



COMMISSION ON AGING

c/o Agency on Aging, DHS

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PUBLIC HEARING ON AREA PLAN FOR AGING SERVICES COMMISSION ON AGING

March 21, 2011

I. Introduction – Candice Rose, Chair, Commission on Aging

Ms. Rose called the meeting to order at 9:00 a.m. with the following statement: Good Morning and welcome to the Commission on Aging's public hearing. I'm very pleased to see you all here. This annual public hearing is our most important meeting. We have the opportunity to hear from the County staff, contract providers, and the public about the state of the County's programs for seniors. We want to learn more about the services being currently provided and the population being served. We hope to find out about any unmet needs that may exist.

The serious economic crisis which affected our budget in the past few years has eased slightly but continues to affect budget decisions at both the local and state levels. The good news is that the County Manager's proposed a budget for fiscal year 2012 does not include further reductions to senior programs. However it does not restore previous reductions.

We will hear testimony today which will address how reductions have impacted services for older adults in Arlington. We will sort through program priorities and see if we can identify areas where adjustments should be made.

We have been asked by the County Board to address the following three questions:

- 1) What has been the impact of prior year service cuts?
- 2) What are the highest priority services for restoration should additional funds become available?
- 3) Based on what the Manager has proposed, what are key issues the Board should focus discussion on?

We will consider all the information presented today in our response to these three questions from the County Board. I encourage all members of the Commission to ask questions throughout the testimony. Members of the public may comment after the service providers have testified.

I'm sure we will have an interesting and informative morning.

The Arlington Commission on Aging, a body of residents experienced in matters concerning older people, advises the Arlington Agency on Aging and the Arlington County Board on aging issues.

II. Area Plan for Aging Services - Terri Lynch, Director, Agency on Aging

This Public Hearing has three purposes:

1. It provides an opportunity for the Commission on Aging to review the proposed Area Plan for Aging Services (a component of the County Manager's proposed budget), as well as the rest of the proposed budget that pertains to services for Arlington elders. This review of the Area Plan for Aging Services is required by the federal Older Americans Act.
2. It gives the Commission an opportunity to receive comments from the public regarding this plan and the remainder of the Manager's proposed budget.
3. The Commission also requests comments about unmet needs so that members can consider them related to the following year's Area Plan.

Each year the Arlington Area Agency on Aging drafts a Plan for the expenditure of Older Americans Act and related funds received from the federal and state governments. The Plan is based on the federal fiscal year, October 1 to September 30. The Plan is approved by the Virginia Department for the Aging, based on federal and state policies, rules and regulations. The Virginia Department for the Aging compiles the area plans of all of the 25 AAAs in Virginia. Along with VDA's own activities, this becomes the basis of the Department's Plan, which is then forwarded to the U.S. Administration on Aging for their approval.

This proposed budget functions as both the County's proposed Fiscal Year 2012 budget and the FY 2012 Area Plan for Aging Services. Last September, each of the Older Americans Act funded service providers prepared a request for funding for FY 2012, and that funding request is the basis of the proposal you see before you today.

Each year the Commission's Budget Committee also reviews the County Manager's entire proposed budget with respect to programs for elders. When this Public Hearing is over, Commission members will hold their meeting to decide their positions on the proposed Area Plan, as well as the rest of the proposed budget. Subsequently, Commission members will convey their opinions to the County Board. As in past years, the Commission will transmit comments received today.

Each member of the public is welcome to communicate directly to the County Board. This year the Board will be holding hearings on budget expenditures on March 22 (tomorrow) and on the tax rate on March 24. Each public hearing starts at 7:00 p.m. Registration is open now. To register call the County Board Office at 703-228-3130, the County's main information desk at 703-228-3000 or just go to the Information Desk here at the Central Library.

You will have picked up the agenda and a copy of the relevant pages of the County budget. The order of speakers follows the order of the programs in the budget packet.

III. ADSD Budget and Programming - Glenda Blake, Chief, Aging and Disability Services Division (ADSD)

Good Morning: Commission Members, Colleagues and Friends:

The County Manager described Arlington's fiscal outlook for FY12 as "Cautiously Optimistic." I completely agree with this assessment for the Department of Human Services and Aging & Disability Services.

- In October 2010, the estimated budget gap for FY12 was somewhere between \$25 and \$35 million.
- In January, we learned that real estate assessments increased by 6.3% - the County is expecting to realize \$30 million in revenue, which will make up most of this gap.
- Excluding schools, the FY12 General Fund Budget is \$607.1 million, which is an increase of 1.9% from last year.
- The County Board advertised a relatively small tax increase.

The County Manager's Primary Goal is to maintain commitments to:

- the health and safety of the community
- affordable housing
- environmental stability
- public schools
- providing a safety net for those in need.

The County is also committed to having a balanced budget, so the base budget for FY12 does not include restoration of any services that were cut in previous years. The efficiencies we gained in the last two years helped the County weather the difficult recession. We are leaner and more efficient.

- The County's base budget also includes an increase of \$1.3 million to the Safety Net Fund, AND step increases for employees.

DHS Budget:

In FY12, the DHS Budget is \$113.5 million (which is a 4.6% increase over FY11). The DHS budget is 12% of the County's total Budget. It includes:

- 678.09 FTEs, which is an increase of .8 FTE.
- Stable funding for non-profits. No reductions or increases are being proposed.
- Safety Net is a critical component of the DHS budget:
 - 1) Additional funding for Housing Grants, which is a rental-assistance program that serves older adults, working families and people with disabilities – 450 out of 2,487 clients are older adults.
 - 2) Additional funding for the General Relief Program that assists older adults and others with utilities, medications and other emergency services.
 - 3) Additional funding for the permanent supportive housing program that provides housing for adults with serious mental illness and disabilities. 6 our 121 clients are older adults.
- State reductions for the department totaled a little more than \$450,000, which includes an ongoing cut of \$119,000 to the ADSD in-home services program. Fortunately, this reduction will not impact services delivery. There is currently no waiting list and we have sufficient funding to serve existing clients.

ADSD:

- FY12 Budget for ADSD is \$18.1 million (which is 15.9% of DHS Budget and an increase of \$2 million from last year.)
- The increase is due to 2 full-time positions being transferred from Child & Family Services to the Intellectual and Developmental Disability Services Division.

- AND, part-year funding for the operation of the Mary Marshall Assisted Living Residence. The facility is currently under construction and expected to open in September or October of 2011.
- When a Human Service Aide retired, we split the vacant position and transferred it to two other divisions within the department. This transfer had no negative impact on service delivery and allowed the department to meet a growing demand for public assistance services and mental health treatment for children and families.

The ADSD workforce is stable and its programs are stable. We are consistently serving more than 2,000 clients on an annual basis and working hard to get the word out to the community about the services we offer.

We have been resilient and creative during these tough fiscal times. We have adjusted well.

Next Steps in County Budget Process:

- County budget work sessions began in February and will continue through mid-April.
- DHS work session is April 1.
- March 22 is the Public Hearing for the community.
- The County Budget will be adopted on April 16.

I want to thank the Commission for its support over these last two years. And, I want to especially thank ADSD employees and our non-profit partners for their outstanding service to Arlington's older adults.

IV. Presentations from Older Americans Act Funded Services and County Funded Services

❖ **Customer Service Center**

Maimoona Bah

Dear Members of the Commission, citizens, and colleagues: I am Maimoona Bah and I supervise the Aging and Disability Services Division Customer Service Center (CSC).

The CSC is the single point of entry for all ADSD Services. Our mission is to make a real difference in the lives of older adults, persons with disabilities, and their caregivers by providing a welcoming and accessible gateway to all services provided by the Division and its community partners.

The CSC includes a customer service specialist, 2 full time social workers, a part time intake worker and 2 part-time Medicare counselors. Customers can contact this program in person or by telephone, (703-228-1700), e-mail, and regular mail. The CSC serves anyone over the age of 60 and any adult with a permanent disability.

All customers requesting services receive a thorough needs assessment. Assessments can be conducted in the office, the customer's home, or another agreed upon place.

Essential services provided by the CSC fall into four major categories:

1. **Care Coordination** – The CSC assists customers, their caregivers and significant others with developing and implementing a care plan to help the customer remain in his or her own home for as long as possible. It is not uncommon for the CSC to receive a phone call from an individual who needs to be assessed for in-home support after being discharged home from the hospital or to determine the help a caregiver needs for mom or dad whose physical health has declined. The CSC conducts in home nutritional assessments for older adults qualifying for the Meals on Wheels subsidy. Many of these assessments lead to the social worker identifying other unmet needs. Some of these unmet needs may result in a referral to one of the supportive transportation programs such as STAR Assisted or Door thru Door. These are resources the individual would not have otherwise known.
2. **Emergency and Concrete Needs** – The CSC can assist with emergency financial needs for those who qualify. These financial needs include rent, utilities, food, prescription costs, and eyeglasses/hearing aides. The CSC has served customers who are at risk of losing their housing or are faced with utility disconnection due to unemployment, limited income and resources.
3. **Information & Referral & Counseling** – The CSC provides information and linkage to available services both within and outside of the County. Some of the individuals served are 60 yet ineligible for early retirement benefits and are looking to maintain their housing or others are looking for community and facility-based long-term care for their parents. The CSC provides information and referrals around accessing affordable housing, exploring senior employment services or applying for home modifications. Other CSC information and referrals include supportive transportation services, medical or dental services, food and nutritional programs. Supportive transportation services ranks as one of the top needs among Arlington’s older adults and individuals with disabilities. At any given point, the CSC makes referrals to the various ADSD/DHS programs and other community based programs.

The Virginia Insurance Counseling and Assistance Program (VICAP) program provides health insurance education, counseling and outreach to older adults and persons with a permanent disability in Arlington County and the City of Alexandria. The program has 3 volunteers who also provide insurance counseling. This year, the VICAP program launched a new outreach initiative (VICAP on wheels) which provides routine 1 on 1 counseling services in the Arlington and Alexandria senior residences linking beneficiaries with cost savings programs, and they don’t have to leave home.

In October, we became the local contact agency for residents in nursing homes looking to reintegrate into the community. This is a federal mandate for all states to develop a network of local contact agencies for so that nursing home residents can leave the facility if feasible. To date, there have been a total of 19 referrals made from the local nursing homes to help individuals access the necessary supports to safely return to the community.

4. **Caregiver Support and Education** – CSC workers are available to meet with caregivers for support and to link them to needed resources. Workers are also

available for community education on the programs and services that exist for older adults and persons with disabilities. The CSC now provides aging and disability information through a new virtual resource center located on the 4th floor. This center provides older adults, individuals with disabilities and their caregivers a free computer space to research information and connect with friends via the internet. We welcome Commission members to stop by and try it out.

? Looking at Service Center calls, why do you think the calls declined from 2007-2010 and then jumped back up in 2011? In 2007, the program was called Over Sixty Intake and was structured differently so that it did not take all of the calls to ADSD. In 2008, the programs taking calls were integrated and staff was moved into the CSC. Now the group is at full staffing, essentially doubled, so the CSC can handle more calls going forward.

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❖ **Personal Care/Homemaker Service**

Chris Lockett

Good morning and thank you for the opportunity to share my comments at today's hearing. My name is Christopher Lockett and I am a Program Manager at Home Care Partners. Home Care Partners (HCP) is a non-profit home care agency providing supportive, non-medical, home care aide services to frail elderly and disabled persons in the Washington Metropolitan Area. We have provided care to Arlington residents for over 30 years. The support provided by our Certified Home Care Aides has helped numerous seniors to remain in their homes and in their community. Through the Cluster Care Program, our partnership with the Arlington Agency on Aging and Adult Services, we currently provide home care services to approximately 280 clients.

The common thread shared by all of our clients is their desire to remain in their homes. Some of our clients only need a few hours of service per week to maintain the cleanliness and safety of their homes. Some need help with personal care – assistance with dressing, getting in and out of the shower, washing their hair, etc. Some are in precarious, unsanitary living conditions in which the home care aide's work stabilizes their situation. Often our clients are socially isolated. Some have no family in the area or have very limited involvement with family. Many of our clients live with serious physical or mental health challenges that affect their ability to function independently in their homes. The assistance HCP provides to individuals such as this is invaluable.

One challenge for HCP this past year has been meeting the increasing demand for home care services in Arlington with qualified aides who exhibit the skills, experience, customer service and work ethic that we expect of our employees. We work jointly with the Aging & Disability social workers to try to make the best match between the aides and clients. We continue to increase our pool of qualified home care aides, reaching out to potential candidates through the Arlington Employment Center, through advertisements in local newspapers, fliers, and through word of mouth. We have implemented an internal program in which current aides receive incentives for referring new home care aides who remain with the agency for over a year.

In addition, our client population is becoming more and more diverse, with increasing numbers of Latino, Russian, Vietnamese, and Ethiopian clients. We continue to enhance our orientation and ongoing trainings to ensure cultural competence on the part of our aides. We continue to add bilingual home care aides with the language skills to communicate effectively with these client bases.

On behalf of Home Care Partners, our Arlington home care aides and all of our Arlington clients, I thank you for your support over the past year and look forward to working with you to provide the highest quality home care possible.

? Do aides receive benefits from the County? Are they hourly employees? The aides are employees of Home Care Partners, not the County. They are hourly employees, and they do receive benefits and a career ladder through Home Care Partners.

❖ Home Delivered Meals

Meals on Wheels

Ray Meyer

Arlington Meals on Wheels delivers over 80,000 meals per year to Arlington residents who are homebound and unable to cook or shop for food on their own. We have been providing this service for just over forty years. Meals on Wheels is supported by two paid part-time contract staff (a volunteer coordinator and a telephone answering service manager), but otherwise depends upon hundreds of volunteers to deliver the food and to supervise and manage our operations. While our client base is not limited to those over sixty, the majority of our clients are elderly. As a result, we have worked closely with the Area Agency on Aging (AAA) for many years, as the Agency provides financial support by means of a mix of state and federal funds for over half of our elderly clients who are unable to pay the full cost of our service. In an informal, but very important way, we also serve as an early warning system and force multiplier for the Department of Human Services, as our volunteers see each of our approximately 160 clients every weekday and are quick to report problems that might require intervention by social workers or other county service providers.

Our food is provided by Aramark Correctional Services and is prepared in the kitchen at the County Detention Center. The menu is different from that served to the inmates and has been developed in consultation with Aramark and Virginia state nutritionists. Recent improvements in meal packaging and content worked out with Aramark led the Board of Managers to implement a \$2 fee increase to \$28 per week as of July 1, 2010, to ensure that these improvements can be sustained over the longer term. This increase has resulted in an increase in the subsidies provided through the AAA to each of the individual clients it supports. But the total subsidy also depends upon the number of clients that are subsidized and the extent of the subsidy for each, both of which vary weekly, so the precise future budgetary impacts of the fee increase taken in isolation cannot be precisely calculated.

We were pleased to learn that there will be no reduction in the funds made available through the AAA for Meals on Wheels in FY12, and look forward to continued close

cooperation with the County as we provide this important service to the residents of Arlington.

- ? How often are meals delivered? Meals are delivered 5 days a week, with the exception of Christmas, New Years, and Thanksgiving. (The Knights of Columbus deliver a meal on Thanksgiving.)
- ? What does a typical meal delivery include? Each delivery consists of 2 meals, a hot meal and a cold bag lunch. The meals are formulated by a nutritionist, so they are healthy, though not fancy. Two beverages, 1 juice and 1 milk, or 2 of either based on client choice, are delivered as well.
- ? Are the clients waiting by the door or is the meal left outside? Most, about 90%, meals are delivered face to face. It is a benefit for both the clients, for whom their contact with the Meals on Wheels volunteer may be the only person they see most days, and for the volunteers, who enjoy the contact as well as being able to note if something is wrong.

Hi-protein Liquid Diet

Carolyn Ferguson

Older adults who are at high nutritional risk may be eligible to receive a high protein liquid dietary supplement (currently Ensure). The program is administered by staff in the DHS Aging and Disability Services Division. Based on a referral from one's physician and a nutritional assessment completed by ADSD staff, an older adult may be determined to need and receive this dietary supplement on a monthly basis. Contributions toward the cost of this supplement are based on a sliding scale, and are encouraged.

Culpepper Garden Subsidies

Residents of Culpepper Garden I who are very low income often find it difficult to afford the cost of the mandatory meal program. To assist these residents, and prospective residents who might not otherwise be able to live at Culpepper Garden due to the cost of the meal program, a 50 percent subsidy is provided for residents whose income is at the SSI (Supplemental Security Income) level (currently \$674 per month for a single person), and a 25 percent subsidy is provided for residents whose income is between the SSI and federal poverty level (currently \$908 per month for a single person).

- ? How are the liquid protein supplements delivered? In many cases, the client's family member comes to DHS to pick it up. If the client has an ongoing nurse or social worker, the staff person will deliver the Ensure when they make a home visit.
- ? How many clients are currently receiving hi-protein liquid nutrition? There are 72 clients currently approved to receive either Ensure (regular) or Glucerna (diabetic) each month.

❖ No. Va. Long-Term Care Ombudsman Program

Laura Nichols

Good morning. I am Laura Nichols, Director of the Northern Virginia Long-Term Care Ombudsman Program. The Ombudsman Program has worked for over twenty-six years to resolve systemic and individual concerns for residents in the 113

nursing and assisted living facilities in Northern Virginia, including Arlington. Older American's Act, State, and local jurisdiction funds finance the regional program.

During Program Year (PY) 2010, there were 733 consumer-counseling sessions and facility staff requested 20 consultations in Arlington. Ombudsman Program staff handled 15 complaint cases with 100 issues, made 16 unannounced site visits and 2 volunteer monitoring visits.

During the year, twelve Volunteer Ombudsmen handled 108 complaint cases with 132 issues, made 363 visits in 8 Arlington facilities and devoted 906 hours valued at \$19,434.

Ombudsmen staff and volunteers investigate and resolve complaints and educate consumers about ways to resolve issues on their own. Outreach and education on long-term care related issues is provided to residents, advocates, and the general public through presentations, publications and our web site.

Compared to last year, web site visits have increased 33% and individual web page hits have increased 67% - showing an increased interest in long-term care information. The economic downturn continues to greatly affect the residents' quality of life and care and individuals express great need for improvements. We continue to see facilities reducing staff and employing cost reduction strategies that result in decreased quality of life and care for residents and decreased abilities of workers to meet their needs.

Program staff are working to build positive creative routes to make improvements. This year we have begun a Social Work Education Seminar Series to educate and train facility social services staff with the ultimate goal to improve their work with residents. We have received positive feedback and great interest in future trainings.

Ombudsman staff and volunteers continue to strive to ensure that those who reside in Northern Virginia facilities do not lose the rights that we all deserve – to be treated as individuals with dignity and respect and as we all want to be treated.

The Ombudsman Program wants to thank Arlington County being a strong supporter of our program. That support allows us to continue to work closely with Arlington residents and facilities and to serve on the Arlington Long-Term Care Residences Commission to promote a better quality of life and care for those living in long-term care.

❖ **Legal Assistance**

Meredith MacKay

Members of the Commission: Good morning. My name is Meredith MacKay, and I am the elder law staff attorney for Legal Services of Northern Virginia's (LSNV's) Arlington Office. I would like to thank the Commission for the opportunity to join in this discussion of how to better meet the needs of our elder Arlingtonians.

LSNV provides free civil legal services to low-income, disabled, and/or elderly residents in Northern Virginia. As LSNV's elder law staff attorney for Arlington County, I serve as a local resource for elders in need of legal counsel as well as an outreach advocate on elder law issues. To make legal services as accessible to seniors as possible, LSNV offers both educational presentations and individual legal

counsel at Arlington senior centers and residential facilities. We provide monthly client counseling at six locations in the county including Culpepper Garden and Claridge House senior residential facilities and Langston-Brown, Walter Reed, Culpepper Garden and Lee Senior Centers. In addition, seniors can meet with an elder law attorney at our office near the Arlington Courthouse or at their residence for those who are home-bound.

For calendar year 2010, LSNV served over 1,250 senior clients program-wide. Approximately 20% of those senior clients were Arlington County residents. The legal services most commonly requested by Arlington seniors have remained the same over the past three years I have worked in this position. Just over 50% of all elder Arlingtonians asked for help with personal declaration documents including wills, powers of attorney, and health care declarations. An additional 20% of clients needed help with consumer law issues such as debt collection, contract disputes, and identity theft. Another 10% of senior clients requested assistance with housing issues such as eviction, landlord-tenant relations, and foreclosure. The remaining 20% of clients have various issues including family law, public benefits, employment law, and individual rights.

One of LSNV's biggest challenges this year has been maintain a full range of services in the current economic downturn. LSNV remains grateful for Arlington County's generous support over the years. We appreciate the flat funding allocation for our organization this year because we know how valuable each budget dollar is in this difficult economy. That being said, LSNV does struggle to continue providing comprehensive services because of ongoing budget cuts made by many funders facing adverse financial circumstances themselves.

In closing, I would like to remind everyone that Senior Law Day is Monday, May 2nd, and it is free and open to the public. This year we will focus on connecting the community to the courts by giving Arlington seniors a behind-the-scenes look at what happens in the courthouse. Clerk of Court Paul Ferguson will speak, and the Honorable Dorothy Clark, from the Arlington County General District Court, will share a view from the bench in giving the keynote address. I encourage everyone to let their clients, constituents, and other concerned community members know about this exciting event. I hope to see you there.

Thank you.

❖ **Senior Centers**

Cheryl Johnson

Members of the Commission on Aging: The Office of Senior Adult Programs (OSAP) is part of Arlington County's Department of Parks, Recreation and Cultural Resources. OSAP coordinates programs and activities at six senior centers and provides classes and programs in fitness, brain health, recreation, education, arts and senior adult travel, as well as social events. Three of the sites house congregate meal programs: Arlington Mill at Fairlington, Langston-Brown and Walter Reed. Arlington seniors (55 and over) can register with OSAP for \$15 per year. The PRCR Senior Office collaborates with the DHS Aging & Disabilities Services Division and Department of Human Services to provide diversified programs to meet a wide variety of needs. The programs Flourishing after 55 invite active adults to enrich this

phase of their lives and connect with others in transition. The total number of seniors registered with the Office of Senior Adult Programs is 4,390.

In fiscal year 2011, the County's financial climate was such that three reductions were proposed for the senior adult programs:

1. Reduce the number of Arlington senior centers from six locations to four.
2. Reduce staffing for walking groups at Culpepper, Lee and Walter Reed.
3. Reduce funding for transportation to senior centers.

The total reduction proposed was \$86,523 and 1.95 FTE's.

Although these reductions were proposed, we were very fortunate to have our senior center budget funded with minimal reductions to staff or services. Last year's cuts ended in the amount of \$25,763 and .25 FTE cut. All six of our senior centers have continued to operate, however the reductions for the walking groups and transportation were accepted.

The office eliminated two temporary staff positions that assisted the walking clubs by driving and organizing some of the walks. As a result, the groups cover the cost of the transportation and driver. One club is now transitioning from a bus to a van to lower the cost of transportation. While this will save money, the van has fewer seats and makes it difficult for some participants to move in and out due to mobility.

As part of PRCR's cost recovery model, class fees were increased by \$.50, from \$3.50 to \$4.00.

Last year the congregate meal programs served 17,440 meals in the three sites. This is a decrease of 1,371 meals served the year before. The reduction is attributed to inclement weather (the centers were closed for 9 days due to weather) and change in the quality of the food. The food vendor was changed in May, 2009 and we are currently looking to find another vendor to improve the quality of food.

A few of our greatest accomplishments this year have been continuing to provide programs at six senior centers, implementing senior women's intramural basketball teams and making ongoing improvements in data collection.

Senior women's basketball started at the very beginning of FY11, with 6 teams and 40 participants. Players' ages range from 50 to 74 and the median age is 57. This is part of our introduction of boomer programming and our transition of younger adults into our senior programs.

FY 11 data collection year to date:

New members – We gained 571 new members in the first half of the year, and that's 17% greater than new members in the first half of last year.

We conducted an outcomes survey and a sampling of the results are:

- When asked what are the benefits of Arlington's programs for senior adults?
 - 80% agree that the activities lift their spirits.
 - 77% enjoy social contact with the people in the programs.
 - 69% agree that they can get information about services they may need.
- What's most important?
 - Ages 55-64
 - 75% say they are better able to follow a healthy lifestyle.

Ages 65-74

71% say they exercise more.

Ages 75+

78% say they enjoy social contact with people in the programs.

For fiscal year 2012, there are no proposed reductions for the senior budget. However, there will also be no restoration of funds or programs previously cut. There is a proposal to increase OSAP 55+ Pass fees by \$5.00, from \$15 to \$20 per resident and from \$40 to \$45 per nonresident. This is projected to bring in an estimated \$17,500 in increased revenue. The decision to raise the 55+ Pass fees was reached during the FY12 budget process in consultation with the Senior Adult Council.

❖ **Money Management**

Sharon LeGrande

Good morning. My name is Sharon LeGrande. I am the Director of Workforce Development and Self-Sufficiency Programs at Northern Virginia Family Service (NVFS), overseeing the Arlington Daily Money Management Program. On behalf of NVFS, I would like to extend our appreciation for your ongoing support of this vital program.

The Money Management Program is staffed by a full-time bilingual Spanish-English case manager and served 53 clients in the past year. Money Management is a critical component of the continuum of services for vulnerable older adults. By helping our clients manage their finances - ensuring they pay their bills on time, do not fall prey to unscrupulous solicitation, do not incur high credit card debt, and maintain payment plans as agreed - we are supporting them in remaining safe and independent in the community.

Although the majority of our clients reside in the Culpeper Garden facility where we have our office, 19% of the clients we serve are living elsewhere in Arlington. We also have a goal to reach foreign-born older adults, and have specifically concentrated on Spanish speaking clients.

In December 2009, we expanded our capacity through receipt of a foundation grant and were able to increase our half-time staff to full-time. With this additional foundation grant, we will be implementing group education sessions that will cover topics such as: identity theft prevention, consumer fraud, health insurance access and costs, health care decisions, long term care. We also discuss legal issues such as living wills, advanced care directives, power of attorney and trusts.

We continue to utilize volunteers in our program delivery, who after intensive training are able to work with our clients. We will continue to recruit carefully-screened volunteers to serve in the program as a way to increase our capacity as the number of older adults in the community continues to grow.

Additional needs for older adults, identified through our work, include the need for expanded mental health services, nurse case management, with a focus on providing these services within the community in a way that is comfortable for clients.

Physical health problems and a decrease in functional and cognitive abilities over time are challenges that seniors face. Knowledge of the person's financial situation is very important when seniors are in need of increased services. Our staff has an important role in this area and is able to work with Aging and Disability Services staff and the Housing Division to link our seniors to services and other resources to improve their quality of living. Case management and careful budgeting of their finances is essential for continued services.

Given our society's increased dependence on technology, it is important for seniors to become comfortable with technology. Although clients may not want to use computers to conduct their personal business, knowing the capabilities of online technologies would help ease their minds about these tools and how it can make their lives easier. Online technologies can help clients, especially those who struggle with physical ailments, to keep track of balances and statements without having to go out the door. Our staff role focuses on helping to coach them on using these technologies but not as a replacement for our services. We appreciate the County's continued support of this much needed service and thank you for the opportunity to speak with you today.

❖ **Volunteer Guardianship and Personal Advocate Service**

Randy Feliciano

The Volunteer Guardianship Program is designed to serve adults open to the Arlington County Department of Human Services (DHS), who are unable to manage their personal and/or financial affairs. Volunteers receive training to become court appointed guardians and/or conservators, as well as representative payees and powers of attorney. Guardians and conservators are recruited for individuals who have no one else upon whom to rely. Recruitment efforts seeking volunteers are found on the Arlington Volunteer web site, in the *55+ Guide*, *The Citizen*, *The Washington Post*, *El Tiempo Latino*, and other local news publications. There are ads on public access cable and closed circuit televisions within selected county facilities. In addition, we conduct volunteer campaigns with the senior centers and local civic associations. As the Volunteer Guardianship Coordinator, I coordinate monthly meetings with the interdisciplinary guardianship panel to review DHS referrals for guardianship and to assure that only people who truly need a guardian are referred to the court.

The Personal Advocate Service is comprised of volunteers who are trained to explain, to intervene in, and to follow up on behalf of older adults who want to access community resources and services. The volunteer advocates complete a full day orientation and periodic in-service trainings provided by the program coordinator. Trained personal advocates may assist with such services as: identifying transportation options and assisting in completing applications for Real Estate Tax Relief, Housing Grants, and MetroAccess; to name a few. In addition, they assist in exploring Medicare/Medicaid and long-term care insurance choices.

My Role: As volunteer coordinator, I provide background support and assistance for all of the volunteers in the division. I currently provide support to 22 Guardianship volunteers and expect an additional 2 by the end of the fiscal year. I also support 17 Personal Advocates and later this month may be adding an additional 7 volunteers to the current roster! In addition, I had the honor of finding a replacement guardian

for a volunteer who had served in the program for over 25 years! Within those twenty five years, she assisted over 8 County residents by serving as their guardian and conservator. Her swift action over the years helped keep many incapacitated persons from financial exploitation and homelessness. This is one of the many reasons why this position is so rewarding!

❖ **Culpepper Garden Assisted Living**

Doug Williams

Good morning! I am Doug Williams, Chairman of the Board of Culpepper Garden. Culpepper is a 340-unit, low to moderate income senior retirement community. It is home to 267 elderly individuals living independently and 73 in Supportive Services, better known as assisted living.

The Board of Directors is most appreciative of the past support that has been given to assist us in our mission to serve low-income elderly residents. We are appreciative as well of the support that is proposed in the upcoming FY 2012 budget. Yes, our expenses have already increased significantly this fiscal year and we fear they are going to continue to do so, making it increasingly difficult to ensure financial stability. However, we realize the demands upon local government and that makes us even more thankful for the funding that is proposed in this FY 2012 budget.

In spite of these challenges and the changes that go with them, I am pleased that we continue to help our residents to *“age in place with dignity.”* A case in point is Ms. K., a widower with a mentally challenged son who lives in a group home. Ms. K moved to Culpepper Garden in early 2007 at age 78. She was like many of our residents in independent living:

- Healthy, friendly and known for a sense of humor
- Drove her own car
- Kept a nice, clean apartment
- Met her financial obligations
- Took care of herself
- And wore clean clothes.

But this life style changed as her mental and physical health underwent progressive decline. This decline continued to the point Ms. K:

- Was not eating
- Lost weight and became weak
- Did not take her medications
- Memory was failing her
- She slept all the time
- Did not bath or shower
- Did not do laundry and wore dirty clothes
- Was not able to visit her son
- Neglected her cat
- Had no phone or cable service because she had failed to pay her bills
- Adult Protective Services had to intervene.

Thankfully though, Ms. K was eligible for Assisted Living and in early 2011 she was able to move there. She has her life back and she is thriving. Now she:

- Eats three meals a day
- Has regained her strength back and is healthy
- She takes her medications on time, bathes regularly and wears clean clothes, enjoys a clean and uncluttered apartment – all because she has supportive services and the oversight of Assisted Living staff
- She regularly sees a visiting doctor
- Has telephone and cable service
- Her son is able to visit her on a regular basis
- She participates in Supportive Services activities
- No longer a danger to herself so her case with Adult Protective Services is closed
- Memory is still an issue, but she has the supportive services that enable her to “age in place with dignity.”

Ms. K is a Culpepper Garden success story! Her progressive decline might not have had a happy ending had it not been for the collaborative effort of staff with both Arlington County and Culpepper Garden, and she very likely might not have been able to make the transition to Assisted Living were it not for the financial help from Arlington County embodied in the funding that we are here to address this morning.

In summary, we thank you for what you have done and for what we hope you will continue to do by providing this financial support for the frail elderly at Culpepper Garden.

❖ **Adult Day Health Programs**

Michael DiGeronimo

Good morning Commission members. I am Michael DiGeronimo, Director of the Walter Reed Adult Day Health Care Center (ADHC) - formerly known as the Madison Center. We provide a program of services and activities to help adults with functional limitations maintain or enhance their independence in order to remain in the community as long as possible. These services include a social environment that encourages therapeutic activities, daily exercise, a nutritious meal, and nursing and mental health supervision. ADHC also provides support and respite to the caregivers.

Current Data

- Enrollment - 33
- Average Daily Attendance - 20
- Diagnosis of participants - Alzheimer’s Disease, Age related dementias, Parkinson’s Disease, strokes, cerebral palsy, head injury, mental health issues, muscular dystrophy, intellectual disabilities, visual impairments, and over all frailty due to aging
- Acuity Levels of participants:
 - Fall Risk – 100%
 - Complex Conditions/Medical/Nursing Needs: High risk for destabilization – 97%
 - Moderate/Severe Supervision for Safety – 88%

- Physical/Mechanical Assist for Walking – 88%
- Physical/Mechanical Assist for Toileting – 91%
- Physical/Mechanical Assist for Transferring – 88%
- Medications administered - 462 a month

As you can see, we are enabling many Arlingtonians with complex needs to stay in their homes and community.

Thank you for your time today. Do you have any questions?

- ? Did you have any trouble absorbing the cut of one staff person last year? No, we did not. We distributed that person's responsibilities among the wonderful remaining Walter Reed ADHC staff without any problems.
- ? How many staff does the Walter Reed ADHC have? There are a total of 10 staff members, 8 full-time and 2 part-time.
- ? How much do the Walter Reed ADHC participants pay per day? They pay according to a sliding scale based on their income. Current participants are paying between \$7 - \$96 per day.

❖ **Adult Protective Services/Adult Social Services**

Karen Hannigan

Good morning. My name is Karen Hannigan. I have been the supervisor of the Adult Protective Services Unit and the Adult Services Unit within Arlington County's Aging and Disability Service Division for the past 5 years.

I'd like to present you first with an overview of Adult Protective Services (APS), as well as a philosophy of how the social workers function in both these units.

The philosophy of Adult Protective Services is: Adult abuse, neglect, and exploitation are primarily social problems and their resolution for the most part should be sought through the provision of social services and medical services rather than through the legal system.

Services which support and strengthen the adult's informal support system are vital to the protection of adults who are at risk of abuse, neglect, and exploitation.

Proper protection of adults may require an APS worker to advocate for the right of the capable adult to make his/her own choices even when these choices may be opposed by the community or family.

The least restrictive and least intrusive intervention necessary to protect the adult and stabilize the situation is the most appropriate.

We have 3 full-time APS workers in Arlington County, each of whom investigates over 100 allegations of abuse, neglect and exploitation in one year. 59% of investigations result in a "founded" determination, the majority of which (75%) are neglect, either self-neglect or neglect by others.

APS workers, all masters-prepared:

- Receive and determine validity of allegations of incidents of abuse, neglect (including self-neglect) and exploitation that occurred in Arlington County

regarding incapacitated adults (physical, developmental and psychiatric) between the ages of 18-59, as well as anyone over the age of 60.

- If determined to be valid, they conduct an investigation and make a determination of “founded” or “unfounded” within 45 days.
- Work with those who are found to need and who agree to accept services by developing individualized service plans.
- Protect those who are found to need services, but who lack the capacity to accept services and whose risk of harm is high, via initiation of guardianship proceedings and location of volunteer guardian.
- Adults who have not been adjudicated to lack capacity have the right to refuse protective services.

I will now discuss the second of my units. The Adult Services (AS) Unit is mandated by the Virginia Department of Social Services to provide case management services for low-income clients at least 18 years of age or older with a disability.

We are also mandated to perform pre-admission screenings for all clients in Arlington who request the use of public dollars to pay for stays in nursing homes, to receive care at home, or to be admitted to assisted living facilities. The AS unit is responsible for overseeing residential care for “Community Care Homes,” known elsewhere as adult foster care homes.

We are also responsible for managing the Home Care Partners contract, serving 308 clients with homecare as well as reviewing annual guardianship reports for approximately 300 clients under guardianship here in Arlington.

The bulk of our work is serving 400 clients throughout the year with six social workers, who are also trained as adult protective services workers. We keep a client open for as long as necessary, from less than a year to the end of their lives. Eighty percent of our clients are age 60 or older. Forty percent of those on our caseloads exhibit symptoms of mental illness, some of whom have agreed to seek mental health treatment and some of whom cannot recognize they need assistance.

These clients have the fewest number of informal supports – family or friends - to assist them and are not able to advocate effectively for themselves, to come to Sequoia to request services, therefore we meet them where they are, doing most of our work in their homes.

Because this work is holistic, requiring that we ensure stability and highest-level of functioning in the areas of their activities of daily living, instrumental activities of daily living, medical care, emotional support, caregiver support, housing and economic stability, AS social workers work closely and collaboratively with the other units you will hear from today – nursing case management, AAA staff, the Customer Service Center, Home Care Partners, long-term care eligibility workers, Senior Adult Mental Health, as well as partners outside the Department, such as Culpepper Garden and Virginia Hospital Center.

It is my privilege to be part of watching best practice social work completed every day I come to work.

Thank you for your time and this opportunity to speak with you today.

- ? Is there any correlation between the self-neglect number you mentioned and the number of people living alone? That number stays steady here at about 55% and it does correlate with the national figure. A lot of older people live independently. Arlington has a lot of intelligent, independent people without children who are aging in place and are our clients.
- ? Can you meet the 45-day demand for completing a case with current staff? It's a mandate so we must meet it and we manage to do so. We do coordinate with many other ADSD staff as well as other partners. We move fast and it's not boring.
- ? Are the trends for APS complaints staying steady? No, they are going up both locally and nationally due to the population aging. However, we also work with persons 18-59 who have physical or mental disabilities and those numbers are rising, too.

❖ **Senior Adult Mental Health**

Jennifer Dietz

Senior Adult Mental Health (SAMH) promotes and enhances the independence of individuals through the stabilization of their mental illness. SAMH serves individuals 60 and older with severe mental illness, and individuals 18 and older with intellectual and developmental disabilities. Intensive office and community-based support is provided by program staff to prevent premature institutional placements, ensure safety in the home and foster full participation for individuals in the community.

A multi-disciplinary approach to mental health treatment includes:

- Screening and diagnostic intake assessments
- Psychiatric medication evaluation and monitoring
- Treatment planning
- Individual, group and family therapy
- Case management services
- Psycho-educational services
- Consultation and collaboration with other agencies and service providers

The team consists of one full-time clinic aide, three full-time therapists, two part-time therapists, one part-time psychiatric nurse, three part-time consulting psychiatrists and a program supervisor. One full-time therapist is fluent in Spanish and one consulting psychiatrist is fluent in Croatian.

Currently 147 cases are open and followed by the SAMH program.

❖ **Regional Older Adult Facilities Mental Health Support**

Tom Gleeson

The Regional Older Adult Facilities Mental Health Support Team (RAFT) is a regional program serving the counties of Arlington, Fairfax-Falls Church, Prince William, Loudoun, and the City of Alexandria. The program provides intensive multidisciplinary mental health treatment to adults 65 and older discharged or diverted from state institutions to local long-term care facilities in Northern Virginia. The team consists of 3 full-time therapists, one full time registered nurse and a part-time psychiatrist. This team assists individuals in their residential placement to remain in Northern Virginia close to family and friends.

The RAFT program currently serves:

10 individuals in 2 Assisted Living Facilities

11 individuals in 3 Nursing Home Facilities
2 individuals in 2 apartments or rooms to rent

Total of 23 active clients

Staff provides mental health treatment and care coordination onsite at these facilities currently located in the counties of Arlington, Loudoun, Fairfax-Falls Church and Prince William.

The RAFT program has two main goals. One is to have older adults, 65 and older, return to Northern Virginia from a state hospitalization when ready for discharge to be closer to family and friends. The second goal is to prevent state hospitalization / re-hospitalization with intensive community-based services provided by a multidisciplinary treatment team approach. Since the RAFT program's onset over two years ago, only one individual needed to be re-admitted to the state hospital for long-term care.

The RAFT program is fully funded by state and federal grants.

? Could you serve more people if you had a larger budget? All of the current budget is being utilized. The program has sufficient funds to assist 10 people who are in assisted living residences; the remaining clients are in nursing homes or independent apartments. RAFT staff also trains staff at the participating facilities to help people with the types of special needs our clients and others like them typically have.

❖ **Nursing Case Management / Home Services Aide Team**

Patti O'Neill

I am Patti O'Neill, Acting Supervisor for NCM/HSA Team.

Team Consists of:

- 5 FTE Public Health Nurses and 1 FTE Supervisor
- 3.5 FTE Human Services Aides.

Mission:

- Promote and maintain independence, dignity and self-determination for older persons and persons with disabilities.
- Prevent unnecessary hospitalizations or premature institutionalization.
- Promote optimum health.

Nursing Case Managers Provide:

- Nursing model of Case Management
- Comprehensive assessment
- Patient education
- Coordination of care
- Linking with resources
- Medication monitoring
- Community Education and Outreach
- Integrated services with Adult Services, Senior Adult Mental Health, Customer Service, and Area Agency on Aging

- Public Health support to DHS (clinics, outreach, epidemiological and communicable disease response, and emergency response).

Human Service Aides Provide:

- In-Home services for “High Need” clients
- In-Home Care for clients in the interim between no care and Cluster Care
- Support with bathing and personal care where there is a clinical need
- Response to emergent cases - stabilize and refer on to Cluster Care
- Escort Clients to appointments – support to Nurse Case Managers and Social Workers
- Basic paperwork for applications for services
- Errands and tasks for clients to support Social Workers and Nurse Case Managers (DHS personal care; environmental maintenance; nutritional support; and other support services).

Who we serve:

- Persons over 18 years of age with disability and older persons living in Arlington, VA who are having difficulty managing their health care.

How to refer:

- Call Customer Service: 703-228-1700

First 8 months of FY11

- 213 persons were served by Nursing Case Management Unit with an average caseload of **1 : 28.50** (200+ served in Flu and B/P clinics not included in the 213)
- 104 persons were served by Human Service Aide Unit with an average caseload **1 : 20.25**

Profile: FY10

- 69% of clients are over 70
- 24% between 50- 69
- 7% under 49
- 91% have 5 or more risk factors
- 82% have multiple medications (over 7 separate medications) with 75% requiring assistance to take their medication
- 94% have multiple diagnosis (4+), (60% also have a psychiatric diagnosis)

Staffing

- In FY11 a 1.0 FTE Human Service Aide retired and her ongoing caseload was absorbed by the other workers.
- There is no waiting list for Human Service Aide services and the current staff of 3.5 FTE has been able to meet client needs throughout this year.
- The Nurse Case Manager Supervisor Position is temporarily filled by the Acting Supervisor, who will return to her role as a Nurse Case Manager when a permanent supervisor is hired. The current waiting list of 13 will be opened to services when a permanent supervisor is hired.

❖ **Services for Adults with intellectual and Developmental Disabilities**

Joanna Wise-Barnes

Program description and services provided

Intellectual and Developmental Disability Services (IDDS) serves individuals who have an intellectual disability and/or significant developmental disabilities accompanied by functional limitations in the activities of daily living. Support coordination is the only service provided directly, but is the link to other community services operated by non-profit agencies. Contract services include habilitation and supported employment, transportation to these day programs and worksites, and residential services. All contract services are dependent on funding availability and on the capacity of non-profit organizations. The only services that have waiting lists are the residential services.

Services provided to persons age 60+

All of the services described above are available to individuals age 60 and over. IDDS serves 35 persons age 60+. Twenty-seven are in their sixties. Seven are in their seventies. One is ninety years old. Of the total 35 individuals, two live in nursing homes, eleven reside in state institutions, three live in community-based intermediate care facilities, and ten live in group homes. Four live in supervised apartments and three live with their families or alone, receiving drop-in supports from residential counselors. Two receive no residential services, but are under consideration for admission to the Mary Marshall Assisted Living Facility opening in 2011.

One person over 60 works in a competitive job assisted by a job coach. Three are in group-supported employment with job coaches. Two are in sheltered employment. Nine attend habilitation programs during the day. Ten of these individuals use IDDS specialized transportation services to day programs or worksites.

IDDS support coordinators monitor all services, a process that becomes more important as individuals age and are more likely to experience health concerns and to need more assistance.

Changes and challenges

IDDS absorbed services to children with IDD during this fiscal year. Two support coordinators were transferred to Aging and Disability Services from the Child and Family Services Division, so staffing is adequate for the larger number of persons being served. Support coordination positions were reclassified and the newly titled Developmental Disability Specialists are now required to have graduate degrees. Positions that were frozen have now been filled and training is in progress.

FY 2012 Budget

The proposed Arlington County budget contains no cuts to IDDS. Services, activities, and staffing are projected to continue at current levels.

The State budget includes funding for additional ID Waiver slots. We should receive notification soon about how many slots will be allocated to Arlington. This will bring additional Medicaid revenues to IDDS.

❖ **Transportation Services**

Transit program - Paratransit/STAR

Gwendolyn Nixon-Carter

The Transit Bureau of the Department of Environmental Services oversees transit services in Arlington, including Metrorail; ART and Metrobus fixed route services; and STAR and MetroAccess paratransit services for people with disabilities who can't use fixed route transit. This oversight is conducted with the assistance of the Transit Advisory Committee (TAC), appointed by the County Manager. I'm glad to report that the Transit Advisory Committee has four new members including a former Commission on Aging member, Fran DeSilva. The TAC is forming a subcommittee to address accessibility issues on all modes of transit in Arlington.

In the past year, ART has realigned service to the new DHS offices at Sequoia by adding a new stop with shelter for the ART 77 and 42, improving midday service on the ART 42 from hourly to 30 minute frequencies, and adding the new ART 45 connecting DHS with Rosslyn and areas along Columbia Pike. We added weeknight service to the ART 77, enabling riders based at DHS, Clarendon, Courthouse and Shirlington to go home late.

We also extended the ART 75 from Wakefield High School to Shirlington on the south and Ballston to Virginia Square to the north. We divided the old Route 74, creating a new Route 84 connecting Douglas Park and Nauck to Pentagon City. Arlington Village and Arlington View remain on the ART 74. Saturday service on the ART 61 was eliminated due to low ridership.

In the near future, we will be adding another weekday bus on April 4th to the ART 41 to improve on-time performance and extending the schedule earlier and later. This summer, we will improve weekend ART 41 service as well. Also on April 4th, we are adding three PM Peak outbound trips to the ART 87.

We are developing a new ART 42 weekday schedule to provide more peak period service. We have begun a series of meetings with the community on the ART 51, 52, 53, 61 and 62 to look at possible schedule and route changes to be implemented, hopefully in late summer. We are also reviewing connectivity between Columbia Heights West and DHS.

Marketing and community relations are important facets of public transit. We will be holding sessions in cooperation with Metrobus in Columbia Heights West and Buckingham to explain the SmarTrip fare system – where to buy a card, how to add money, and how to save money using that card. We are also discussing techniques to promote ridership, although our friends at Exxon-Mobil, Shell, and Sunoco are assisting in that effort.

We have 32 beautiful heavy-duty low-floor transit buses powered by compressed natural gas. We hope to replace our remaining Fords with some low-floor narrow-body CNG buses, as some of our streets won't take a full-width bus.

Arlington County recently adopted a six-year Transit Development Plan. You can read the plan from our website, <http://www.arlingtontransit.com> – click on News & Events along the left margin, and then Transit Development Plan. We appreciate

the valuable input from several members of the Commission on Aging and DHS staffers.

STAR is holding steady. We've employed improved scheduling techniques to improve the grouping of rides. A new STAR rider survey should be finalized in the next few months and riders should be contacted this spring to evaluate their STAR services. The STAR Call Center has absorbed scheduling rides to grocery stores and medical appointments formerly provided by the Red Cross. The majority of the Red Cross riders are already registered for MetroAccess and eligible for STAR, and the Red Cross worked with the remainder to have them go through the MetroAccess eligibility process.

ART's focus is shifting from "Miracle Grow" to just "Sun and Water." We've been experiencing rapid growth – and now we need to concentrate on improving the reliability, frequency, and span of service on the routes we provide.

I expect that a few STAR procedures will be reconsidered to improve efficiency and enable more rides to be provided within budgetary limitations. This process will include consultation with the riders.

? You indicated that you will be reaching out to the community to find out how satisfied they are with current services. How will you do that? We have identified routes that we want to look at. We will hold a series of meeting at different times, which will be advertised by notices on buses, STAR alert e-mails, and text messages, and also comment forms are available online for persons who wish to give comments that way.

Transportation Services through the Area Agency on Aging Carolyn Ferguson

There are a variety of transportation options that receive partial funding through the Arlington Agency on Aging. These options include:

Three services built on the STAR program:

- **Assisted STAR:** Taxi-cab or van drivers escort STAR passengers (age 60+) from the front door of their house or apartment to the waiting room of the health care provider. At that point the driver leaves, and the passenger is picked up in the waiting room as part of the return trip and taken to their front door.
- **Temporary STAR:** This service provides transportation to health care appointments for older adults with a temporary disability who are unable to drive or use public transit. Recovery from hip-replacement surgery or to-and-from chemotherapy are examples of conditions that call for this service. It is available for health care appointments only for approximately 3 months.
- **STAR Vouchers:** Vouchers are available to older adults age 60+ who have gone through the MetroAccess eligibility process and are approved as STAR users, but who cannot afford the cost of getting to the doctor.

At this time, there are also several grocery loops available:

- **Weekly trips for grocery shopping** are available to older adults who live at The Carlin, Claridge House, Culpepper Garden and Woodland Hill and in three neighborhoods in Arlington: (1) Crystal City; (2) along Columbia Pike;

and (3) within a mile and a half of the Lee-Harrison shopping center. The only retirement housing apartment building not served in this program is immediately across the street from a grocery store.

Medical Trips: Transportation is available for health care appointments to residents age 75 and over who are not quite eligible for MetroAccess, but cannot drive or easily use Metrorail or Metrobus. The service and cost is just like STAR.

Discount taxi coupons are available through the Super Senior Taxi [SST] program to Arlington residents age 70 and over. Each year an older Arlington resident may purchase 20 books of coupons. Each book is worth \$20 and is purchased for \$10, providing a 50 percent discount.

Arlington, the City of Alexandria and Home Care Partners continue to receive New Freedom funding to provide **Door Through Door** service. A home care aide is available through Home Care Partners to accompany Arlington and Alexandria adults from home to a health care appointment and back home again. The aide helps the person get dressed, stays at the appointment and helps the person settle in at home again. English, Spanish and Vietnamese speaking aides are available.

❖ **Housing Assistance/Public Assistance**

Housing Grants & Real Estate Tax Relief

Amy Yorczyk

The Housing Grant program is for qualified renters who are either 62 years old or over, permanently and totally disabled or active in Arlington Behavioral Health, or working families with at least one child under the age of 18. Qualified applicants must be within income and asset guidelines. The income level for one person is \$30,813. The applicant must have a lease in their name by the time of approval. The Housing Grant program is very successful. There are over 1,050 households that currently receive a grant.

Real Estate Tax Relief is a program for qualified Arlington Homeowners who are age 65 or older, or who are totally and permanently disabled who meet the income and asset guidelines. The maximum income level this year is \$99,472 and the maximum asset level is \$340,000 for an exemption and \$540,000 for a deferral. Qualified applicants are excused from paying all or part of their real estate taxes. Homeowners can choose to defer any taxes that are owed.

Medicaid & Auxiliary Grants

Joe Schwartz

Good morning. My Name is Joe Schwartz. I work in the Bureau of Assistance Program's Elderly and Disabled unit and I am going to talk about the Medicaid and Auxiliary Grant Programs.

Virginia Medicaid provides health insurance to low-income residents, some of whom also receive Federal Medicare coverage and some of whom do not. Of the 7,800 Medicaid households shown for FY 2011, 2,800 of these include elderly or disabled persons. Among the 2,800, approximately 280 individuals reside in nursing facilities and 340 persons receive Community Based Care services, in lieu of a nursing home placement. The scope of Medicaid coverage for the rest of the 2,800 varies depending on income, ranging from payment of the Medicare part B premium

(income not greater than \$1,126 per month), to coverage of the full range of medical services (income not greater than \$726 per month).

The **Virginia Auxiliary Grant program** provides a monthly payment for low-income persons residing in assisted living facilities. The amount of the payment varies depending on the individual's income, but has to be enough to enable the resident to pay the monthly rate at the facility, and have \$81 left over for their spending money. The monthly rate is \$1,279 for assisted living facilities in Northern Virginia and \$1,112 for facilities in the rest of the State.

The FY 2012 estimate of 55 Auxiliary Grant recipients should actually be higher due to the anticipated opening of the Mary Marshall Assisted Living Residence in Arlington. The Mary Marshall Residence is expected to begin admitting new Auxiliary Grant recipients in the early part of FY 2012, so that the Auxiliary Grant caseload will gradually increase over the course of the year.

❖ **Capital Hospice**

Sally Mallison

Thank you! My name is Sally Mallison. I'm Capital Hospice's grant manager.

First, on behalf of Capital Hospice, I'd like to THANK Arlington County for its generous 2011 grant of \$14,000 to our **Indigent Patient Care Program**. We appreciate and rely on your ongoing support. We're also grateful for the real and personal property tax exemption on our Inpatient Facility on North 15th Street.

As you may know, Capital Hospice is one of the oldest and largest nonprofit hospices in the United States. For 34 years we've provided quality care for people in Northern Virginia, Washington, DC, and Prince George's County, Maryland who are living with serious, progressive illness, and for their families. Today (March 21), as we speak, Capital Hospice physicians, nurses, social workers, chaplains, home health aides, and volunteers are caring for **977** patients throughout our service area. This is an **8%** increase over the number of patients we served a year ago today. We provide care to ALL who need it, regardless of their ability to pay, and are able to do that ONLY with the support of Arlington County and others to our **Patient Care Program for the Indigent and Uninsured**. This program is funded totally by community support and covers the full costs of treating patients in financial need, including all services of the hospice team.

Arlington's Growing Need for Hospice Care

Arlington County residents with many different serious illnesses, including: cancer, heart disease, lung disease, HIV/AIDS, Lou Gehrig's disease, Alzheimer's disease, renal and liver disease, and pediatric illnesses, come to Capital Hospice for care.

- On any one day, County residents comprise almost **20%** of Capital Hospice patients.
- In 2010, we served **932** Arlington patients — **an increase of 12%** over the number served in 2009.
- **Six hundred seventy-two** — or **72%** of these patients — were 65 years of age or older. **Thirty** of these patients were served with support from the **Indigent Patient Care Program** — **an increase of 25% over the previous year**.

This increased, and growing, need for charity care in Arlington reflects a similar trend throughout the region and throughout the country, as many people are hit by

the financial recession, with loss of jobs, and insurance premiums and co-pays either too expensive or not available, resulting in fewer people having adequate coverage.

Capital Hospice's Growing Need for Funding

Capital Hospice's request of \$18,000 in support from Arlington County represents only 12% of the \$160,000 worth of charity care we project to provide to Arlington residents in 2012. Although we understand that difficult budget decisions must be made, we're concerned that Arlington County's flat funding for 2012 will come at a time of increasing need in the community for these essential hospice services, AND at a time when:

- **Capital Hospice's average daily census** (the number of patients we're caring for each day) **has grown from 700 to almost 1,000** over the past three years. Because of this growth in patients, we've had to increase our staff numbers AT THE SAME TIME THAT all costs incurred by healthcare providers like hospice are increasing at a rate of almost 18% a year.
- Because of the increasing number of indigent, uninsured, and under-insured patients coming to us, **we've increased our annual charity care expenditures** in the past 3 years **from \$1.3 million to a projected \$2 million** in the coming year.
- And we anticipate **cuts in the Hospice Medicare Benefit.**

Closing

Today, many people are blessed with longer lives than ever before, living into their 80s, 90s, and beyond. But with that blessing also comes the increased chance of developing a "necklace" of serious illnesses like cancer, heart disease, lung disease, Alzheimer's disease, renal and liver disease, and others. With your help, Capital Hospice will work to ensure that quality hospice care is available to ALL who need it — **including those who lack financial resources.** We are grateful for your continuing support of Capital Hospice and our *Patient Care Program*.

THANK YOU.

- ? What percentage of your local clients are cared for as in-patients at your Hospice facility? About 10% are cared for in the Hospice facility, while the remaining 90% are cared for at home, which could be in a nursing home, assisted living residence, or a private home.
- ? How many of Hospice's clients do your volunteers care for? About 5%.

❖ Rebuilding Together Arlington/Fairfax/Falls Church, Inc. Patty Dennis Klein

For the past 23 years, Rebuilding Together Arlington/Fairfax/Falls Church has served low-income homeowners in our community by providing critically needed home repairs and modifications. Priority is given to seniors, persons with disabilities and vulnerable families with children.

Nationally, 92% of seniors wish to remain at home as they age. The incidence of disabilities rises with age and with the increased aging population. The number of persons requiring adaptive-needs housing and services in the future is expected to increase. As people age, the design of their homes plays an increasingly important role in how they manage their daily activities. Homes that were perfectly convenient

at age 55 can pose significant barriers in later years and make daily routines more difficult. Simple alterations and repairs can eliminate those barriers and, in the process, prevent one-third to one-half of all home accidents.

Low-income households pay a far higher share of their incomes for home energy, typically live in less efficient homes and feel the consequences of climate change more acutely than higher-income households. In fact, according to the Department of Energy, low-income households spend approximately 14% of their income on energy, while higher-income households spend about 3.5%. Simple energy efficiency improvements can cut energy cost by over 40% in most affordable housing.

Rebuilding Together produces real results for real people with real needs. In FY 2010 we repaired the 29 homes by mobilizing 600 community volunteers to donate nearly 4,800 hours valued at \$180,000. The average age of the recipient was 72 years of age. Our volunteers were able to:

- Make homes accessible to give seniors independence to stay in their homes.
- Correct safety risks to reduce injuries and make homes healthy places to live.
- Improve energy efficiency to reduce wasted energy and cut homeowner's utility bills.
- Address home maintenance issues that if left undone could lead to larger and more costly repairs.

While we have always been affiliated with the national Rebuilding Together, Inc., a network of 200 affiliates across the nation, we operated as a project of another non-profit organization for 22 years. Effective January 1, 2011, Rebuilding Together Arlington/Fairfax/Falls Church became a freestanding non-profit organization. Our name has changed, but not our mission. In fact, this change will allow us to build our capacity, recruit more volunteers, and ultimately help more persons in need in our community.

As a Rebuilding Together affiliate governed by our own independent board of directors, we will concentrate on providing home repair services to low-income homeowners and non-profits in Arlington, Fairfax and Falls Church. We will continue our tradition of mobilizing thousands of community members to volunteer their time and talents during our Spring Rebuilding Day, which occurs the last weekend of April as part of a nationwide effort. We also will continue to offer opportunities for community groups to work on Rebuilding Together projects throughout the year and for individual community members to volunteer through our handyperson corps.

The faith communities, businesses and other community organizations that have supported us in the past are continuing to support our new organization by volunteering their time, talents and funds to make it possible to serve our clients. In addition, we have requested an increase in CBDG funding from Arlington County. In FY 2012 we will provide home improvements to 27 homeowners and non-profit facilities in Arlington County.

? Is your Spring Rebuilding Day the program that used to be called "Christmas in April?" Yes.

- ? Does Rebuilding Together rely heavily on merchants to donate time and supplies? We appreciate it when they do so, but we ask our volunteer groups to provide a sponsorship fee to cover supplies they need. We also look for donated supplies and donated worker time for projects (for example, roofers).

V. Public Comments

- Sandra L. Romano, Dr. of Audiology – SONUS Hearing Care Professionals: Noted that 2 of 3 seniors have hearing loss and may not know it. An audiologist is trained in diagnosing hearing loss and disorders. To be an entry level audiologist, a person must have a doctorate degree. This is different than people who are just trained to fit and sell hearing aids. An audiologist can analyze and refer persons to doctors, for hearing aids, or recommend cochlear implants. At SONUS on Wilson Boulevard in Arlington, they work with Aging and Disability Services and the Lions Club to provide hearing aids to low-income residents of Arlington. They also go to Sunrise monthly to help residents keep hearing aids in good working order. Hearing loss can cause isolation and depression. With today's resources, there is no need for people to suffer.
- Raea Leinster – NovaGold, LLC: This company appraises luxury goods, such as diamonds, gold, silver, fur coats, or baseball cards. They will appraise items for free in a person's home and offer to buy them on the spot, but without any pressure to sell. This is a great way for persons who are trying to manage their resources. Funds from the sale of an old item could be used to pay for some part of an older person's care, such as nursing home fees, and/or provide end of life resources.

VI. Adjournment

Ms. Rose thanked everyone for attending. She noted that anyone not already involved in working with the Commission on Aging might consider joining or suggesting it to a friend, as the Commission is looking for new members. To learn more about the Commission on Aging, interested parties can look at the Commission's Facebook page and Twitter feeds. The Public Hearing was adjourned at 11:10 a.m.