

Delaware State Plan on Aging

*October 1, 2012 to
September 30, 2015*

DRAFT

Delaware Health
and Social Services

Division of Services for
Aging and Adults with
Physical Disabilities



Draft

April 3, 2012

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Verification of Intent

The State Plan on Aging is hereby submitted for the State of Delaware for the period October 1, 2012 through September 30, 2015. It includes all assurances and plans to be conducted by the Division of Services for Aging and Adults with Physical Disabilities under the provisions of the Older Americans Act, as amended, during the period identified above.

The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated service systems and nutrition services, and to serve as the effective and visible advocate for Delaware's seniors.

This plan is hereby approved by the Secretary of Delaware Health and Social Services on behalf of the Governor, and constitutes authorization to proceed with activities under the plan upon approval by the Assistant Secretary on Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

William Love, Director
Division of Services for Aging and Adults with
Physical Disabilities

Date

Rita Landgraf, Secretary
Delaware Health and Social Services

Date

Executive Summary

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is required by the Older Americans Act, as amended (OAA), to develop a State Plan on Aging every two to four years. This plan on aging is for the time period beginning October 1, 2012 through September 30, 2015.

The State Plan on Aging functions as DSAAPD's contract with the Administration on Aging (AoA). It allows the State of Delaware to receive funding under Titles III and VII of the OAA. Titles III and VII provide for funding for important services for older Delawareans, known as "core" programs, such as:

- Personal Care
- Housekeeping
- Respite
- Adult Day Services
- Medical Transportation
- Legal Services
- Personal Emergency Response Systems
- Case Management
- Congregate and Home-Delivered Meals
- Preventative Care
- CARE (Caregiver-Assistance-Respite-Education) Delaware
- Joining Generations
- Adult Protective Services
- Long-Term Care Ombudsman

The OAA also provides funding through discretionary grants for Delaware's Aging and Disabilities Resource Center (ADRC), Lifespan Respite, and Delaware's Senior Medicare Patrol. The Model Approaches to Statewide Legal Assistance Systems discretionary grant provides funding for legal services initiatives such as the Senior Legal Hotline.

As a Single Planning and Service Area (PSA), DSAAPD serves as a State Unit on Aging (SUA). It also performs the functions of an Area Agency on Aging (AAA), delivering and contracting for services for older persons at the local level. Additionally, DSAAPD is responsible for coordinating services for adults with physical disabilities in Delaware. In order to carry out these activities, DSAAPD maintains strong partnerships with organizations within the aging and disabilities networks.

The older population in Delaware, as in the rest of the nation, is growing. Currently about one in five Delawareans is age 60 and older. By the year 2020, the older population will make up one-fourth of the state's population. It is projected that by the year 2020, the population consisting of the "oldest old" (age 85 and older), will have grown by 147.5%. As the older population grows so will the demand for these important services. DSAAPD will use the strategies in this State Plan on Aging to address the growing and changing needs of older Delawareans and persons with disabilities.

The 2012 – 2015 State Plan on Aging focuses on three important areas. The focus areas include OAA core programs, AoA discretionary grants, and consumer control and choice. The plan includes five goals that reflect DSAAPD's priorities going into the next three years:

1. Promote excellence in the delivery of core Older Americans Act Programs

2. Carry out advocacy efforts to develop service structures that improve the lives of older persons, adults with disabilities, and their caregivers
3. Develop strategies to fully integrate discretionary grant programs with Older Americans Act core programs
4. Support consumer control and choice related to long-term care options
5. Support the expansion of home and community based services which enable consumers to direct their own care

Specific objectives and strategies are delineated for each of these goals. The State Plan on Aging also provides performance measures so that progress can be evaluated and ongoing improvements can be made in reaching these goals.

DSAAPD will promote excellence in the delivery of core programs through such efforts as using best practices in case management, targeting priority populations, addressing the needs of caregivers, supporting programs that protect the rights of older persons and efforts to make delivery of services more efficient.

The plan includes efforts to improve the lives of older persons, person with disabilities and caregivers through advocacy of certain services. Telehealth services will improve lives by allowing persons to receive some medical care at home, or in other more convenient settings, rather than travelling to their health care provider's office. DSAAPD recognizes the need to improve emergency preparedness efforts and will work to improve emergency plans with service providers, older persons, and adults with disabilities. Access to affordable and accessible housing and transportation continues to be a need. DSAAPD will coordinate with partners to work on these issues. The plan includes efforts to improve access to services for persons with mental illness, substance abuse issues, and for persons with neurological diseases.

In October 2010, DSAAPD opened the ADRC statewide. Over the next three years, DSAAPD will work toward integrating the ADRC with core programs by implementing the attached ADRC five year sustainability plan. (Attachment K) DSAAPD will make efforts to integrate Delaware's Senior Medicare Patrol and Lifespan Respite program with core programs, as well as continue efforts to integrate the Model Approaches to Legal Assistance initiative with core programs.

In order to support consumer control and choice related to long-term care options, DSAAPD plans to expand the availability of resources and options for persons who chose to receive long-term care supports in home and community-based settings. The plan includes helping persons who reside in nursing homes, or who are at risk of being placed in nursing homes, to learn about their service options so that they can make informed decisions not only about their care, but about the setting in which they receive the care.

Finally, DSAAPD will continue to work toward expanding home and community-based services which enable persons to direct their own care. This goal will be accomplished by expanding and improving the Attendant Services program and implementing additional consumer-directed models where feasible.

By implementing the State Plan on Aging goals and objectives, DSAAPD will work toward building capacity to serve the growing aging population. This will be accomplished, not only by providing needed services, but also by providing those services at the person's direction and in the setting of their choice.

Introduction

Purpose

The State Plan on Aging serves as the contract between the State of Delaware and the Administration on Aging (AoA). It enables Delaware to receive funds under Titles III and VII of the Older Americans Act. This funding provides needed services and programs for Delawareans age 60 and older.

In addition to fulfilling this federal requirement, the State Plan on Aging also serves as a strategic planning guide for the Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) for the next three years. It describes a vision for the future and lays out goals, objectives, and strategies for meeting that vision.

Process

DSAAPD began the process of developing the State Plan on Aging by reviewing the Older Americans Act of 1965, as amended; DSAAPD's current State Plan on Aging; State Plans from other states; demographic data; AoA's Program Instruction for FY 2013; and other AoA-provided resources. A working timeline for completion of the State Plan was developed. The decision was made that the State Plan will cover a period of three years, from October 1, 2012 through September 30, 2015.

DSAAPD staff brainstormed ideas as a starting point for the goals, objectives, and strategies. Using the AoA Program Instruction as guidance, a "skeletal" plan was drafted.

A State Plan on Aging Oversight Committee was formed. The committee consisted of a variety of aging and disabilities advocates, caregivers, and DSAAPD staff. (Please see Appendix H for a list of the members of the Oversight Committee.) At the initial meeting of the Oversight Committee, the "skeletal" plan was reviewed and discussed. Input and comments from the committee were obtained and incorporated into the draft.

Input was obtained from DSAAPD staff members in their areas of expertise. The input was incorporated into the draft. The draft was sent to the Oversight Committee and all DSAAPD staff for review and comment. Staff and committee comments were reviewed for incorporation into the draft.

The draft State Plan on Aging was posted on DSAAPD's website for public comment. It was also sent to stakeholders for comment. Public Meetings were held in each county to obtain input. The plan was presented to the Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities (GAC). The final meeting of the Oversight Committee was held on May 14, 2012. Public, stakeholder, committee, and GAC comments were reviewed for inclusion in the plan. After the plan was finalized, it was submitted to Delaware Health and Social Services Secretary Rita Landgraf for final approval.

Mission and Vision

The goals and objectives detailed in this plan support DSAAPD's overall mission and vision. Full versions of the Delaware Health and Social Services' and DSAAPD mission and vision statements are located in Appendix E.

Context

The Current and Future Population of Older Delawareans

According to current population data, there are approximately 182,390 persons living in Delaware who are age 60 and older. Of that number, 15,744 persons, or 8.6%, are considered to be the “oldest old” at age 85 and older.

Who are these older Delawareans? About 16.5% of older Delawareans who are age 60 and older are members of racial or ethnic minorities. About 7.8% live below the poverty level. Those in the labor force make up 27% of all older Delawareans. About 22.9% are veterans. It is estimated that 1.7% of Delaware’s older population are responsible for the care of grandchildren under age 18.

Based on the national prevalence rate for persons age 65 and older, it is estimated that 16,806, or 13%, of older Delawareans have Alzheimer’s Disease. Approximately 27.7% of Delawareans who age 60 and old and are living in the community have at least one disability. Of Delawareans age 65 and older, 17.2% of males and 32.1% of females live alone.

As is the case in most states, Delaware’s older population is increasing. Delaware’s older population, however, is increasing at a faster rate than in most other states. This faster rate of growth is due in part to migration. Delaware has the fifth highest net migration rate in the country for persons age 55 to 74. In the nation as a whole, the older population (age 65 and older) grew by 10% between 1996 and 2006. In Delaware, during the same time period, that population grew by about 24%.

Currently, about one in five Delawareans is age 60 and older. By the year 2020, older persons will make up one-fourth of the state’s population. It is projected that by the year 2020, the population consisting of the “oldest old” will have grown by 147.5% since the year 2000. Delaware is made up of three counties. In Sussex County, our fastest growing county in terms of older persons, it is projected that from the year 2000 to 2020 the population of the “oldest old” will have grown by 311.7%.

For more information about Delaware’s older population, please see Appendix C of this plan.

Delaware’s Aging Network and Long-Term Care System Organization

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) serves as the State Unit on Aging (SUA) for Delaware. Because of Delaware’s small size, it has been designated a Single Planning and Service Area (PSA) for the purpose of administering funds under the Older Americans Act. As a result, DSAAPD carries out the functions of an SUA and also performs the responsibilities of an area agency on aging (AAA). As such, DSAAPD delivers and contracts for services statewide.

DSAAPD is one of twelve divisions within the Delaware Department of Health and Social Services (DHSS). DSAAPD coordinates with other divisions within DHSS, including but not limited to, the Division of Medicaid and Medical Assistance (DMMA), the Division of Substance Abuse and Mental Health (DSAMH), the Division of Public Health (DPH), the Division of Developmental Disabilities Services (DDDS),

the Division for the Visually Impaired (DVI), the Division of Social Services (DSS). Please see Appendix I for DSAAPD and DHSS organizational charts.

Effective January 2011, Delaware's three state-run long-term care facilities were transitioned to DSAAPD. The purpose of the transition is to improve access to services as the needs of the residents of the three facilities are similar to the needs of those we are serving in the community. Also effective January 2011, the Office of the Long-Term Care Ombudsman and Adult Protective Services were transitioned from DSAAPD to the Office of the Secretary, DHSS.

On April 1, 2012, Delaware transitioned from an Elderly and Disabled Waiver model to a managed care model for the provision of long-term care services for persons enrolled in Medicaid. The Division of Medicaid and Medical Assistance will administer the managed care model, known as the Diamond State Health Plan Plus. DSAAPD will continue to deliver and contract for services that are funded by sources other than Medicaid.

In addition to serving as Delaware's SUA/AAA, DSAAPD is the central advocate for adults with physical disabilities. As such, DSAAPD carries out a broad range of activities, including:

- operating the Delaware Aging and Disabilities Resource Center (ADRC) to provide a call center, options counseling, and service enrollment support services;
- issuing and administering contracts for home and community based services for older persons and persons with physical disabilities;
- operating the Delaware Senior Medicare Patrol, the Delaware Money Management program, and the Senior Community Service Employment Program;
- operating the Nursing Home Transition Program and Care Transitions;
- providing Case Management;
- managing CARE (Caregiver Assistance-Respite-Education) Delaware and Joining generations to provide assistance to caregivers;
- developing and implementing wellness and health promotion programs;
- advocating on behalf of older persons and adults with physical disabilities to create a broader awareness of needs and to generate additional resources to meet those needs;
- providing training to our staff and members of the broad aging and disabilities network on a wide range of topics related to older persons and adults with disabilities;
- operating three state-run long term care facilities.

DSAAPD maintains strong partnerships with agencies and organizations within Delaware's aging and disabilities network. Our partners include:

- The Delaware Aging Network (DAN);
- AARP;
- The Alzheimer's Association;
- Delaware's State Council for Persons with Disabilities;
- Delaware Department of Insurance (Elderinfo Program (SHIP));
- Independent Resources, Inc.;
- Freedom Center for Independent Living, Inc.;
- University of Delaware, Center for Disabilities Studies;
- Homeless Planning Council;
- Coalition for the Homeless;
- Delaware State Housing Authority;

- Sussex County Parkinson’s Education and Support Group;
- Community Legal Aid Society, Inc.’s Elder Law and Disabilities Law Programs.

DSAAPD maintains strong partnerships with hospitals, senior centers, and service organizations. DSAAPD staff members serve on community boards, committees, and task forces working on issues that affect older Delawareans and persons with disabilities. These issues include housing, transportation, telehealth, health promotion, emergency preparedness, and legal services, to name a few.

DSAAPD benefits from the advice of its Governors Advisory Council. The Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities was established under Delaware state law to provide advice to the Director of DSAAPD on programs and projects to benefit older persons and adults with physical disabilities in the state. The Council consists of 22 members, each appointed to a three-year term by the Governor. The Council meets approximately seven times per year. The Council serves in an advisory capacity for the development and implementation of Delaware's statewide Aging and Disability Resource Center.

Critical Issues, Trends, Future Implications, and Challenges

Delaware’s long term care expenditure patterns are symptomatic of our overreliance on facility-based services. Currently in Delaware, about 87% of long-term care dollars are spent on facility-based services, as opposed to 66% for the nation as a whole.

As previously mentioned, Delaware’s older population is growing. A significant challenge is presented by the need for additional funding to support the growing need for services. In addition, as the population of the “oldest old” continues to grow, so may the need for more costly services.

As demand for our services grows, so does the demand on our staff resources. Unfortunately, the current economic climate has affected our ability to increase staff to meet this demand.

Another challenge continues to be our lack of a coordinated automated data collection and reporting system. The absence of such a system has hampered our capacity to perform high level data analysis for program planning and development.

Strategies and Resources

Delaware continues to work toward rebalancing our resources to reduce our reliance on facility-based care. We are addressing this issue, in part, by reducing the census of our state-run facilities. As the census reduces, resources that were previously dedicated to the facilities can be directed to home and community based services and staff.

Delaware has several initiatives underway to address our overreliance on facility-based care by building access to, and increasing the capacity of, our community-based services:

- Delaware’s ADRC offers information and referral services, options counseling, and service enrollment support;
- DSAAPD’s Care Transitions Team was formed to review all referrals to the state’s long-term care facilities. Since February 2011, the team reviewed and successfully placed 83% of people referred to the state’s long-term care facilities into more appropriate and

desirable care options. (DSAAPD's Care Transitions Team was recently named the 2011 recipient of the Governor's Team Excellence Award by Governor Jack Markel.);

- DSAAPD's Nursing Home Transition Program identifies, informs and assists nursing home residents, especially those who are Medicaid-eligible, who want to move to a community-based setting. The program offers individualized case management to accomplish this goal;
- The Delaware State Housing Authority, in coordination with DSAAPD and other partners, has developed the State Rental Assistance Program (SRAP), which assists low-income individuals who require affordable housing and supportive services to live safely and independently in the community;
- The Division of Medicaid and Medical Assistance (DMMA), in partnership with DSAAPD, has developed Diamond State Health Plan – Plus (DSHP – Plus), an integrated managed health care delivery system. DSHP - Plus is expected to provide improved access to community-based long-term care services and increased flexibility while better controlling rising Medicaid long-term care costs.

Over the next three years and beyond, DSAAPD will continue to make use of strategic opportunities to address the growing and changing needs of older Delawareans and persons with disabilities. DSAAPD will continue to work with public and private partners to take the fullest possible advantage of funding and other collaborative opportunities.

Goals, Objectives, and Strategies

Focus Area 1: Older Americans Act Core Programs

Goal # 1: Promote excellence in the delivery of core Older Americans Act Programs

Objective 1.1 Identify and implement best practices in case management

- Strategy 1.1.1 Train case managers in specialized areas such as brain injury and dementia care
- Strategy 1.1.2 Create protocols to promote consistency in the delivery of case management services in all parts of the state
- Strategy 1.1.3 Develop the capacity to provide emergency case management, including after-hours support, to respond to individual's urgent service needs
- Strategy 1.1.4 Reduce average caseloads of case managers and develop case need projections to ensure that staffing meets anticipated future service demands
- Strategy 1.1.5 Develop a weighting system based on case complexity to facilitate caseload distribution among case managers
- Strategy 1.1.6 Pair staff nurses with case managers to provide support on cases which are medically complex
- Strategy 1.1.7 Explore options for utilizing new technologies to improve the efficiency of case management field operations

Objective 1.2 Develop new strategies to target priority populations in the delivery of core services

- Strategy 1.2.1 Partner with organizations which serve priority populations to coordinate outreach opportunities and improve targeting efforts
- Strategy 1.2.2 Review brochures, correspondence, and electronic communication to ensure that language is user-friendly
- Strategy 1.2.3 Build staff capacity to communicate with non-English speaking persons

Objective 1.3 Promote the development, expansion, and/or improvement of programs which address the needs of caregivers

- Strategy 1.3.1 Perform a caregivers needs assessment
- Strategy 1.3.2 Coordinate with partner agencies to provide hands-on training to caregivers

- Strategy 1.3.3 Explore opportunities for creating cost efficiencies in the delivery of respite services in order to expand availability
- Strategy 1.3.4 Provide ongoing training to Aging and Disability Resource Center (ADRC) call center staff on services available for caregivers, including grandparent caregivers
- Strategy 1.3.5 Coordinate with Delaware’s faith-based community and other aging and disability network partner organizations, such as the Alzheimer’s Association, to make the best use of public and private caregiver support resources

Objective 1.4 Support the delivery of services that promote and protect the rights of older persons

- Strategy 1.4.1 Promote awareness of the availability of the community-based ombudsman within the Long Term Care Ombudsman Program and explore opportunities for expansion of this service component
- Strategy 1.4.2 Strengthen the capacity of the Long Term Care Ombudsman Program to support the rights of nursing home residents who opt to transition from nursing homes to community-based settings
- Strategy 1.4.3 Develop emergency services to target individuals and families receiving support through the Adult Protective Services Program
- Strategy 1.4.4 Expand the scope of information about legal services available on DSAAPD’s website

Objective 1.5 Perform a comprehensive review of the service specifications of targeted core programs and revise as necessary

- Strategy 1.5.1 Combine similar in-home service specifications to create greater efficiencies in the contracting and service-delivery process
- Strategy 1.5.2 Incorporate consumer-directed models into service specifications

Goal # 2: Carry out advocacy efforts to develop service structures that improve the lives of older persons, adults with disabilities, and their caregivers

Objective 2.1 Promote the development of Telehealth services statewide

- Strategy 2.1.1 Coordinate with public and private sector partners in the operation of the Delaware Telehealth Coalition
- Strategy 2.1.2 Promote a high level of awareness among State officials of the opportunities for and benefits of Telehealth services
- Strategy 2.1.3 Work with partners statewide to develop various strategies to support the viability of Telehealth services, including strategies related to reimbursement policies, licensure, liability, and technical infrastructure

Strategy 2.14 Actively participate in the Mid-Atlantic Telehealth Network

Objective 2.2 Carry out strategies which lead to greater emergency preparedness by and on behalf of older persons and persons with disabilities in Delaware

Strategy 2.2.1 Establish minimum criteria for service contractors' emergency preparedness plans

Strategy 2.2.2 Provide technical assistance to contractors to develop plans which meet minimum criteria

Strategy 2.2.3 Establish procedures for reviewing and monitoring contractors' emergency preparedness plans

Strategy 2.2.4 Incorporate an evaluation of emergency preparedness into DSAAPD client assessments and strengthen protocols for individual back-up plans

Strategy 2.2.5 Promote emergency preparedness among older persons and persons with physical disabilities through ongoing outreach activities

Objective 2.3 Coordinate with the Governor's Commission on Community-Based Alternatives for Individuals with Disabilities, the Homeless Planning Council, the Coalition for the Homeless, the Delaware State Housing Authority, and other partners to improve access to affordable housing options for older persons and persons with disabilities

Strategy 2.3.1 Coordinate with partners to conduct an assessment to gauge the type(s) of housing needed

Strategy 2.3.2 Coordinate with partners to establish a real-time directory of available housing options which specify housing features/accommodations

Strategy 2.3.3 Coordinate with partners to promote awareness among housing developers of the needs of older persons and persons with disabilities and provide incentives for the development of accessible housing structures

Strategy 2.3.4 Coordinate with partners to utilize a management information system on housing in order to track housing needs data on an ongoing basis

Objective 2.4 Improve access to and coordination of services for persons with mental illness and substance abuse issues

Strategy 2.4.1 Coordinate with the Division of Substance Abuse and Mental Health to identify and address barriers to service access for persons with mental illness and substance abuse problems

Strategy 2.4.2 See Strategy 5.1.5 (attendant services)

Objective 2.5 Improve access to and coordination of services for persons with neurological diseases

Strategy 2.5.1 Coordinate with the community partners to identify and address barriers to service access for persons with neurological diseases

Strategy 2.5.2 See Strategy 1.1.1 (case manager training)

Objective 2.6 Advocate for affordable, accessible transportation options

Strategy 2.6.1 Actively participate in and support the Delaware's Senior Driver Task Force

Strategy 2.6.2 Explore the use of volunteers to provide transportation for older persons and persons with disabilities

Strategy 2.6.3 See Strategy 4.1.2 (infrastructure development)

Objective 2.7 Promote improved access to underutilized services

Strategy 2.7.1 Coordinate with the Division of Social Services and other partners to increase participation in the Supplemental Nutrition Assistance Program (SNAP) among eligible older persons

Focus Area 2: Administration on Aging Discretionary Grants

Goal # 3: Develop strategies to fully integrate discretionary grant programs with Older Americans Act core programs

Objective 3.1 Fully integrate the Aging and Disability Resource Center (ADRC) with core programs

Strategy 3.1.1 Implement ADRC five year sustainability plan (see Appendix K)

Objective 3.2 Fully integrate the Senior Medicare Patrol (SMP) Program with core programs

Strategy 3.2.1 Recruit additional volunteers to ensure adequate statewide service coverage

Strategy 3.2.2 Further develop and implement plans to maximize retention of volunteers

Strategy 3.2.3 Evaluate the capacity and ability of the SMP program to address the increasing number of cases with complex issues

Strategy 3.2.4 Collaborate with the ADRC to establish referral protocols for cases which involve complex issues

Objective 3.3 Fully integrate Lifespan Respite with core programs

Strategy 3.3.1 Co-sponsor Delaware's annual lifespan respite summit

Strategy 3.3.2 Assess the current use of respite funds statewide to find opportunities to expand the use of vouchers in order to promote efficiency, increase consumer choice, and maximize service capacity

Objective 3.4 Fully integrate the Model Approaches to Statewide Legal Assistance initiative with core programs

Strategy 3.4.1 Translate the Legal Handbook for Older Delawareans into Spanish

Strategy 3.4.2 Recruit and train additional pro bono attorneys to work on the Senior Legal Hotline

Strategy 3.4.3 Cross train ADRC call center staff and legal hotline partners to promote appropriate referrals and expand service utilization

Strategy 3.4.4 Promote the Senior Legal Hotline at outreach events

Focus Area 3: Consumer Control and Choice

Goal # 4: Support consumer control and choice related to long-term care options

Objective 4.1 Expand the availability of resources and service options for individuals who choose to receive long term care supports in home and community-based settings

Strategy 4.1.1 Use budget flexibility to rebalance resources between state-run long term care facilities and home and community based services

Strategy 4.1.2 Build capacity in the State's home and community-based service infrastructure to respond to critical needs including transportation, housing, personal care services, dementia care, and home modification

Objective 4.2 Help persons who reside in nursing homes or who are at risk of institutionalization to learn about their service options and, when needed, access appropriate community-based care

Strategy 4.2.1 Operate a nursing home diversion program to assist individuals who apply for nursing home care to explore alternative service options

Strategy 4.2.2 Expand options counseling services for persons transitioning from acute care hospitals to prevent hospital readmissions and unnecessary institutionalization

Strategy 4.2.3 Coordinate with the Division of Medicaid and Medical Assistance (including Medicaid's Money Follows the Person program and Medicaid managed care organizations) and other partners to support individuals who opt to transition from nursing homes to community-based residential settings

Goal # 5: Support the expansion of home and community based services which enable consumers to direct their own care

Objective 5.1 Expand and improve the Attendant Services program

- Strategy 5.1.1 Explore opportunities for realigning funds across in-home services to increase resources available for consumer-directed attendant care
- Strategy 5.1.2 Review and revise program specifications to create greater consistency across funding sources and to align with current best practices for service delivery
- Strategy 5.1.3 Review Delaware attendant services program legislation and develop accompanying regulations
- Strategy 5.1.4 Coordinate with partners to promote awareness of Delaware's law regarding the delegation of health care acts
- Strategy 5.1.5 Coordinate with advocacy groups and other state agencies to expand the program to serve persons with mental illness and developmental disabilities

Objective 5.2 Deliver additional services using a consumer-directed model

- Strategy 5.2.1 Review consumer-directed care models used in other states for various services and determine whether such efforts are feasible in Delaware
- Strategy 5.2.2 Implement consumer-directed models and evaluate their effectiveness

Outcomes and Performance Measures

Focus Area 1: Older Americans Act Core Programs

Goal # 1: Promote excellence in the delivery of core Older Americans Act Programs

Objective 1.1 Identify and implement best practices in case management

- Percent reduction in average caseload among Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) case managers
- Number of case managers who receive specialized training
- Percent of persons with identified medically-complex cases who have ongoing contact with a DSAAPD nurse

Objective 1.2 Develop new strategies to target priority populations in the delivery of core services

- Number of DSAAPD outreach tools which have been screened and edited for readability

Objective 1.3 Promote the development, expansion, and/or improvement of programs which address the needs of caregivers

- Number of caregivers who receive caregiver training
- Average annual number of caregiver service training hours received by ADRC call center staff
- Percent increase in service hours provided to support caregivers

Objective 1.4 Support the delivery of services that promote and protect the rights of older persons

- Number of community ombudsman service requests
- Average monthly number of visits to elder rights-related pages on DSAAPD's website

Objective 1.5 Perform a comprehensive review of the service specifications of targeted core programs and revise as necessary

- Number of DSAAPD service specifications reviewed
- Number of DSAAPD services which include a consumer-directed component

Goal # 2: Carry out advocacy efforts to develop service structures that improve the lives of older persons, adults with disabilities, and their caregivers

Objective 2.1 Promote the development of Telehealth services statewide

- Number of strategies developed to facilitate the implementation of Telehealth services in Delaware

Objective 2.2 Carry out strategies which lead to greater emergency preparedness by and on behalf of older persons and persons with disabilities in Delaware

- Percent of contractors who receive training on the development of emergency preparedness plans
- Percent of contractor emergency preparedness plans reviewed by DSAAPD staff
- Number of emergency preparedness outreach activities conducted

Objective 2.3 Coordinate with the Governor’s Commission on Community-Based Alternatives for Individuals with Disabilities, the Homeless Planning Council, the Coalition for the Homeless, the Delaware State Housing Authority, and other partners to improve access to affordable housing options for older persons and persons with disabilities

- Number of housing developers provided with information about accessibility
- Number of new accessible housing units developed

Objective 2.4 Improve access to and coordination of services for persons with mental illness and substance abuse issues

- Number of persons with mental illness who receive consumer-directed attendant services

Objective 2.5 Improve access to and coordination of services for persons with neurological diseases

- Number of case managers who receive specialized training

Objective 2.6 Advocate for affordable, accessible transportation options

- Number of volunteers trained to provide transportation services
- Number of trips provided by transportation volunteers

Focus Area 2: Administration on Aging Discretionary Grants

Goal # 3: Develop strategies to fully integrate discretionary grant programs with Older Americans Act core programs

Objective 3.1 Fully integrate the Aging and Disability Resource Center (ADRC) with core programs

- Number of ADRC Call Center staff who receive AIRS certification

Objective 3.2 Fully integrate the Senior Medicare Patrol Program with core programs

- Number of Senior Medicare Patrol Program volunteer hours provided

Objective 3.3 Fully integrate Lifespan Respite with core programs

- Percent increase in number of respite service hours provided

Objective 3.4 Fully integrate the Model Approaches to Statewide Legal Assistance initiative with core programs

- Number of Pro Bono Attorneys working on the Legal Hotline
- Number of hours of training provided to ADRC call center staff related to legal services programs

Focus Area 3: Consumer Control and Choice

Goal # 4: Support consumer control and choice related to long-term care options

Objective 4.1 Expand the availability of resources and service options for individuals who choose to receive long term care supports in home and community-based settings

- Percent of funds shifted from institutional to community-based care

Objective 4.2 Help persons who reside in nursing homes or who are at risk of institutionalization to learn about their service options and, when needed, access appropriate community-based care

- Number of nursing home applicants diverted to community-based care
- Number of nursing home residents transitioned to community-based care

Goal # 5: Support the expansion of home and community based services which enable consumers to direct their own care

Objective 5.1 Expand and improve the Attendant Services program

- Percent increase in number of persons receiving consumer-directed attendant care services

Objective 5.2 Deliver additional services using a consumer-directed model

- Number of DSAAPD services which include a consumer-directed component

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Appendix A: Assurances, Provisions and Information Requirements

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STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

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

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

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

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

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

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

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging

will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

Sec. 306(a), AREA PLANS

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

(A) services associated with access to services (transportation, 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 agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will— (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

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

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

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

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

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

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

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

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

- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

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

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. (6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, 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;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

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

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

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

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

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

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

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

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

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

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

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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

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

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

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

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or

terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

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

(2) The State agency:

- (A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
- (B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

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

(5) The State agency:

- (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
- (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
- (C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.
- (6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.
- (8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency-
- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
 - (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
 - (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

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

Section 306(a)(17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

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

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

Section 307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)

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

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

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

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

Section 307(a)(8) (Include in plan if applicable)

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

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

Section 307(a)(10)

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

Section 307(a)(21)

The plan shall:

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

Section 307(a)(28)

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a)(29)

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

Section 307(a)(30)

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

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

- (7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (*Note: Paragraphs (1) of through (6) of this section are listed below*)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

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

Appendix B: Resource Allocation Plan

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Resource Allocation Plan FY 2013

State General Funds	
Total State General Funds	\$10,168,000
Federal Funds	
Social Services Block Grant (SSBG)	\$1,219,507
Older Americans Act Title III	\$5,962,829
Older Americans Act Title V	\$1,909,347
Older Americans Act Title VII	\$108,321
Nutrition Services Incentive Program	\$390,542
Senior Medicare Patrol (SMP) Project	\$172,138
SMP Capacity Building Grant	\$50,000
Model Approaches to Legal Assistance Grant	\$100,000
Total Federal Funds	\$9,912,684
Other Funds	
Grant-in-Aid Funds	\$7,915,163
Tobacco Settlement Funds	\$1,041,500
Total Other Funds	\$8,956,663
Grand Total	
	\$29,037,347

Appendix C: Demographic Information

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A PROFILE OF OLDER DELAWAREANS
Selected Population Characteristics – 2010*

	Number	Percent
Age Group (Persons aged 60+)		
60-64	53,113	29.1%
65-74	72,453	39.7%
75-84	41,080	22.5%
85 and over	15,744	8.6%
Total 60+	182,390	100.0%
Gender (Age 60+)		
Male	81,448	44.7%
Female	100,942	55.3%
Race and Hispanic/Latino Origin (Age 60+)		
White	150,702	83.5%
Black or African American	23,463	13.0%
American Indian/Alaskan Native	180	0.1%
Asian	3,068	1.7%
Hawaiian/Pacific Islander	1,805	1.0%
Other	722	0.4%
Two or More Races	2,166	1.2%
Hispanic/Latino Origin	4,332	2.4%
Poverty Status (Age 60+)		
Below poverty level	13,738	7.8%
100 to 149% of poverty level	13,210	7.5%
At or above 150% of poverty Level	149,185	84.7%
Poverty Status for Selected Groups (Age 65+)		
White		
Below poverty level	7,194	6.8%
At or above poverty level	98,708	93.2%
Black or African American		
Below poverty level	1,986	12.9%
At or above poverty level	13,419	87.1%
Asian		
Below poverty level	104	4.6%
At or above poverty level	2,139	95.4%
Two or More races		
Below poverty level	295	25.2%
At or above poverty level	875	74.8%
Hispanic or Latino		
Below poverty level	501	20.1%
At or above poverty level	1,997	79.9%

* Some data represent 2010 estimates.

	Number	Percent
Marital Status (Age 65+)		
Males		
Now married	39,359	69.4%
Never married, separated, widowed, divorced	17,348	30.6%
Females		
Now married	28,407	39.0%
Never married, separated, widowed, divorced	44,356	61.0%
Living Arrangements (Age 65+)		
Males		
With others (in households or group quarters)	46,783	82.8%
Alone	9,749	17.2%
Females		
With others (in households or group quarters)	49,416	67.9%
Alone	23,329	32.1%
Disability Status (Non-inst, Aged 60+)		
With any disability	48,789	27.7%
No disability	127,344	72.3%
Educational Attainment (Age 60+)		
Less than high school graduate	30,140	16.7%
High school graduate, GED or alternative	66,778	37.0%
Some college or associate's degree	39,706	22.0%
Bachelor's degree or higher	43,857	24.3%
Employment Status (Age 60+)		
In labor force	48,730	27.0%
Not in labor force	131,752	73.0%
Veteran Status (Age 60+)		
Veteran	41,330	22.9%
Non-veteran	139,152	77.1%
Place of Birth (Age 60+)		
Native born	168,925	93.6%
Foreign born	11,557	6.4%
Language Spoken at Home (Age 60+)		
English only	167,487	92.8%
Language other than English	12,995	7.2%
Geographic Mobility – Previous Year (Age 60+)		
Same house	168,493	93.4%
Moved within county	6,419	3.6%
Moved from county to county	1,364	0.8%
Moved from another state	3,846	2.1%
Moved from abroad	360	0.2%

Sources: U.S. Census Bureau, 2010 American Community Survey and 2010 Decennial Census.

Population Projections for Persons Aged 60 and Older

State of Delaware

2000 2005 2010 2015 2020 2025 2030 2035 2040

Age Breakdowns									
Age 60-64	32,521	40,173	51,746	58,406	67,783	70,240	62,701	56,569	57,275
Age 65-69	30,352	31,885	39,578	50,431	56,926	66,115	68,515	61,116	55,242
Age 70-74	26,872	28,119	29,996	36,965	47,224	53,477	62,219	64,643	57,725
Age 75-79	21,593	23,276	24,872	26,592	32,987	42,400	48,273	56,436	58,907
Age 80-84	13,734	17,020	18,928	20,437	22,202	27,866	36,179	41,604	49,022
Age 85+	10,718	13,916	18,496	22,655	26,524	30,613	37,997	49,848	62,715
Age Totals									
Total Age 60+	135,790	154,389	183,616	215,486	253,646	290,711	315,884	330,216	340,886
Total Age 65+	103,269	114,216	131,870	157,080	185,863	220,471	253,183	273,647	283,611
Total Age 75+	46,045	54,212	62,296	69,684	81,713	100,879	122,449	147,888	170,644
Total Age 85+	10,718	13,916	18,496	22,655	26,524	30,613	37,997	49,848	62,715
% Change From Year 2000									
Age 60+	NA	13.7%	35.2%	58.7%	86.8%	114.1%	132.6%	143.2%	151.0%
Age 65+	NA	10.6%	27.7%	52.1%	80.0%	113.5%	145.2%	165.0%	174.6%
Age 75+	NA	17.7%	35.3%	51.3%	77.5%	119.1%	165.9%	221.2%	270.6%
Age 85+	NA	29.8%	72.6%	111.4%	147.5%	185.6%	254.5%	365.1%	485.1%
% Change From Year 2010									
Age 60+	NA	NA	NA	17.4%	38.1%	58.3%	72.0%	79.8%	85.7%
Age 65+	NA	NA	NA	19.1%	40.9%	67.2%	92.0%	107.5%	115.1%
Age 75+	NA	NA	NA	11.9%	31.2%	61.9%	96.6%	137.4%	173.9%
Age 85+	NA	NA	NA	22.5%	43.4%	65.5%	105.4%	169.5%	239.1%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 28, 2010, Version 2010.0

Population Projections for Persons Aged 60 and Older

New Castle County, Delaware

	2000	2005	2010	2015	2020	2025	2030	2035	2040
Age Breakdowns									
Age 60-64	18,108	22,684	28,937	32,662	37,285	38,273	35,159	31,480	32,164
Age 65-69	16,405	16,752	21,124	27,131	30,665	35,042	36,074	33,209	29,785
Age 70-74	14,962	14,528	15,039	19,144	24,643	27,907	31,994	33,039	30,494
Age 75-79	12,714	12,481	12,322	12,965	16,593	21,445	24,413	28,105	29,147
Age 80-84	8,208	9,704	9,726	9,841	10,451	13,485	17,576	20,155	23,346
Age 85+	6,558	8,211	10,274	11,596	12,407	13,319	16,215	21,102	26,064
Age Totals									
Total Age 60+	76,955	84,360	97,422	113,339	132,044	149,471	161,431	167,090	171,000
Total Age 65+	58,847	61,676	68,485	80,677	94,759	111,198	126,272	135,610	138,836
Total Age 75+	27,480	30,396	32,322	34,402	39,451	48,249	58,204	69,362	78,557
Total Age 85+	6,558	8,211	10,274	11,596	12,407	13,319	16,215	21,102	26,064
% Change From Year 2000									
Age 60+	NA	9.6%	26.6%	47.3%	71.6%	94.2%	109.8%	117.1%	122.2%
Age 65+	NA	4.8%	16.4%	37.1%	61.0%	89.0%	114.6%	130.4%	135.9%
Age 75+	NA	10.6%	17.6%	25.2%	43.6%	75.6%	111.8%	152.4%	185.9%
Age 85+	NA	25.2%	56.7%	76.8%	89.2%	103.1%	147.3%	221.8%	297.4%
% Change From Year 2010									
Age 60+	NA	NA	NA	16.3%	35.5%	53.4%	65.7%	71.5%	75.5%
Age 65+	NA	NA	NA	17.8%	38.4%	62.4%	84.4%	98.0%	102.7%
Age 75+	NA	NA	NA	6.4%	22.1%	49.3%	80.1%	114.6%	143.0%
Age 85+	NA	NA	NA	12.9%	20.8%	29.6%	57.8%	105.4%	153.7%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 28, 2010, Version 2010.0

Population Projections for Persons Aged 60 and Older

Kent County, Delaware

2000 2005 2010 2015 2020 2025 2030 2035 2040

Age Breakdowns									
Age 60-64	5,072	6,195	8,201	9,101	11,213	11,949	10,419	9,476	10,290
Age 65-69	4,709	5,084	6,183	7,837	8,673	10,628	11,314	9,851	8,964
Age 70-74	3,758	4,480	4,858	5,654	7,147	7,882	9,644	10,254	8,925
Age 75-79	2,944	3,337	4,010	4,180	4,852	6,105	6,737	8,235	8,753
Age 80-84	1,930	2,360	2,726	3,144	3,275	3,784	4,768	5,271	6,425
Age 85+	1,544	1,928	2,517	2,913	3,348	3,623	4,079	4,947	5,723
Age Totals									
Total Age 60+	19,957	23,384	23,384	24,374	25,687	26,768	27,648	28,495	32,829
Total Age 65+	14,885	17,189	17,189	17,894	18,582	19,230	19,804	20,294	23,728
Total Age 75+	6,418	7,625	7,625	8,066	8,442	8,725	8,986	9,253	10,237
Total Age 85+	1,544	1,928	1,928	2,029	2,202	2,288	2,422	2,517	2,913
% Change From Year 2000									
Age 60+	NA	17.2%	42.8%	64.5%	93.0%	120.3%	135.3%	140.7%	145.9%
Age 65+	NA	15.5%	36.3%	59.4%	83.4%	115.1%	145.5%	159.0%	160.6%
Age 75+	NA	18.8%	44.2%	59.5%	78.8%	110.5%	142.8%	187.5%	225.7%
Age 85+	NA	24.9%	63.0%	88.7%	116.8%	134.7%	164.2%	220.4%	270.7%
% Change From Year 2010									
Age 60+	NA	NA	NA	15.2%	35.1%	54.3%	64.8%	68.6%	72.2%
Age 65+	NA	NA	NA	16.9%	34.5%	57.8%	80.1%	90.0%	91.1%
Age 75+	NA	NA	NA	10.6%	24.0%	46.0%	68.4%	99.4%	125.9%
Age 85+	NA	NA	NA	15.7%	33.0%	43.9%	62.1%	96.5%	127.4%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 28, 2010, Version 2010.0

**Population Projections for Persons Aged 60 and Older
Sussex County, Delaware**

	2000	2005	2010	2015	2020	2025	2030	2035	2040
Age Breakdowns									
Age 60-64	9,341	11,294	14,608	16,643	19,285	20,018	17,123	15,613	14,821
Age 65-69	9,238	10,049	12,271	15,463	17,588	20,445	21,127	18,056	16,493
Age 70-74	8,152	9,111	10,099	12,167	15,434	17,688	20,581	21,350	18,306
Age 75-79	5,935	7,458	8,540	9,447	11,542	14,850	17,123	20,096	21,007
Age 80-84	3,596	4,956	6,476	7,452	8,476	10,597	13,835	16,178	19,251
Age 85+	2,616	3,777	5,705	8,146	10,769	13,671	17,703	23,799	30,928
Age Totals									
Total Age 60+	38,878	46,645	57,699	69,318	83,094	97,269	107,492	115,092	120,806
Total Age 65+	29,537	35,351	43,091	52,675	63,809	77,251	90,369	99,479	105,985
Total Age 75+	12,147	16,191	20,721	25,045	30,787	39,118	48,661	60,073	71,186
Total Age 85+	2,616	3,777	5,705	8,146	10,769	13,671	17,703	23,799	30,928
% Change From Year 2000									
Age 60+	NA	20.0%	48.4%	78.3%	113.7%	150.2%	176.5%	196.0%	210.7%
Age 65+	NA	19.7%	45.9%	78.3%	116.0%	161.5%	206.0%	236.8%	258.8%
Age 75+	NA	33.3%	70.6%	106.2%	153.5%	222.0%	300.6%	394.6%	486.0%
Age 85+	NA	44.4%	118.1%	211.4%	311.7%	422.6%	576.7%	809.7%	1082.3%
% Change From Year 2010									
Age 60+	NA	NA	NA	20.1%	44.0%	68.6%	86.3%	99.5%	109.4%
Age 65+	NA	NA	NA	22.2%	48.1%	79.3%	109.7%	130.9%	146.0%
Age 75+	NA	NA	NA	20.9%	48.6%	88.8%	134.8%	189.9%	243.5%
Age 85+	NA	NA	NA	42.8%	88.8%	139.6%	210.3%	317.2%	442.1%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 28, 2010, Version 2010.0

Appendix D: Summary Information about Persons Served

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**Summary Information about Persons Served
Through Selected Programs Funded Under Older Americans Act Title III
State Of Delaware, Fiscal Year 2011**

Number of Persons Served

Service	Persons Served
Title III-B Supportive Services	
Adult Day Health	197
Assisted Transportation	59
Case Management	3,935
Homemaker	61
Personal Care	234
Respite	547
Title III-C Nutrition Services	
Congregate Meals	18,603
Home Delivered Meals	3,443
Nutrition Counseling	648
Title III-E Caregiver Supports	
Counseling/Support Groups/Caregiver Training	2,711
Respite Care	345
Supplemental Services	123
Total	
Total Estimated Unduplicated Number of Persons Served Through Services Supported by Title III	23,792

Demographic Profile of Persons Served*

	Number	Percent
Age		
60-74	8,813	40.7%
75-84	7,564	34.9%
85+	5,298	24.4%
Sex		
Female	16,134	69.5%
Male	7,093	30.5%
Race		
White	17,507	75.9%
American Indian/Alaskan	107	0.5%
Asian	543	2.4%
Black/African American	4,800	20.8%
Nat. Hawaiian/Pacific Islander	5	0.0%
Other Race	88	0.4%
Two or More Races	17	0.1%
Ethnicity		
Hispanic/Latino	209	0.9%
Not Hispanic/Latino	22,722	99.1%

*Among persons served who provided demographic information

Appendix E: Mission and Vision Statements

DRAFT

Mission and Vision Statements

Delaware Health and Social Services

Mission: To improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.

Vision: Together we provide quality services as we create a better future for the people of Delaware.

Division of Services for Aging and Adults with Physical Disabilities

Mission: The mission of the Division of Services for Aging and Adults with Physical Disabilities is to improve or maintain the quality of life for Delawareans who are at least 18 years of age with physical disabilities or who are elderly. The Division is committed to the development and delivery of consumer-driven services which maximize independence through individual choice, enable individuals to continue living active and productive lives and protect those who may be vulnerable and at risk.

Vision: *As we move into the future, Delaware Health and Social Services' Division of Services for Aging and Adults with Physical Disabilities will continue to focus on our core mission, and at the same time, plan for meeting the challenges that lie ahead. We must prepare to serve succeeding generations of diverse populations, whose needs may require uniquely different strategies and resources. We will focus on innovative approaches to advocacy, education, partnering, service delivery and technology. These approaches will enhance our capacity to: support customers and their caregivers; encourage healthy lifestyles; teach skills necessary for making informed life choices; facilitate greater community integration and participation; promote self-determination; and foster independence.*

Appendix F: DSAAPD Services

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Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) Services and Programs

Following is a list of the services and programs operated or funded by DSAAPD.

- Adult Day Services
- Adult Foster Care
- Adult Protective Services
- Alzheimer's Day Treatment
- Assistive Devices
- Attendant Services
- CARE Delaware (Caregiver Assistance-Respite-Education)
- Case Management
- Congregate Meals
- Delaware Aging and Disability Resource Center (ADRC)
- Delaware Kinship Navigator Program
- Delaware Money Management Program
- Delaware Senior Medicare Patrol Program
- Home Delivered Meals
- Home Modification
- Housekeeping
- Information and Assistance
- Joining Generations
- Legal Services
- Long Term Care Ombudsman Program
- Medical Transportation
- Nursing Home Transition Program
- Nursing Home
- Options Counseling
- Personal Care
- Personal Emergency Response System
- Respite Care
- Senior Community Service Employment Program
- Service Enrollment Support

Appendix G: Governor's Advisory Council Members

DRAFT

**Members of the Governor’s Advisory Council on
Services for Aging and Adults with Physical Disabilities**

Bill Bell	Elizabeth Hurdle
Patsy Bennett-Brown	Karen Lloyd
Bob Brown	Mary Ann Miller
C. Regina Byers	LaVaida Owens-White
Ernest Cole	William Payne
Milton Daves	Lelia Perkins
Edna Ellett	Linda Smith
Carolyn Fredricks	Cynthia Tunney
Evelyn Hayes	Debra Veenema
Bonnie Hitch	Barbara Willis
Suzanne Howell	James Young

Appendix H: State Plan on Aging Oversight Committee Members

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State Plan on Aging Oversight Committee Members

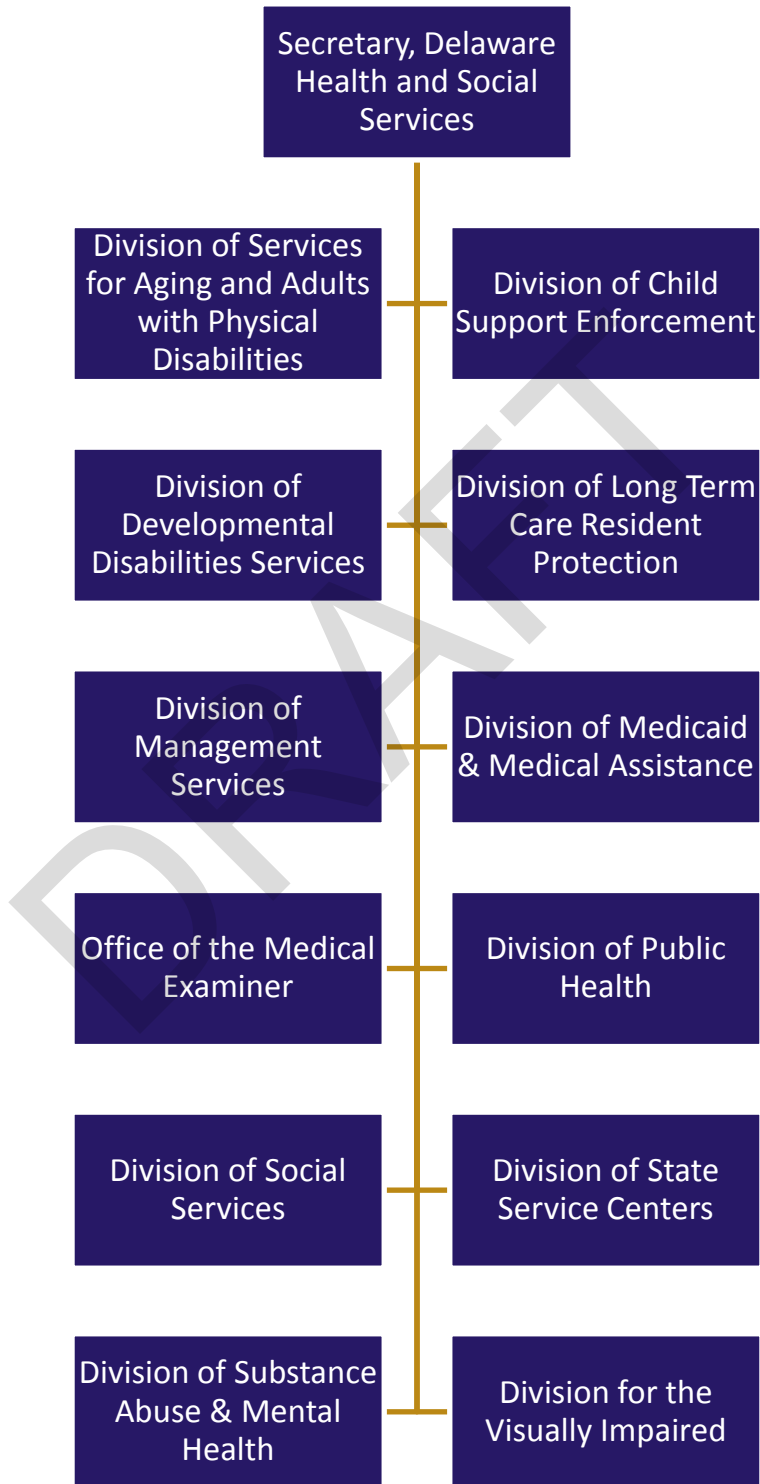
Brian Posey	AARP
Arleen Littleton	Delaware Aging Network
Katie Macklin	Alzheimer's Association
Kyle Hodges	State Council for Persons with Disabilities
Karen Lloyd	Governor's Advisory Council
Henry Alisa	Alzheimer's Association (Caregiver)
Sara Ramos	Caregiver
Victor Orija	Long Term Care Ombudsman Program, Delaware Health and Social Services
Carrie Magathan	Adult Protective Services, Delaware Health and Social Services
Bill Love	Division of Services for Aging and Adults with Physical Disabilities
Lisa Bond	Division of Services for Aging and Adults with Physical Disabilities
Cindi Powell	Division of Services for Aging and Adults with Physical Disabilities
Janet Villarreal	Division of Services for Aging and Adults with Physical Disabilities
Denise Weeks-Tappan	Division of Services for Aging and Adults with Physical Disabilities

Appendix I: Organizational Charts

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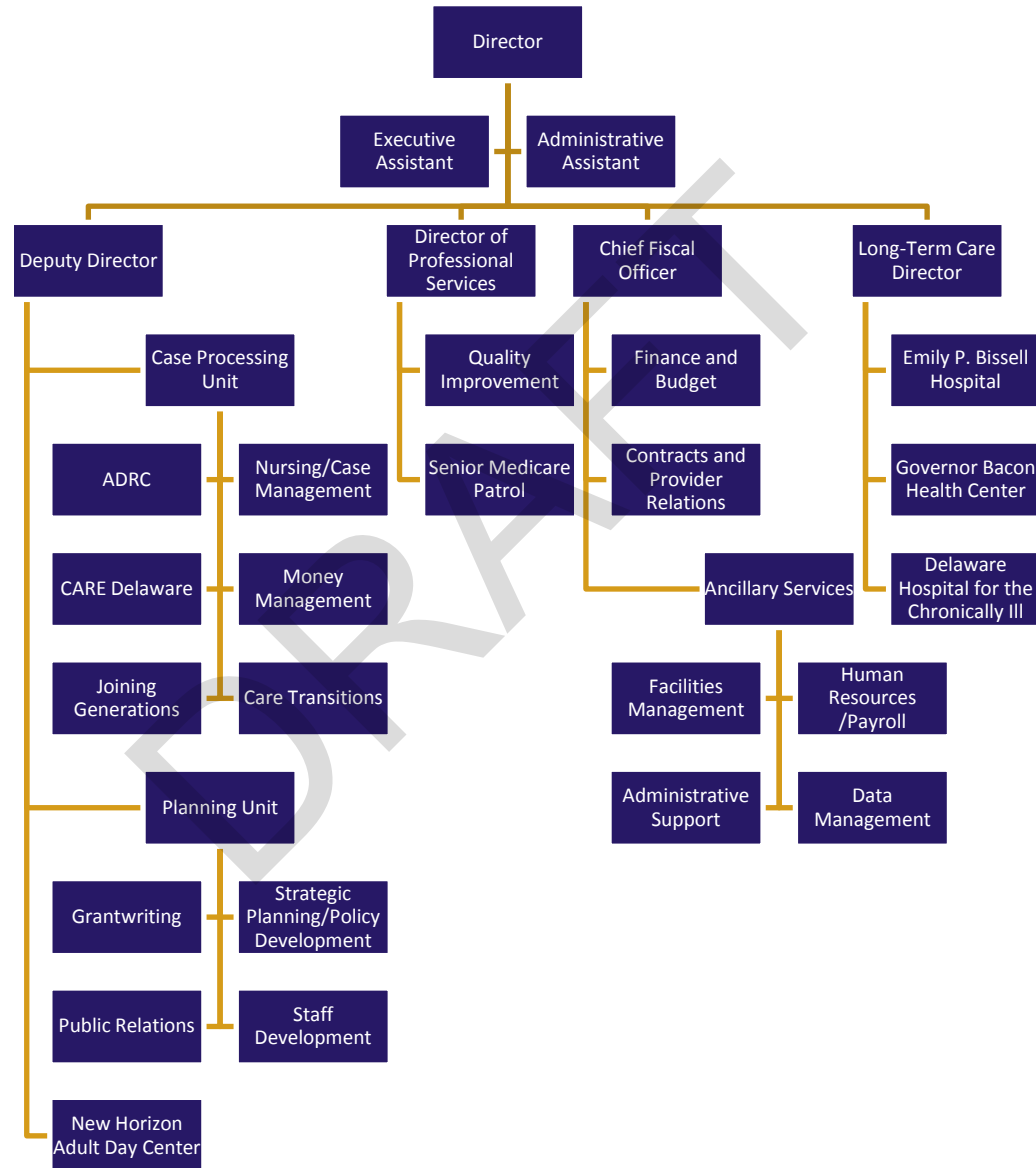


Delaware Health and Social Services Organizational Chart





Division of Services for Aging and Adults with Physical Disabilities Organizational Chart



Appendix J: DSAAPD Contact Information

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Division of Services for Aging and Adults with Physical Disabilities Contact Information

General Contact Information

Delaware Aging and Disability Resource Center (ADRC)

Phone: 1-800-223-9074

E-mail: DelawareADRC@state.de.us

Telecommunications Device for the Deaf (TDD) only: (302) 391-3505 or (302) 424-7141

Office Locations

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) has three office locations: in New Castle, Newark, and Milford. Hours of operation are 8:00 AM to 4:30 PM, Monday through Friday. The main administrative office is located in New Castle. Below are the addresses, phone numbers, and fax numbers for each office.

New Castle (Administrative Office)

Herman M. Holloway, Sr. Campus
Main Administration Building, First Floor Annex
1901 N. DuPont Highway
New Castle, DE 19720
(302) 255-9390 or 1-800-223-9074
Fax: (302) 255-4445

Newark

University Plaza
256 Chapman Road
Oxford Building, Suite 200
Newark, DE 19702
(302) 391-3500 or 1-800-223-9074
Fax: (302) 391-3501
TDD: (302) 391-3505

Milford

Milford State Service Center
18 N. Walnut St., First Floor
Milford, DE 19963
(302) 424-7310 or 1-800-223-9074
Fax: (302) 422-1346
TDD: (302) 424-7141

Long-Term Care Facilities

DSAAPD operates three long-term care facilities: Delaware Hospital for the Chronically III, Emily P Bissell Hospital, and Governor Bacon Health Center. Below are the addresses and phone numbers for each facility.

Delaware Hospital for the Chronically III

100 Sunnyside Road
Smyrna, DE 19977
(302) 223-1000 or 1-800-223-9074

Emily P. Bissell Hospital

3000 Newport Gap Pike
Wilmington, DE 19808
(302) 995-8400 or 1-800-223-9074

Governor Bacon Health Center

P.O. Box 559
Delaware City, DE 19706
(302) 836-2550 or 1-800-223-9074

Adult Day Center

DSAAPD operates one adult day center, New Horizon, which is located in the Delaware Hospital for the Chronically III.

New Horizon Adult Day Center

Delaware Hospital for the Chronically III
100 Sunnyside Road
Smyrna, DE 19977
(302) 223-1033 or 1-800-223-9074

***Appendix K: Aging and Disability Resource Center (ADRC)
Sustainability Plan***

DRAFT

Delaware Aging and Disability Resource Center (ADRC) Five-Year Sustainability Plan

Contact Information

State Name: Delaware

Grantee contact person: Christine M. Oakes, ADRC Project Manager

Contact telephone: 302-255-9376

Contact email: chris.oakes@state.de.us

Participants in 5 Year Plan Development

Nancy Kling, Division of Medicaid and Medical Assistance (DMMA)

Lakia Turner, Department of Insurance, ELDERinfo Program (SHIP)

Ernest Cole, Ed.D., Freedom Center for Independent Living, Inc. (FC)

Larry Henderson, Independent Resources, Inc. (IR)

Susan Getman, Delaware Aging Network (DAN)

Linda Brittingham, Christiana Care Health System (CCHS)

Kyle Hodges, State Council for Persons with Disabilities (SCPD)

Karen Lloyd, Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities (GAC)

Introduction

Delaware's Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), together with ADRC partners and stakeholders throughout the State, are leading the way in reforming Delaware's long-term care system with a renewed commitment and shared vision for person-centered service options that support individuals living with dignity in the home and community of their choice. The Delaware ADRC, seen as a cornerstone for these reform efforts, serves not only as a single-point of access to quality home and community-based services, but as a catalyst for coordinating and expanding Delaware's aging and disability provider network.

Sustainability is at the core of the Delaware ADRC and related long-term care reform initiatives. Though not specifically cited or highlighted within the ADRC Sustainability Plan, the following are considered significant facilitators of sustainability for the Delaware ADRC:

- State Plan on Aging
- State Legislation
- Delaware Health and Social Services/Leadership and Support
- Delaware Transition Planning Initiative
- DSAAPD/ADRC Policies and Procedures
- ADRC Partnerships

Revised April 2012



Project Goal #1

Goal

Expand access to information and increase awareness of long term support services by enhancing ADRC's statewide call center and launching a Delaware ADRC website.

Description of Approach

- Manage/operate a statewide ADRC call center and call management system
 - Operate and maintain a dedicated, toll-free telephone and direct access email account to provide easy access to the Delaware ADRC
 - Initiate State procurement process with State's IT Department and plan to establish a statewide ADRC call center and management system
 - Install call center management system including: specialized hardware and software components; auditing/recording software and licenses (*Witness Software*); TDD/TYY systems; protocols, training and technical support
 - Coordinate and initiate call center systems training for ADRC/DSAAPD leadership, supervisors and staff
 - Utilize specialized auditing software for training ADRC staff and to support resolution of complex calls (e.g., Adult Protective Services; constituent issues)
 - Develop standard operational protocols for the ADRC Call Center Unit and operating partners
 - Develop performance standards for ADRC Call Center staff and operating partners
 - Develop Call Center Management System (CMS) data reports and report schedule (daily, monthly, annually)
 - Collect and analyze all call center data, including customer service surveys, per report schedule
 - Evaluate and adjust per established quality assurance metrics
- Manage/maintain a dedicated Delaware ADRC website and a comprehensive, searchable database/directory of services
 - Initiate contract with vendor to develop and maintain an annual statewide comprehensive resource directory: *Guide to Services for Older Delawareans and Persons with Disabilities*
 - Coordinate the publication of print directory in English and in Spanish
 - Post publication in English and Spanish on the official State of Delaware/DSAAPD website with links on the Delaware ADRC website
 - Develop and implement marketing plan to disseminate directory to consumers and service providers throughout State
 - Track and report on the dissemination of print resource directories and number of downloads from the DSAAPD website
 - Initiate state procurement process and contract with vendor to develop Delaware ADRC logo, website and comprehensive searchable service database
 - Integrate DSAAPD's signature directory and other trusted resources into ADRC searchable database
 - Maintain and update website and searchable database regularly

- Recruit and add new service providers to enhance database and address gaps in service network
 - Collect data and evaluate customer/provider usage and satisfaction with website and database (daily/monthly reports)
 - Train service providers, contractors, stakeholders and consumers on use of ADRC website and database
 - Promote ADRC website, searchable database, resources and referral protocols
 - Develop plan and seek funding to sustain ADRC website, searchable database and print resource directory
- Designate/maintain critical staff positions for Delaware ADRC including ADRC Administrator, Call Center Supervisor, and Spanish-speaking Call Center agent(s)
 - Establish critical staff positions within DSAAPD, including: ADRC Administrator, ADRC Call Center Supervisor, and Call Center agents
 - Develop/refine minimum qualifications and performance standards for ADRC Call Center and Support Services' positions
 - Reassign existing DSAAPD Intake staff/positions (10) and supervisors (2) from 2 field offices into one statewide ADRC Call Center unit
 - Hire bi-lingual (Spanish) Call Center agent(s)
 - Train ADRC Call Center staff, support staff, supervisors and contractors on standard operating procedures and protocols
 - Assess ADRC service volume and staffing needs on a regular schedule and plan accordingly
 - Pursue certification from the Alliance for Information and Referral Specialists (AIRS) for ADRC Call Center and/or designated agency staff
 - Apply for AIRS premium membership (2 years) for ADRC
 - Establish AIRS training/certification curriculum for ADRC Call Center staff
 - Develop formal MOU between ADRC and Delaware's 211 to support AIRS certification for ADRC staff and AIRS accreditation for Delaware 211 agency
 - Implement ongoing cross-training and referral protocols between ADRC and Delaware 211
 - Integrate AIRS standards throughout Delaware ADRC, including ADRC website and searchable database
- Provide expanded 24/7 ADRC call coverage
 - Initiate State procurement process and contract with vendor for limited after-hours and weekend emergency call coverage for Adult Protective Service (APS) via the ADRC
 - Plan for expanded 24/7 call center coverage and access to ADRC
 - Initiate State procurement process and contract for expanded 24/7 coverage and foreign language services
 - Provide training and operational protocols for contracted staff
 - Launch full 24/7 coverage and foreign language services
 - Evaluate 24/7 services and vendor performance throughout contract period; extend contracted services based on need, vendor performance and funding
 - Seek funding to sustain full 24/7 call center services and access to Delaware ADRC

- Promote 24/7 coverage and access throughout State and the aging and disability service network
- Cross-train ADRC staff, contractors, partners, stakeholders and consumers
 - Convene partners, stakeholders and consumers in statewide forum to initiate ADRC partnership, cross-training and collective planning
 - Develop and implement training and calendar of events for ADRC staff and partners per the ADRC Training Administrative Plan and memoranda of understanding with Lead Partners
 - Provide and coordinate ongoing cross-training activities for ADRC staff, partners, contractors and stakeholders
- Establish/promote the ADRC and partnership network as a highly visible and trusted resource for information and assistance on long-term support service options per the ADRC Marketing Plan
 - Develop and implement an ADRC Marketing Plan
 - Initiate procurement process and contract with vendor to create Delaware ADRC logo, website and searchable database
 - Develop and adopt Delaware ADRC logo, messaging and branding strategies
 - Develop and/or identify ADRC outreach materials for targeted audiences (e.g. consumers, caregivers, partners, service providers, contractors)
 - Establish consistent use of ADRC branding throughout DSAAPD, including: email signature lines, messaging and operational protocols for staff, official forms and documents, presentation templates, etc.
 - Establish ADRC branding for new and pre-produced outreach resources and activities. Examples include: DSAAPD and ADRC websites; *Guide to Services for Older Delawareans and Persons with Disabilities*; *Lifestyle 55+* and *Vital* print publications; CMS/MFP newsletters and publications; *Delaware Senior Legal Services Guide*; miscellaneous partners' publications/events; annual conferences, forums, presentations per the ADRC Marketing Plan.
 - Embed ADRC throughout all DSAAPD programs and outreach activities
 - Collaborate with Delaware Health and Social Services (DHSS) Communications Director to promote ADRC statewide via official State websites and social media sites (e.g. Facebook, Twitter, etc.)
 - Integrate ADRC's marketing plan and strategies into DHSS' broader outreach plan and resources
 - Provide ADRC information, resources and presentations to targeted audience throughout state using diverse, multi-media strategies and venues
 - Track outreach activities and evaluate outcomes

How will you measure progress toward your goal?

Overall, progress is measured by the achievement of specified tasks, benchmarks, accomplishments or outcomes per the established Delaware ADRC project work plan. Responsible parties within DSAAPD are assigned specific tasks and progress is reviewed regularly by ADRC Project Manager/Planner and ADRC Administrator.

For this goal, staff from DSAAPD's Planning and Fiscal Units have taken the lead in directing several key ADRC components, including Marketing/Outreach, Training, ADRC Infrastructure Development, and Contract/ MOU development. Progress is tracked and reported regularly to DSAAPD /DHSS leadership and to ADRC partners, including the Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities.

In addition, the initiation and management of State contracts provides a standard method of measuring progress by clearly defining the contract period, service deliverables and work plan strategies. Regular contract monitoring includes the evaluation of the vendor's performance and adherence to service specifications, service delivery, timeline and budget requirements.

Example: *Children and Families First, Inc.* – ADRC website and searchable database development and ongoing maintenance (2010-2012)

Likewise, Memoranda of Understanding (MOU) formalize partnerships between the ADRC and partner organizations, identifying roles and responsibilities for each party. Like contracts, the implementation of MOUs, such as those with Lead Partners and Delaware 211, provide another method for ensuring progress in reaching shared goals.

Selected metrics for measuring progress towards this goal include the following:

- ADRC Call Center data collection and analysis:
 - Daily/monthly telephone data (e.g. volume, call time, wait time, caller demographics, types of services requested, types of referrals) and outcomes
 - Daily/monthly emails to ADRC and outcomes
 - Customer service follow-up calls
 - Call Center Staff performance standards and review
- ADRC Website, Searchable Database and Print Directory
 - Comprehensive website activity reports (monthly reports)
 - Online consumer and provider surveys (monthly reports)
 - Directory: # of downloads; # disseminated statewide
- ADRC Training
 - Course Evaluations
 - Professional Development Certification
 - Training Summary Reports
- ADRC Marketing/Outreach
 - Targeting outreach to specified populations (e.g. service providers within aging & disability network, State contractors, community stakeholders, caregivers, consumers, etc.)
 - Tracking and evaluation

What are your anticipated barriers? How will you address these challenges?

Anticipated barriers include:

- Limited prospects for additional state funding
- Gaps in community-based long term support service and delivery systems, such as availability of low-cost and accessible housing options

Plans to address barriers include:

- Develop and secure partnerships to maximize resources
- Investigate options for innovative resource-sharing
- Engage in cross-training with ADRC staff and partners
- Leverage existing funding sources to develop needed service structure statewide
- Develop common/shared operations across Division of Services for Aging and Adults with Physical Disabilities/Department of Health and Social Services
- Integrate ADRC core functions and services throughout Division/Department

Who are the key players and responsible parties?

DSAAPD is the responsible party for accomplishing this goal, and will work in coordination with the following:

Delaware ADRC Lead Partners

- Division of Medicaid and Medical Assistance
- Department of Insurance, ELDERinfo Program
- Freedom Center for Independent Living, Inc.
- Independent Resources, Inc.
- Delaware Aging Network
- Christiana Care Health System
- State Council for Persons with Disabilities
- Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities

A full description of the role of the lead partners can be found on DSAAPD's website (http://www.dhss.delaware.gov/dsaapd/adrc_lead_partners.html)

Other critical stakeholders/sustainability partners include: Delaware Department of Health and Social Services (e.g. Management Services – IT Department), Easter Seals, AARP Delaware, United Way, Delaware Lifespan Respite Network, Delaware 211/Helpline, Children & Families First, University of Delaware – Center for Disabilities Studies, Delaware Family Voices, and others

What are your overall timeline and key dates?

See Consolidated Timeline, page 22.

What resources do you need to meet this goal? What existing funds/programs will be used? What are the added costs to the State? What are the projected cost savings for the State?

Many of the items budgeted for in the three-year ADRC grant are one-time costs that will not be needed on an ongoing basis beyond the start-up period of the project. Certain expenditures for

ongoing operations, such as the salaries and fringe benefits for call center staff, are part of the existing Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) base budget.

The current economic climate in Delaware will necessitate budget neutrality in program planning, at least for the next several years. Despite the fact that the Delaware ADRC has won widespread support among partners and stakeholders, the infusion of additional state dollars into the program is not a realistic option at this time. That being said, the ADRC will seek to coordinate efforts and leverage resources, including staff resources, to maximize its impact. Such coordination efforts can be expected not only to expand the capacity of the ADRC to meet the needs of its target population, but can also potentially generate certain economies for the state. Examples of coordination include joint efforts between the Delaware ADRC and Money Follows the Person and the CARE Delaware Program. In addition, Delaware's efforts to reduce the population in state-operated long-term care facilities are expected to free-up resources to help support the long-term costs of the Delaware ADRC.

Project Goal Checklist	Yes	No
Is the goal reflected in the State Plan on Aging?	X*	
Does the goal require changes that must be proposed through the current budget cycle?		X
Does implementing this goal require regulatory, legislative, or statutory changes?		X
Does your plan seek private funding to augment public resources to support sustainability?		X
Have the necessary stakeholders been identified and contacted?	X	
Are your data systems prepared to track progress towards the goal?	X	

* Delaware's current State Plan on Aging will expire on September 30, 2012. This goal will be incorporated into the State Plan which will take effect on October 1, 2012.

Project Goal #2

Goal

Expand the Delaware ADRC's options counseling services to promote a greater understanding of home and community-based services opportunities among persons in a variety of settings.

Description of Approach

- Develop and implement ADRC Support Services per referral and authorization guidelines. ADRC Support Services include three main components: Options Counseling, Hospital Discharge Planning, and Service Enrollment Support
 - Initiate a contract to provide ADRC Support Services statewide
 - Develop ADRC Support Services referral protocols and authorization guidelines

- Develop/adapt Nursing Home Assessment Form for use by use by ADRC Support Services counselors in Nursing Home Transition project
 - Develop and produce ADRC Support Services procedure guidelines
 - Develop internal ADRC Support Services referral mechanisms via intranet
 - Adopt national Options Counseling standards to include quality assurance metrics
- Establish ADRC as Local Contact Agency (LCA) for MDS 3.0, Section Q Survey data and nursing home transition referrals
 - Take the lead in the State's nursing home diversion efforts by becoming Delaware's designated Local Contact Agency (LCA)
 - Receive MDS 3.0, Section Q survey data from all Delaware nursing homes and identify residents who are interested in learning more about transitioning to the community
 - Refer individuals to the ADRC Support Services contractor for Options Counseling
 - If appropriate, refer individuals to one of the statewide nursing home transition programs
 - Develop internet-based referral form and processes to streamline access
- Develop ADRC Toolkit with resources for use by DSAAPD/ADRC staff
 - Utilize intranet to simplify access to ADRC services
- Cross-train ADRC staff and partners on ADRC Support Services: Options Counseling, Hospital Discharge Planning, and Service Enrollment Support
 - Train all staff/partners on ADRC Support Services and use of ADRC Toolkit
 - Update toolkit as needed to include new standards, resources and information
- Integrate ADRC Support Services into existing DSAAPD operations and staff training
- Promote ADRC Support Services per the Delaware ADRC Marketing Plan

How will you measure progress toward your goal?

Progress is measured by the achievement of specified tasks, benchmarks, accomplishments or outcomes per the established Delaware ADRC project work plan. Responsible parties within DSAAPD are assigned specific tasks and progress is reviewed regularly by ADRC Project Manager/Planner and ADRC Administrator. For this goal, staff from DSAAPD's Planning and Operations Units have taken the lead in directing the development and operation of ADRC Support Services, including Options Counseling. Progress is tracked and reported regularly to DSAAPD /DHSS leadership and to ADRC partners, including the Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities.

In addition, the development and management of a State contract for ADRC Support Services provides a standard method of measuring progress by clearly defining the contract period, deliverables and work plan strategies for these services. Regular contract monitoring includes

the evaluation of the vendor's performance and adherence to service specifications, service delivery, timeline and budget requirements.

Example: *Jewish Family Services* – ADRC Support Services (2010-2012)

Selected metrics for measuring progress towards this goal include the following:

- ADRC Call Center data collection and analysis (daily/monthly reports)
 - Customer service follow-up calls and outcomes
- ADRC Support Services data collection and review
 - Referral data and disposition/outcomes (daily/monthly)
 - Customer service surveys and follow-up interviews with clients
 - Case studies

What are your anticipated barriers? How will you address these challenges?

Anticipated barriers include:

- Limited home and community-based service options
- Limited knowledge about the full range of long-term support options and/or how to access services

Plans to address barriers include:

- Reduction of census in state-run long-term care facilities to leverage funds for additional home and community-based services
- Coordination with housing and transportation partners to increase the availability of affordable, accessible housing and transportation options
- Increase awareness of and access to the full-range of long-term support service options

Who are the key players and responsible parties?

DSAAPD is the responsible party for accomplishing this goal, and will work in coordination the following:

Delaware ADRC Lead Partners

- Division of Medicaid and Medical Assistance
- Department of Insurance, ELDERinfo Program
- Freedom Center for Independent Living, Inc.
- Independent Resources, Inc.
- Delaware Aging Network
- Christiana Care Health System
- State Council for Persons with Disabilities
- Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities

A full description of the role of the lead partners can be found on DSAAPD's website (http://www.dhss.delaware.gov/dsaapd/adrc_lead_partners.html)

Other critical stakeholders/sustainability partners include: Delaware Department of Health and Social Services (e.g. Management Services, Long-Term Care Residents Protection, Medicaid and Management Services), Easter Seals, AARP Delaware, United Way, Delaware Lifespan Respite Network, Delaware Helpline (211), Children & Families First, Inc., Delaware State Housing Authority, DART First State, and others

What are your overall timeline and key dates?

See Consolidated Timeline, page 23.

What resources do you need to meet this goal? What existing funds/programs will be used? What are the added costs to the State? What are the projected cost savings for the State?

Certain expenditures for ongoing operations, such as the salaries and fringe benefits for call center staff, are part of the existing Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) base budget. In addition, DSAAPD partners with the Division of Medicaid and Medical Assistance on an *ADRC-Money Follows the Person* Grant to provide options counseling to nursing home residents who want to discuss the possibility of moving to community-based residences. These additional grant funds enable the ADRC to expand its service reach considerably. Going forward, the ADRC will need to identify additional partners to maintain the scope of options counseling services beyond the initial ADRC grant period. Currently, Delaware’s collective efforts to reduce the population in state-operated long-term care facilities are expected to free-up resources to help support the long-term costs of the Delaware ADRC.

Project Goal Checklist	Yes	No
Is the goal reflected in the State Plan on Aging?	X*	
Does the goal require changes that must be proposed through the current budget cycle?		X
Does implementing this goal require regulatory, legislative, or statutory changes?		X
Does your plan seek private funding to augment public resources to support sustainability?		X
Have the necessary stakeholders been identified and contacted?	X	
Are your data systems prepared to track progress towards the goal?	X	

* Delaware’s current State Plan on Aging will expire on September 30, 2012. This goal will be incorporated into the State Plan which will take effect on October 1, 2012.

Project Goal #3

Goal

Provide streamlined access to public programs through the coordination of existing service structures as well as the development of service enrollment support services.

Description of Approach

- Install statewide ADRC call center
 - Procure telephone call center system, including software and hardware
 - Oversee installation
 - Train call center staff
 - Maintain system with ongoing updates, IT support and training, as needed
- Adopt common operational protocols and consistent use of ADRC website and comprehensive database
 - Procure vendor to design and develop database and ADRC website
 - Oversee development and testing
 - Train ADRC staff and partners
 - Publicize availability
 - Recruit new service providers and add to database
 - Maintain and update on an ongoing basis
- Coordinate with the Division of Medicaid and Medical Assistance (DMMA) on the development of Diamond State Health Plan Plus (DSHP – Plus), an integrated managed care approach to the delivery of long term care services
 - Research service model options from other states
 - Actively participate in workgroups to develop service structure for Delaware
 - Carry out training for staff, providers, advocacy groups, participants, and other stakeholders
 - Develop DSAAPD staff reallocation plan
 - Publicize changes
- Coordinate with *Money Follows the Person* and other care transitions partners
 - Establish ADRC as the designated Local Contact Agency (LCA) for Delaware for receiving MDS 3.0, Section Q survey data
 - Coordinate with State and community partners to develop joint processes
 - Develop online referral form and protocols
 - Train staff and partners
 - Implement and evaluate
 - Publicize services

- Implement the *Care Transitions/Rapid Response Team* project at all state-operated long-term care facilities
 - Develop plan to review new applicants to the State's long-term care facilities and facilitate access to home and community-based support services
 - Establish team to include designated DSAAPD/ADRC staff
 - Establish protocols for referrals to the ADRC to provide Options Counseling to all applicants for admission to state-run long term care facilities
 - Train facility admissions staff and ADRC staff
 - Develop intranet-based facility toolkit to facilitate access to information by all DSAAPD/ADRC staff
 - Develop and implement quality assurance metrics

- Develop and implement service enrollment support component of ADRC Support Services
 - Establish ADRC Support Services specifications to include service enrollment support
 - Procure ADRC Support Services
 - Establish service authorization guidelines
 - Train staff and partners
 - Develop online referral forms and protocols
 - Publicize service availability
 - Implement and evaluate

How will you measure progress toward your goal?

Overall, progress is measured by the achievement of specified tasks, benchmarks, accomplishments or outcomes per the established Delaware ADRC project work plan. Responsible parties within DSAAPD are assigned specific tasks and progress is reviewed regularly by the ADRC Project Manager/Planner and ADRC Administrator. For this goal, staff from DSAAPD's Planning, Care Transitions, and Operations Units have taken the lead in directing several key efforts to streamline access to public programs.

Selected metrics for measuring progress towards this goal include the following:

- ADRC Call Center data collection and analysis (daily/monthly)
 - Contacts by phone (e.g. volume, call time, wait time, caller demographics, types of services requested, types of referrals) and outcomes
 - Contacts by email and outcomes
 - Walk-ins or other direct contacts
 - Referrals for ADRC Support Services
 - Customer service follow-up calls and surveys
 - Call Center Staff/Operating Partners performance standards and review
- ADRC Website, Searchable Database & Print Directory (daily/monthly reports)
 - Comprehensive website activity reports
 - Online consumer and provider surveys
 - Directory: # of downloads; # disseminated statewide
- Nursing home transition data collection and analysis (daily/monthly)
 - Number of persons transitioned from nursing homes and outcomes

- Nursing home diversion data collection and analysis (daily/monthly)
 - Number of persons diverted from state-operated nursing homes and outcomes

What are your anticipated barriers? How will you address these challenges?

Anticipated barriers include:

- Limited availability of services for persons with specialized service needs, such as persons with mental illness or dementia
- Limited access to guardianship through the Office of the Public Guardian for persons in need who cannot make decisions on their own behalf

Plans to address barriers include:

- Coordination with Delaware's Division of Substance Abuse and Mental Health, the Delaware Alzheimer's Association, and other partners to develop resources to address service needs
- Investigate options for resource sharing to expand the capacity of the Office of the Public Guardian

Who are the key players and responsible parties?

DSAAPD is the responsible party for accomplishing this goal, and will work in coordination with the following:

Delaware ADRC Lead Partners

- Division of Medicaid and Medical Assistance
- Department of Insurance, ELDERinfo Program
- Freedom Center for Independent Living, Inc.
- Independent Resources, Inc.
- Delaware Aging Network
- Christiana Care Health System
- State Council for Persons with Disabilities
- Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities

A full description of the role of the lead partners can be found on DSAAPD's website

(http://www.dhss.delaware.gov/dsaapd/adrc_lead_partners.html)

Other critical stakeholders/sustainability partners include: Delaware Department of Health and Social Services (e.g. Substance Abuse and Mental Health; Developmental Disabilities; Medicaid and Medical Assistance), Office of the Public Guardian, Delaware Alzheimer's Association, Easter Seals, AARP Delaware, United Way, Delaware Lifespan Respite Network, Delaware Helpline (211), Children & Families First, Inc., Delaware State Housing Authority, DART First State, and others

What are your overall timeline and key dates?

See Consolidated Timeline, page 24.

What resources do you need to meet this goal? What existing funds/programs will be used? What are the added costs to the State? What are the projected cost savings for the State?

The reduction of the census in State-operated long-term care facilities will free-up resources to support the ongoing costs of the Delaware ADRC. This is a major component of Delaware's plans to re-balance its long-term care system. In addition, administrative efficiencies will be implemented, including the use of common intake and referral processes and forms; pre-screening and/or use of preliminary assessment tools; virtual co-location; and enhanced coordination with financial eligibility staff.

Project Goal Checklist	Yes	No
Is the goal reflected in the State Plan on Aging?	X*	
Does the goal require changes that must be proposed through the current budget cycle?		X
Does implementing this goal require regulatory, legislative, or statutory changes?		X
Does your plan seek private funding to augment public resources to support sustainability?		X
Have the necessary stakeholders been identified and contacted?	X	
Are your data systems prepared to track progress towards the goal?	X	

* Delaware's current State Plan on Aging will expire on September 30, 2012. This goal will be incorporated into the State Plan which will take effect on October 1, 2012.

Project Goal #4

Goal

Develop and implement a model care transitions process partnering with Delaware's healthcare providers.

Description of Approach

- Initiate planning for person-centered discharge planning support
 - Include hospital discharge planning as a component of ADRC Support Services
 - Establish partnerships with hospitals statewide

- Participate in statewide transition/discharge planning efforts
 - Explore the role of the ADRC in replicating national evidence-based care transition efforts
 - Explore the role of the ADRC in supporting Delaware's efforts to reduce hospital readmission rates for targeted patients
 - Coordinate with hospitals and other partners to facilitate patient access to home and community-based long term support services

- Promote discharge planning practices, utilizing new and existing discharge planning resources
 - Integrate ADRC Support Services as part of hospital discharge planning initiatives
 - Utilize state and nationally developed resources to support hospital discharge planning efforts

- Cross-train ADRC staff, discharge planning staff and partners on topics to include: ADRC Overview, ADRC Support Services, Money Follows the Person, Home and Community-based Services, Housing Options, etc.
 - Conduct statewide educational forums for information-sharing, professional development and partnership expansion
 - Make use of available resources including the *Guide to Services for Older Delawareans and Persons with Disabilities*, Delaware ADRC database, and other materials

- Activate critical stakeholders, engage in readiness activities and develop evidence-based care transition strategies
 - Form work group to include all Delaware acute care hospitals and other critical stakeholders
 - Conduct root cause analysis
 - Review service model options
 - Design care transitions intervention strategies for Delaware
 - Coordinate with partners on an ongoing basis to implement interventions

How will you measure progress toward your goal?

Overall, progress is measured by the achievement of specified tasks, benchmarks, accomplishments or outcomes per the established Delaware ADRC project work plan. Responsible parties within DSAAPD are assigned specific tasks and progress is reviewed regularly by ADRC Project Manager/Planner and ADRC Administrator. For this goal, staff from the DSAAPD Planning Unit has taken the lead in directing key ADRC components related to care transitions. Progress is tracked and reported regularly to DSAAPD /DHSS leadership and to ADRC partners, including the Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities.

Selected metrics for measuring progress towards this goal include the following:

- ADRC Call Center data and analysis (daily/monthly)
 - ADRC Contacts: by phone, fax, emails, walk-ins and online referrals

- ADRC Referrals: by source (nursing home, hospital, caregiver, or individual consumer); type of services requested; client information
 - ADRC Referrals: disposition/outcomes
- ADRC Support Services (Options Counseling, Service Enrollment Support, Hospital Discharge Support) data and analysis (daily/monthly)
 - Comprehensive Referral Reports: by number, referral source, services requested, consumer/individual receiving services, recommended plan, outcomes,
 - Customer service surveys, case reports
- Care Transitions
 - Diversion from State-operated nursing homes
 - Referrals for home and community-based services

What are your anticipated barriers? How will you address these challenges?

Barriers and plans to address challenges are the same as for Goal # 3 above.

Who are the key players and responsible parties?

DSAAPD is the responsible party for accomplishing this goal, and will work in coordination with the following:

Delaware ADRC Lead Partners

- Division of Medicaid and Medical Assistance
- Department of Insurance, ELDERinfo Program
- Freedom Center for Independent Living, Inc.
- Independent Resources, Inc.
- Delaware Aging Network
- Christiana Care Health System
- State Council for Persons with Disabilities
- Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities

A full description of the role of the lead partners can be found on DSAAPD's website

http://www.dhss.delaware.gov/dsaapd/adrc_lead_partners.html

Other critical stakeholders/sustainability partners include: Delaware Department of Health and Social Services, Quality Insights of Delaware, Delaware Healthcare Association, St. Francis Hospital, Christiana Care Health Systems, Bayhealth Medical Center, Beebe Medical Center, Nanticoke Memorial Hospital, Connections, Delaware Nursing Facilities Association, AARP Delaware, United Way, and others.

What are your overall and key dates?

See Consolidated Timeline, page 25.

What resources do you need to meet this goal? What existing funds/programs will be used? What are the added costs to the State? What are the projected cost savings for the State?



Certain expenditures for ongoing operations, such as the salaries and fringe benefits for call center staff, are part of the existing Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) base budget. Going forward, the ADRC will need to identify additional resources and partners to maintain the scope of hospital discharge planning services beyond the initial ADRC grant period. Delaware's collective efforts to reduce the population in state-operated long-term care facilities are expected to free-up resources to help support the long-term costs of the Delaware ADRC.

Project Goal Checklist	Yes	No
Is the goal reflected in the State Plan on Aging?	X*	
Does the goal require changes that must be proposed through the current budget cycle?		X
Does implementing this goal require regulatory, legislative, or statutory changes?		X
Does your plan seek private funding to augment public resources to support sustainability?		X
Have the necessary stakeholders been identified and contacted?	X	
Are your data systems prepared to track progress towards the goal?	X	

* Delaware's current State Plan on Aging will expire on September 30, 2012. This goal will be incorporated into the State Plan which will take effect on October 1, 2012.

Project Goal #5

Goal

Develop and implement a comprehensive quality improvement system to measure the effectiveness of the ADRC in providing information and awareness; options counseling; streamlined access to services and supports; and hospital discharge planning.

Description of Approach

- Acquire and utilize call center hardware and software that allows for real-time and recorded quality assurance monitoring
 - Procure telephone call center system, including software and hardware
 - Oversee installation
 - Train call center staff
 - Maintain system with ongoing updates, IT support and training, as needed
 - Develop procedures for quality assurance monitoring
 - Conduct quality assurance monitoring according to established procedures
- Maintain records of all ADRC phone and e-mail contacts as well as ADRC website utilization

- Record number of ADRC contacts and referrals
 - Record ADRC client information, service requested and outcomes
 - Record and retain audio recordings of phone calls for review and evaluation
 - Track utilization on a monthly basis and adjust outreach activities, as needed
- Provide follow-up phone calls and/or e-mails to ensure customer satisfaction
 - Retain records of follow-up contacts
 - Incorporate record review as ongoing component of call center supervisory review
- Survey ADRC website users
 - Maintain online survey for ADRC website
 - Compile and analyze survey results on a monthly basis
 - Make adjustments to site, as needed, as a result of survey findings
- Identify staff to develop and carry out organizational quality improvement functions
- Provide ongoing supervisory oversight of call center staff activities
 - Develop call center performance standards
 - Establish schedule for call center staff and supervisory review meetings
- Provide systematic monitoring of all ADRC contracts and operating partners
- Modify and enhance current DSAAPD quality improvement strategies and customize for ADRC functions
 - Develop and implement comprehensive quality assurance plan for ADRC core functions
 - Utilize DSAAPD intranet site for maintaining quality assurance plan, procedures, measures, and findings
 - Train DSAAPD staff on quality assurance measures and procedures

How will you measure progress toward your goal?

Overall, progress is measured by the achievement of specified tasks, benchmarks, accomplishments or outcomes per the established Delaware ADRC project work plan. Responsible parties within DSAAPD are assigned specific tasks and progress is reviewed regularly by ADRC Project Manager/Planner and ADRC Administrator. For this goal, staff from the DSAAPD Planning Unit has taken the lead in directing key ADRC components related to quality measurement. Progress is tracked and reported regularly to DSAAPD /DHSS leadership and to ADRC partners, including the Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities.

Selected metrics for measuring progress towards this goal include the following:

- ADRC Call Center data collection & analysis (daily/monthly):
 - ADRC calls and outcomes (e.g. volume, average call time, wait time, dropped calls, caller demographics, types of services requested, types of referrals, etc.)

- ADRC emails and outcomes (e.g. volume, time, location, types of services requested, etc.)
 - Customer service follow-up calls and surveys
 - Call Center staff/contractor performance standards and review
- ADRC Website, Searchable Database & Print Directory data collection and analysis (monthly)
 - Comprehensive website activity reports
 - Online consumer and provider survey results
 - Print Directory: # of downloads; # of directories disseminated statewide
- ADRC Training
 - Course evaluation
 - Professional Development Certification
 - Training Summary Reports
- ADRC Marketing/Outreach
 - Targeting outreach to specified populations (e.g. service providers within aging and disability network, State contractors, community stakeholders, caregivers, consumers, etc.)
 - Tracking and evaluation

What are your anticipated barriers? How will you address these challenges?

Anticipated barriers include:

- Outmoded data management systems
- Insufficient staffing for agency-wide quality improvement needs

Plans to address barriers include:

- Restructure vacant staff position to enable agency to hire full-time IT support staff person
- Coordinate with Delaware Health and Social Services, Division of Management Services to enhance existing MIS/IT system
- Provide quality improvement training to planning staff to expand agency capacity to perform quality improvement activities

Who are the key players and responsible parties?

DSAAPD is the responsible party for accomplishing this goal, and will work in coordination with the following partners:

Delaware ADRC Lead Partners

- Division of Medicaid and Medical Assistance
- Department of Insurance, ELDERinfo Program
- Freedom Center for Independent Living, Inc.
- Independent Resources, Inc.
- Delaware Aging Network
- Christiana Care Health System
- State Council for Persons with Disabilities
- Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities

A full description of the role of the lead partners can be found on DSAAPD's website

(http://www.dhss.delaware.gov/dsaapd/adrc_lead_partners.html)

Other critical stakeholders/sustainability partners include: Delaware Department of Health and Social Services, Easter Seals, AARP Delaware, United Way, Delaware Lifespan Respite Network, Delaware Helpline (211), Children & Families First, Inc. and others

What are your overall timeline and key dates?

See Consolidated Timeline, page 26.

What resources do you need to meet this goal? What existing funds/programs will be used? What are the added costs to the State? What are the projected cost savings for the State?

Certain expenditures for ongoing operations, such as the salaries and fringe benefits for call center staff, supervisors, contract monitors, and Quality Improvement staff are part of the existing Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) base budget. As noted above, progress in this area is hampered by the lack of availability of advance data management systems. That being said, Delaware's collective efforts to reduce the population in state-operated long-term care facilities are expected to free-up resources to support the long-term costs of the Delaware ADRC.

Project Goal Checklist	Yes	No
Is the goal reflected in the State Plan on Aging?	X*	
Does the goal require changes that must be proposed through the current budget cycle?		X
Does implementing this goal require regulatory, legislative, or statutory changes?		X
Does your plan seek private funding to augment public resources to support sustainability?		X
Have the necessary stakeholders been identified and contacted?	X	
Are your data systems prepared to track progress towards the goal?	X	

* Delaware's current State Plan on Aging will expire on September 30, 2012. This goal will be incorporated into the State Plan which will take effect on October 1, 2012.

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Consolidated Timeline

Goal/Activity	FY2010				FY2011				FY2012				FY2013				FY2014			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
GOAL 1: Expand access to information and increase awareness of long term support services by enhancing ADRC's statewide call center and launching a Delaware ADRC website.																				
Manage/operate a statewide ADRC call center and call management system		X	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Manage/maintain a dedicated Delaware ADRC website and comprehensive, searchable database/directory of services					X	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Designate/maintain critical staff positions for Delaware ADRC including ADRC Administrator, Call Center Supervisor, and Spanish-speaking Call Center agent(s)	X	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Provide expanded 24/7 ADRC call coverage.			X	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cross-train ADRC staff, contractors, partners, stakeholders and consumers	X	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Goal/Activity	FY2010				FY2011				FY2012				FY2013				FY2014				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Establish/promote the ADRC and partnership network as a highly visible and trusted resource for information and assistance on long-term support options per the ADRC Marketing Plan		X→																		
GOAL 2: Expand the Delaware ADRC's options counseling services to promote a greater understanding of home and community-based services opportunities among persons in a variety of settings.																					
Develop and implement ADRC Support Services per newly-established referral and authorization guidelines. ADRC Support Services include three main components: Options Counseling, Hospital Discharge Planning, and Service Enrollment Support			X→																	
Establish ADRC as Local Contact Agency (LCA) for MDS 3.0, Section Q Survey data and nursing home transition referrals				X																	
Develop ADRC Toolkit with resources for use by staff				X																	

Goal/Activity	FY2010				FY2011				FY2012				FY2013				FY2014				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Cross-train ADRC staff and partners on ADRC Support Services: Options Counseling, Hospital Discharge Planning and Service Enrollment Support					X→								X		X		X			X
Integrate ADRC Support Services into existing DSAAPD operations and staff training					X																
Promote ADRC Support Services per the Delaware ADRC Marketing Plan					X→															
GOAL 3: Provide streamlined access to public programs through the coordination of existing service structures as well as the development of service enrollment support services.																					
Install statewide ADRC call center	X																				
Adopt common operational protocols and consistent use of comprehensive database		X																			
Coordinate with the Division of Medicaid and Medical Assistance (DMMA) on the development of Diamond State Health Plan Plus (DSHP – Plus), an integrated managed care approach to the delivery of long term care services					X→															

Goal/Activity	FY2010				FY2011				FY2012				FY2013				FY2014			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Coordinate with Money Follows the Person and other care transitions partners		X→																	
Implement Transitions/Rapid Response Team Project at all state-operated long-term care facilities					X															
Develop and implement service enrollment support component of ADRC Support Services					X	→														
GOAL 4: Develop and implement a model care transitions process partnering with Delaware's healthcare providers.																				
Initiate planning for person-centered discharge planning support		X																		
Participate in statewide transition/discharge planning efforts		X→																	
Promote discharge planning practices, utilizing new and existing discharge planning resources		X→																	

Goal/Activity	FY2010				FY2011				FY2012				FY2013				FY2014				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Cross-train ADRC staff, discharge planning staff and partners on topics to include: ADRC Overview, ADRC Support Services, Money Follows the Person, and Home and Community-based Services, Housing Options, etc.		X→																		
Activate critical stakeholders, engage in readiness activities and develop evidence-based care transition strategies						X→														
GOAL 5: Develop and implement a comprehensive quality improvement system to measure the effectiveness of the ADRC in providing information and awareness; options counseling; streamlined access to services and supports; and hospital discharge planning.																					
Acquire and utilize call center hardware and software that allows for real-time and recorded quality assurance monitoring	X→																			
Maintain records of ADRC phone and e-mail contacts as well as ADRC website utilization		X→																		

Goal/Activity	FY2010				FY2011				FY2012				FY2013				FY2014			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Provide follow-up phone calls and/or e-mails to ensure customer satisfaction		X→																	
Survey ADRC website users								X→											
Identify staff to develop and carry out organizational quality improvement functions				X																
Provide ongoing supervisory oversight of call center staff activities		X→																	
Provide systematic monitoring of all ADRC contracts	X→																		
Modify and enhance current DSAAPD quality improvement strategies and customize for ADRC functions		X→																	

Delaware ADRC Five Year Plan Approval

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**Addendum:
Additional Stakeholders**

AARP Delaware
Easter Seals Delaware and Maryland's Eastern Shore
Alzheimer's Association
United Way of Delaware
Delaware Lifespan Respite Network
Delaware Helpline/211
Parkinson's Education and Support Group
Delaware Association of Rehabilitation Facilities
Quality Insights of Delaware
Division of Developmental Disabilities Services
Division of Long Term Care Residents Protection
Division of Public Health
Division of Social Services
Division of State Service Centers
Division of Substance Abuse & Mental Health
Division for the Visually Impaired
Division of Vocational Rehabilitation
New Castle County Department of Community Services
Sussex County Government
Kent County Department of Community Services
Delaware Healthcare Association
Office of the Public Guardian
Brain Injury Association of Delaware
Community Legal Aid Society, Inc.
Delaware Volunteer Legal Services
St. Francis Hospital
Christiana Care Health Systems
Bayhealth Medical Center
Beebe Medical Center
Nanticoke Memorial Hospital
Henrietta Johnson Medical Center
La Red Health Center
Westside Family Healthcare
MeadowWood Behavioral Health System
Rockford Center
Delaware Social Security Office
Delaware Healthcare Facilities Association
Delaware State Housing Authority
University of Delaware Center for Disabilities Studies
DART First State
Children and Families First
Family-to-Family
Connections

Other partners listed in the *Guide to Services for Older Delawareans and Persons with Disabilities* and in the Delaware ADRC database