



DARS
VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



Division for Community Living

Kathryn Hayfield, Commissioner

VDA WEEKLY E-MAILING

January 23, 2019

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Social Security Administration: Scam Alert

Kathy B. Miller, Director of Aging Programs

Dear Colleague:

We have become aware of reports of fraudulent telephone calls from individuals claiming to represent the Social Security Administration (SSA). In them, unknown callers are using threatening language to warn unknowing victims that they will be arrested or face other legal action if they fail to call a provided phone number or press the number indicated in the message to address the issue. In some instances, these unknown callers switch tactics and communicate that they want to help an individual with activating a suspended Social Security number. Such calls are a scam, and are **not** coming from official SSA representatives.

We encourage you to inform your members and extended networks not to engage with such callers, and to report any suspicious calls to Social Security's Office of the Inspector General by calling 1-800-269-0271 or [submitting a report on the OIG website](#). We also urge you to read and share our [Social Security Matters blog](#), which provides more information on the nature of these fraudulent calls, as well as instructions on how to report such activity.

Social Security is committed to protecting the privacy and security of the people we serve. We appreciate your help in spreading the word about this important topic.

Sincerely,

Dawn Bystry
Acting Deputy Associate Commissioner
Office of Strategic and Digital Communications
(T) 410-965-1804
[@SSAOutreach](#)



National Healthcare Decisions Day is Three Months Away

Kathy B. Miller, Director of Aging Programs

Dear National Healthcare Decisions Day Team:

The New Year is here, and aside from it marking just three (short) months to NHDD 2019, it should be a time for reflection about what we are doing and what NHDD is all about.

Many of you know the history of NHDD. If you already know, thank you for all you have done to support the vision of NHDD. For those of you who don't know, see: <https://www.nhdd.org/about/#about-us> And, thank you for joining us.

NHDD started in response to myriad circumstances that illuminated our collective and desperate need to improve end-of-life care. Our initiative has been tremendously successful on this front by numerous indicators (print, broadcast, and social media, surveys, anecdotes, all of you reading this message today, etc.). Kudos to all NHDD supporters, past, present, and future. Thank you for your relentless pursuit of patient-centered care, facilitated by advance care planning.

BUT WAIT...THERE'S MORE!!! National Healthcare Decisions Day (NHDD) isn't only about end-of-life care, nor is the focus on death and dying. To be sure, the initiative isn't called National End-of-Life and Advance Care Planning for Better Death and Dying Day, not only because NHDD beats NEOLAACPBBBB by a huge margin, but NHDD is about **living!!** It's about



living as we wish, to the degree possible, for as long as possible, and with as much support as is possible.

NHDD is, therefore, also about serious medical conditions of **all sorts**. Many of these conditions have nothing to do with death and dying and everything to do with living.

To the same end as above, over 10 years ago, the Virginia Supreme Court tasked an interdisciplinary team of dedicated advance-care planning champions to improve care for all patients by revising Virginia's Health Care Decisions Act ([https://www.dhp.virginia.gov/dhp_laws/Health_Care_Decisions Act.docx](https://www.dhp.virginia.gov/dhp_laws/Health_Care_Decisions_Act.docx)). Virginia's original law was expressly limited to "terminal conditions," and our charge was to revise the law so that advance directives were available to all patients and were applicable to any situation involving an "inability to make informed decisions." While the Supreme Court's task was create a formal mechanism to express mental health (*i.e.*, psychiatric) choices, we revised the law comprehensively. As a result, the revised law also enabled patients to state their wishes regarding non-end-of-life issues such as amputation choices, the use of blood products, the use of certain classes of drugs, and anything else that may be of importance to people. And while drafting process was extremely challenging, the work of eliciting and honoring the broader (and unlimited) array of expanded advance care planning choices, has proven to be immensely more challenging. Indeed, several recent experiences have revealed widespread ignorance of the revised law by the very same providers who have dedicated their careers to behavioral health, many of whom have suffered mental health challenges of their own. Therefore, I ask that you trust me: there is a profound need for psychiatric advance directives, which requires legal changes in several states, institutional changes in states that already allow for them, and HUGE amounts of education for patients and providers alike. For more information, please see: <https://www.nrc-pad.org/> and [https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Psychiatric-Advance-Directives-\(PAD\)](https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Psychiatric-Advance-Directives-(PAD))

Having said the above, here's my New Year's challenge to the entire NHDD team: **DO SOMETHING ABOUT IT!** Just as you have done for end-of-life issues, please do anything and everything you can do to support psychiatric advance directives as well as advance care planning that is not focused on



end-of-life care. When (since it won't be if) you see gaps in knowledge or practice, **be a champion**. My own experience suggests that the task won't be easy, and several big hurdles will block the path, but I'm confident that the benefits are worth the effort. If you need help, let me know. I promise to do all I can to help as best I can, and I would be disappointed to know that any of you were/are struggling and haven't reached out. To this end: although the current Virginia law remains imperfect, it remains a pretty solid example of how an advance care planning can be done better. Use it as an example of what to do or what not to do. Just use it:

https://www.dhp.virginia.gov/dhp_laws/Health_Care_Decisions_Act.docx.

So...as we start the New Year, you've already made (and still are making) NHDD great for end-of-life advance care planning-and all of the free tools to help you remain available here: <https://www.nhdd.org/suggested-activities>-but here's my NHDD challenge to the entire team: expand the focus. Let's move beyond conversations of end-of-life care (which, I know full well, is tough enough and remains important) to a conversation the involves the full spectrum of care in the event of incapacity, whether it is for a day or a lifetime. When we do this, we will honor those at the end of their lives, those at the beginning of their lives, those with various disabilities, and those with mental health/psychiatric issues, because all of them (READ: US) just want and deserve patient-centered care. That, my friends and fellow champions, is what NHDD is all about.

NHDD Participation Ideas

Looking for some inspiration from others as you plan for National Healthcare Decisions Day? Check out the below ideas for this month. In the coming months we will list more ideas from community members, coast-to-coast, who shared with us what they were planning for NHDD 2018. And, if you need more ideas, check out these [suggested activities](#). Or, listen to [The Conversation Project's Feb 2018 community call to hear more on what groups are doing to promote NHDD](#).

Go Big! Set a community-wide goal and create events across multiple sites in your region: Last year, one healthcare system in North Carolina set a goal of reaching 1,000 individuals and having 200 ADs completed (up from 151



ADs competed last year!). They planned to host a community event to launch their week of activities and kick off the week with a story from an employee, that would reach 65,000 employees in their system via intranet banner. Throughout the week, they planned to host over 25 event sites across the region. One community member in Illinois noted her organization was trying to expand their typical community reach by sponsoring a multi-day public art project around Chicago, engaging residents with a question like "How do you wish to live well at the end of life" and having graphic facilitators/cartoonists depict the city's vision of "living well." She was hopeful that would spark social media engagement among participants, and help with trying to get a resolution passed in the Chicago City Council. Another organization decided to have a NHDD be their year-long mission. They planned to launch and educate their staff mid -March, having a celebration around the launch and then develop a healthcare CME education program. A Regional Health District partnership in Iowa planned on running presentations for their community on April 16, featuring the two hospice/palliative care physicians from two hospitals. This would be followed by an optional table top workshop on completing advance directives. This group also hosted three presentations in the last 3 months of 2017, produced a video and provided information on their website using Conversation Project and Canadian Speak Up resources. They also have a community group of clerical, legal, medical, and educational leaders coordinating activities.

You know what to do. Let's go do it!

As always, thanks for all you do for NHDD.

Nathan Kottkamp

Chair

National Healthcare Decisions Day Initiative

www.nhdd.org or www.nationalhealthcaredecisionsday.org

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Jefferson Area Board for Aging (JABA)

Cecily Slasor, on behalf of David MNcNair, JABA

The Jefferson Area Board for Aging announces a new senior center that has just opened in a former elementary school.

New Year, New Beginnings: Esmont Community Senior Center moves to Yancey School Community Center



As the new year begins, JABA seniors in the Esmont area have a new Center to call home. On Thursday, January 10, JABA's Esmont Community Senior Center moved into the former Yancey Elementary School as part of a partnership between JABA, several other organizations, and Albemarle County to reimagine the school as a community center.

“We feel like this is a full-circle moment,” says Emily Daidone, JABA's manager of the Senior Nutrition Program. “There is so much heart within this school building, and a lot of our members that attend have had grandchildren attend here, have worked in this school system.”

Like our other [Community Senior Centers](#), the Esmont Center is free and available to people age 60 and older. Hours are Tuesdays and Thursdays between 9 a.m. and 2 p.m. Contact Center manager Amy Kirchner at (434) 286-6890.



Click on the photo above to see an NBC29 story about the opening of the Esmont Center



January 16, 2019

New Supplementary Report and Fact Sheet from the Evaluation of the National Family Caregiver Support Program

The Administration for Community Living (ACL) conducted a two-part evaluation of the Older Americans Act Title III-E [National Family Caregiver Support Program](#) (NFCSP), and released the [Process Evaluation Report](#) in 2016 and the [Outcome Evaluation Report](#) in 2018.

ACL is now releasing a supplementary report based on a small, retrospective study of caregivers in the Outcome Evaluation: [From Caregiver to Caregiver: The Wisdom and Insights of Former NFCSP Caregivers](#). The small group of caregivers in this retrospective study experienced a change in their caregiving experience during the evaluation because their care recipient passed away.

The report highlights caregivers' experiences in providing care and accessing services, and it provides "advice from caregivers to caregivers." A [fact sheet](#) is also available that summarizes key themes and insights from this group of caregivers.

For more information, see [The Caregiver Outcome Evaluation Study of the National Family Caregiver Support Program](#).

Learn more about ACL's [Supportive and Caregiver Services Programs](#).



January 16, 2019

Webinar: CBO Partnership Opportunities with Medicare Advantage Plans

Tuesday, January 29, 2019, 1:00 PM ET

[Register for the event.](#)

The webinar presented by the [Aging and Disability Business Institute](#) covers how community-based organizations (CBOs) have opportunities to partner with Medicare Advantage (MA) plans. New policy changes expand the flexibility of MA plans to target a broad range of supplementary benefits to beneficiaries. As a result of these changes, CBOs have greater opportunities to contract with MA plans to provide services and supports that address the social and behavioral determinants of health.

This webinar will provide an overview of these policy changes, examine the types of supplemental services that plans advanced in their 2019 bids and describe what to expect for 2020. Presenters will also discuss strategies for approaching plans and identifying services to market. The audience will hear firsthand about CBO experiences and challenges in Virginia and Pennsylvania, including the pursuit of multi-prong strategies that encompass accountable care organizations and health systems.

Participants will:

- Describe the policy changes to the MA program;
- Describe how these policy changes create opportunities for partnership between CBOs and MA plans; and
- List strategies for approaching and developing relationships with key individuals at MA plans.



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This webinar is presented as part of the Aging and Disability Business Institute Series, a collaboration of n4a and ASA.

Learn more about the [Aging and Disability Business Institute](#).

Learn more about [ACL's Business Acumen Initiative](#) to help states and community-based organizations build networks and respond to delivery system changes, including technical assistance, building business capacity for successful contracting with integrated care entities, and developing pathways to sustainability.



January 22, 2019

ACL Announces \$3 Million Investment to Strengthen Adult Protective Services

ACL is pleased to announce an approximately \$3 million investment to continue efforts to develop tools and infrastructure to support states in building the Adult Protective Services (APS) of tomorrow. Over the next three years, ACL will undertake the following tasks:

- Update the National Voluntary Consensus Guidelines for State Adult Protective Services Systems on the 2-year schedule established at launch, create a dissemination plan for the guidelines, and produce a research agenda to build a stronger evidence-base of best practices in APS.
- Design and implement an APS client outcomes study evaluating how various micro-, mezzo-, and macro- system components impact APS client outcomes.
- Create an inventory of screening and assessment tools used by APS and others to screen for elder abuse, and assess each tool's level of validity.

The investment is the result of a partnership between ACL's Office of Elder Justice and Adult Protective Services and ACL's Office of Performance and Evaluation. This work will be carried out by New Editions Consulting, Inc. (a woman-owned small business), and is part of ACL's ongoing commitment to support the development and evolution of APS systems, and to strengthen APS' capacity to address the abuse, neglect, and exploitation too often faced by older adults and adults with disabilities. These projects further ACL's vision for older Americans and people with disabilities to be able to live where they choose, with the people they choose, and fully participate in their communities without threat of abuse, neglect, or exploitation.



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Visit the [Protecting Rights and Preventing Abuse section of the ACL website](#) to learn more about these efforts.



January 30, 2019

Resources for Integrated Care Webinar: Falls Prevention for Older Adults

Wednesday, February 13, 2019 12:00-1:30 PM ET

[Register for the event](#)

Falls and their related complications are a major threat to independent living and are the leading cause of both fatal and non-fatal injuries among adults over age 65. Falls are the number-one cause of hospital admissions for injuries in older adults, and are responsible for increased use of medical services.

Each year, up to one-third of adults over 65 who live at home experience a fall, and almost two-thirds who suffered a fall within the past year will fall again. Older adults with chronic conditions are at higher risk of falls, making older adults dually eligible for Medicare and Medicaid particularly vulnerable.

Falling is not an inevitable part of aging. This webinar will provide an overview of the importance of falls assessment and falls prevention for older adults and their caregivers and offer concrete interventions and strategies for providers to improve mobility and prevent falls.

Featured Speakers

- David Reuben, MD, Chief of Geriatrics, UCLA
- Nancy Lathan, PhD, PT, Brigham and Women's Hospital
- Priscilla Gazarian, PhD, CNS, RN, Brigham and Women's Hospital
- Sachin Jain, MD, MBA, Chief Executive Officer, CareMore Health
- Chelsea Gilchrist, MGS, ACL National Falls Prevention Resource Center

Registration



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Registration is required to receive the webinar information. Visit the [webinar information webpage](#) to sign up and learn more. Questions? Contact RIC@lewin.com

View the webinar information page for detailed information about Continuing Medical Education (CME) and Continuing Education (CE) credits.



January 23, 2019

Two New Issue Briefs on Nutrition Services Program (NSP) Available: A Look at the Foods Consumed and the Food Sources of Nutrients for NSP Participants and NonParticipants

The Administration for Community Living (ACL) conducted a three-part evaluation of its Title III-C [Nutrition Services Program](#) (NSP). In addition to the previously released Process Evaluation, Cost Study, and Outcome Evaluation [reports](#), ACL is releasing additional reports and issue briefs based on data from the evaluation.

Two new issue briefs are now available:

- [*Older Americans Act Title III-C Nutrition Services Program: Examining the Types of Foods Older Adults Consumed from Program Meals and Over 24 Hours*](#) describes the types of foods that participants consumed as part of NSP meals and examines differences between participants and nonparticipants in all foods consumed over 24 hours.
- [*Older Americans Act Title III-C Nutrition Services Program: Key Food Sources of Sodium, Saturated Fat, Empty Calories, and Refined Grains in the Diets of Program Participants*](#) identifies key food sources of sodium, saturated fat, empty calories, and refined grains in the diets of NSP participants and examines differences between participants and nonparticipants.

Visit [Nutrition Services](#) for more information about this program. Learn more about ACL's [Program Evaluations and Reports](#).



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Link to DARS Independent Living Monthly Newsletter

Rhonda Jeter, MS, CRC, Director of Independent Living

Past issues of IL News Notes are available on the DARS Intranet:

<https://intranet/docrepo/DARSCILDocViewer.html>