
- Coordinate with MOW Program and Nutrition Director.
- Contact Senior Companions/Senior Companion clients and volunteers.

Leadership Point Person: Director of Volunteer Services

Media/Board/Donor/Community Partner Communications:

- Distribute Press releases as needed, post relevant information on Website and Social Media.
- Contact Board of Directors, Community Partners and Donors as needed.
- Provide updates and public service announcements via media list.

Leadership Point Person(s): Directors of PR/Business Development and Director of Development/Planned Giving

Information Systems:

- Contact IT vendor(s) for potential back up.
- Determine ability to work, restore server and network, determine data loss and recover data.
- In the case of a cyberattack, evaluate breach and contact AG Office if appropriate.
- All issues of network security are managed via the Director of IT and the IT vendor, including computer maintenance, back up, security, anti-virus

Leadership Point Person: Director of IT.

Agency Communications:

- Age Well maintains an emergency phone tree in addition to emergency email and text lists.
- The CEO or designee (in CEO's absence) will make the decision to implement the phone tree based on the situation.
- Reasons to implement the phone tree include weather based closures, office emergency, staff death.



Leadership Point Person: CEO or Director on Duty

Personnel/Payroll/Finance:

- Payroll is contracted through a third party vendor ADP.
- Manual checks may be written by the CEO or the Director of Finance depending on the amount.
- Agency credit cards are issued to all Leadership team members and may be used for purchases according to policy /spending thresholds.
- Accounts payable/receivable will be performed remotely by the Finance team should the need arise.
- Age Well's vendors will be contacted by the Director of Finance to apprise them of the emergency should AP/AR systems be impacted by the emergency.
- Personnel/staffing/assignments and re-deployments as a result of the emergency event, are coordinated by the Director of Operations/Compliance.

Leadership Point Person(s): Director of Finance and Director of Operations/Compliance

Order of Succession and Delegation of Authority:

- The CEO of Age Well shall maintain authority unless physically or mentally unable to do so, or unless the CEO is unable to be reached via phone, email or text, and there is an immediate/emergent need for decision-making.
- If the CEO cannot be reached, and there is an immediate/emergent need for decision-making, the Board of Director's President, Vice President, Secretary and/or Treasurer shall be notified by the Director on Duty.
- The Director on Duty is authorized to make critical decision as needed in the absence of the CEO.
- Contact information for all staff positions is available to all staff on the Emergency Contact list, distributed regularly and resides on the shared drive.
- Tasks that can be delegated in case of CEO absence include but are not limited to:
 - Day to day agency operational oversight including purchase decisions for needed supplies/materials- Director on Duty/Director of Finance
 - Hiring/termination of staff members – Director of Operations and Compliance

Emergency Contact Information – Vendors/Contractors:

- a. Audit Firm: McSoley and McCoy
- b. Investment /Banking: Hanson and Doremus, Key Bank
- c. Attorney: Paul/Frank and Collins: Kris Brines (Labor/HR/Personnel), Christopher Leff (Contracts), Benjamin Gould (Real Estate), Shane McCormack (Affiliations), Steve Soule (Quality/Risk Management/Compliance)



- d. Colchester Office: Elevator Bay State Elevator, 802-879-1749, info@bseco.com
18 Morse Drive, Essex Junction 05452
- e. Phone System: Mitel/Shoretel
- f. Computer/IT/IS Support: Tech Group
- g. Construction/building: Joe Brigante, KJ Construction, Essex Junction, vT 802-879-2800
- h. Copier Maintenance Sympquest
- i. Postal Machine: Pitney Bowes
- j. Electrician: Joe Brigante- K.J. Construction Essex Junction VT 802-879-2800
- k. Insurance 1) General Insurance Coverage: • Workers Comp • Liability 2) Health Insurance : Hickcock and Boardman Group

Age Well Critical Partners:

A. Area Agencies on Aging : All AAAs have agreed to support each other in case of local emergency/inability to staff critical functions.

- 1) Senior Solutions, Mark Boutwell , Executive Director, 885-2655, 38 Pleasant Street, Springfield 05156, mboutwell@seniorsolutionsvt.org
- 2) Southwestern Vermont Council on Aging, Pam Zagorski, Executive Director, 786-5990, 143 Maple Street, Rutland 05701, pzagorski@svcoa.net
- 3) Northeast Kingdom Council on Aging, Meg Burmeister, Executive Director, 748-5182, 481 Summer Street, Suite 101, St. Johnsbury, 05819, mburmeister@nekcoa.org
- 4) Central Vermont Council on Aging, John Mandeville, Executive Director, 59 N. Main St., Barre, VT jmandeville@cvcoa.org 802-476-2676
- 5) Vermont Association of Area Agencies on Aging, Mary Hayden, Executive Director maryh@vermont4a.org 802-578-7094

B. Home Health Agencies/VNAs:

- 1) Franklin County Home Health and Hospice, Andrea Patrick Baudet, CEO
- 2) UVMHC Home Health and Hospice, Adrienne Johnson Ross, COO
- 3) Addison County Home Health and Hospice, Deborah Wesley, CEO



Senior Centers:

Champlain Senior Center and MOW HUB.
Address: 20 Allen Street, Burlington VT.

Heineberg Senior Center.
Address: 72 Heineberg Road, Burlington VT .

St. Jude's Church meal site and MOW hub location.
Address: 10759 VT-116, Hinesburg VT.

Winooski Senior Center & MOW Hub location & weekly Grab and Go meal distribution site.
Address: 123 Barlow Street, Winooski VT.

Arrowhead Senior Center location (Groovy Lunch Bunch).
Address: 46 Middle Road, Milton VT and Mow Hub at Milton Town offices/Grange Hall.

Essex Senior Center (Chittenden County) and St James Episcopal Church.
Address: 2 Lincoln Street Essex Junction, VT.

Charlotte Senior Center (Chittenden County).
Address: 212 Ferry Road, Charlotte, VT.

Richmond, Huntington, Bolton Senior Center without Walls. (Chittenden County)
Address of Focal Point: Richmond, Huntington, Bolton VT.

Fairfield Community/Senior Center (Franklin County).
Address: 124 School Street, E. Fairfield, VT.

Franklin County Senior Center (Franklin County)
Address: 75 Messenger Street, St. Albans, VT

Islands in the Sun Senior Center Alburgh (Grand Isle County).
Address: Main St, (P.O. Box 595) Alburgh, VT.