



***A World Where Aging is Honored***  
CVCOA Helpline 1-800-642-5119

***Central Vermont  
Council on Aging  
(CVCOA)***

**Area Plan FFY 2026-2029**

**Submitted August 15, 2025**

**Central Vermont Council on Aging  
Area Plan FY 2026-2029**

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Policies and Procedures (auxiliary documents in separate attachment):

- Authorization to sign
- Corporation bylaws
- Certification of agency incorporation
- Articles of Association or incorporation
- IRS tax exempt letter
- Affirmative Action Plan
- Grievance procedures with explanation of how the AAA ensures that people are informed of the existence of the procedure
- Agency policy/procedure on voluntary contributions
- Agency policy/procedure on conflict of interest
- Agency policy/procedure operationalizing how AAA works with the most vulnerable socially/economically per OAA
- Agency policy/procedure re triage of complex situations with community organizations and partners
- Any policy/procedure that operationalizes the service tenants of the OAA including, but not limited to:
  - Case Management services
  - Options Counseling

**Central Vermont Council on Aging  
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- Work with individuals experiencing self-neglect
- Work related to mental health/well-being, Elder Care Clinician program
- I&A and/or ADRC
- Nutrition services
- Health promotion/disease prevention
- Community Planning and Development
- -Family Caregiver Services
- Legal Services\Elder Abuse and Prevention
- FFY2021 AAA MOW Intake Form

Not included:

- Affirmative Action Plan (we have an affirmative action practice in employment but not a formal plan)
- ADA self-evaluation and plan (not required for employers of our size)

## Section A

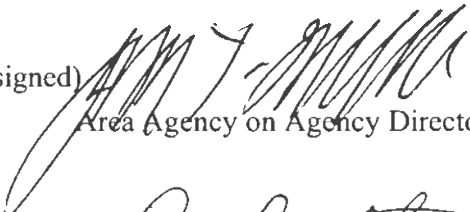
### Appendix A


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#### Verification of Intent


The Central Vermont Area Agency on Aging's Area Plan is hereby submitted for the period October 1, 2025 through September 30, 2029. It includes all assurances and plans to be followed by the submitting agency under provisions of the Older Americans Act and the Area Plan Instructions. The Area Agency on Aging identified shall assume full responsibility to develop and administer the plan in accordance with all requirements of the Act and related State policy. The Area Agency on Aging assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

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

Date 8/13/25 (signed)   
Area Agency on Agency Director

Date July 30, 2025 (signed)   
President, Board of Directors

The Area Agency on Aging Advisory Council has had the opportunity to review and comment on the Area Plan.

Date 8/13/25 (signed)   
Chairperson, Area Agency on Aging Advisory Council

9/30/2025  
Date Approved   
Commissioner, Department of Disabilities, Aging and Independent Living



## Our Vision

A World Where  
Aging is Honored

## Our Mission

is to support  
Central Vermonters to  
age with dignity and  
choice.

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CVCOA HelpLine  
(800) 642-5119

For information  
about CVCOA  
please visit:  
[www.cvcoa.org](http://www.cvcoa.org)

## Our Values

**Respect and Empowerment:** We respect and support without judgement the rights of older Vermonters to make life choices for themselves, and we work to facilitate those choices.

**Community Involvement:** We work together with families, communities and other organizations to benefit older Vermonters.

**Ethical Actions:** We work with elders in an honest, informed and principled way.

**Compassion:** We do our work with compassion.

**Supportive Workplace:** We value a healthy, safe, and respectful work environment.

**Stewardship:** We consider the environmental, social and financial impact of our work practices.

## Our Goals

**Information and Options:** Older Vermonters and caregivers have access to information, options, and resources to make decisions.

**Healthy Activities:** Older Vermonters meet their health needs and enjoy interpersonal connections and social interactions through access to programs and activities which promote healthy lifestyles, prevention of disease, volunteerism and inter-generational activities.

**Systems Advocacy:** Older Vermonters have improved access to programs and services that enhance their abilities to reside in the setting of their choice and to plan for future long term care needs.

**Public Awareness:** The public is more aware of issues related to aging and future demands on the long term care service system.

## **Executive Summary**

The following summary will serve to cover the salient points for what is in the new 2025 through 2029 plan and how this relates to what was accomplished in our current plan which will be completed as of 9/30/2025.

### **Case Management, I & A, and Options Counseling**

#### **Accomplishments:**

- Created an IT Tech Specialist Position that goes into people's homes to help set up technology, internet and support them with virtual meetings. Our IT Tech Specialist also was available for internal staff to utilize when hosting virtual meetings and programs.
- Case Management & Options Counseling clients continue to report that they are living in the setting of their choice and feel their case manager supports them with the decisions they make.
- CVCOA transitioned to a new Data Management System, Peer Place. PP has been vital in cross department communication and creating client records that reflect all aspects of how a client touches the agency.
- CVCOA also created Lead Case Managers to assist with data accuracy and training for the new staff.
- These Lead Case Managers have also had the ability to show interns in other departments what case management is and how the helpline is a big resource for the community.

#### **Goals:**

##### **Title IIIB: Case Management:**

Case Management will focus on creating person-centered goals that ensure client choice and preferences are at the forefront of the process. There is not one specific goal for all clients to achieve. Clients set their own goals after receiving options counseling and having discussions with their CVCOA CM. Our goal is to have all OAA case managed clients set a goal that will steer the work we do with them. We are then planning to track how many clients completed their previously set goal. Case Managers have always provided options counseling to clients, however by creating these goals it will give us a clearer picture of the impact and work we do with the clients. This document will inform the work that case management does with clients and ensure that a client's care is tailored to their needs. Case Managers will also be focusing on building relationships with the clients to ensure they have a full understanding of client needs.

##### **Title VII: Prevention of Elder Abuse:**

Staff and community partners will report an improved knowledge of abuse and exploitation and make appropriate referrals. CVCOA will use Title III and Title VII funding from the OAA

to provide support to our communities and older residents for the services that CVCOA coordinates. CVCOA is hoping to support our communities by identifying community partner organizations and providing them and their new staff with information on elder abuse, neglect and exploitation. We are also hoping to strengthen our bond with existing community partners so they can use us as a tool/resource when they encounter elder abuse, neglect or exploitation.

### Family Caregiver Support

- Created and implemented survey to identify licensed practitioners with expertise in family caregiver and dementia care support; compiled responses into a functional list for providing referrals to clients
- Increased public events promoting dementia-friendly community, including weekly online and quarterly in-person memory cafes
- Provided education and resource materials to community groups through Powerful Tools for Caregivers class series and topical workshops
- Expanded family caregiver services to include caregiver case management via TCARE

### Nutrition Services Program

The OAA Title IIIC Nutrition Services Program delivers essential nutrition support to adults aged 60 and older through two components: the Home-Delivered Nutrition Program (IIIC-2) and the Congregate Nutrition Program (IIIC-1). These services help reduce social isolation, address dietary inadequacies, and improve health outcomes through nutritious meals, nutrition education, risk screening, and counseling.

Home-delivered meals support homebound or isolated individuals, often with daily hot meals and added services like Grab and Go options. Congregate meals serve older adults in community settings, prioritizing those with the greatest economic or social need, especially low-income, rural, and minority individuals.

A key focus is expanding therapeutic meals to support older adults with chronic health conditions. Performance measures track how many clients receive these meals and how many report health improvements. Annual surveys assess impacts on nutrition, health, and well-being.

CVCOA leads the initiative with 13 local nutrition sites, a contracted Registered Dietitian Nutritionist (RDN), and partners like Salvation Farms and Community Harvest. Seasonal produce is incorporated, and cooks receive quarterly training in therapeutic meal preparation. Intake assessments and ongoing education ensure clients receive appropriate, medically tailored nutrition.

Next Steps:

- Adopt therapeutic meal standards and expand meal types.

- Collaborate with RDN and site cooks on standardized menus and recipe development.
- Develop a Hub-and-Spoke model for meal production.
- Conduct data analysis on the annual client surveys to assess health impacts and meal satisfaction.

With most Americans falling short on key nutrients and many older adults at risk of malnutrition due to physical or sensory challenges, these programs offer a critical lifeline. This program continues CVCOA's long-standing commitment to supporting the health and independence of older adults through high-quality, nutrition-focused services.

### Development and Communications

- Streamlined marketing and public-facing communications to reduce confusion by directing calls to either office main number or Helpline with processes for handling calls.
- Expanded outreach efforts through video creation utilized on social media as well as PSAs that are now played at local movie theaters, which have had an impact on hiring and public engagement.
- Developed strategic plan for fundraising to guide donor stewardship efforts.
- Created a "Snapshot" document that outlines all services provided in a concise and easy-to-understand manner for clients, community members, and partners.
- Expanded community relationships for fundraising efforts by partnering with Vermont Lake Monsters, Vermont Mountaineers, The Alchemist, and Lawson's Finest.
- In 2023, launched a special May newsletter to highlight Older Americans Month that is promoted to non-clients as a way to reach more community members and newer Vermonters.
- Beginning in 2022, developed an annual fundraiser that promotes healthy aging and engages the community in bicycling, walking, and evidence-based wellness classes.
- Created database of photo and video content so we feature real community members rather than rely on stock photos.
- Updated agency brochure to improve organization of programs and services for clarity among public and community partners.
- In 2025, held dementia-friendly community activity / fundraiser in collaboration with Alzheimer's Association to benefit family caregivers and care receivers.

### Community Engagement: Volunteer Services, Wellness Exercise Programs, and Creative Aging Program

- Successfully centralized our volunteer programs as outlined in our Strategic Plan leading to process efficiencies and improved volunteer experience.
- Launched new evidence-based wellness program, Walk with Ease, to complement our existing falls prevention exercise programs.
- Increased the number of evidence-based wellness programs including in geographic areas of Central Vermont where no classes were previously offered.
- Expanded our Creative Aging program offerings to increase social connection and lifelong learning opportunities for homebound adults. Offered workshops led by teaching artists both in-person and virtually.
- Sponsored and managed the AmeriCorps Seniors RSVP (Retired and Senior Volunteer Program) of Central Vermont and the Northeast Kingdom which offers older Vermonters volunteer opportunities to provide services focused on healthy aging in the CVCOA service area and the Northeast Kingdom.

Some of the challenges over the past four years that we encountered were a post pandemic labor market that continues to have an impact on staff recruitment, the flooding in 2023, lack of options for adult day care, rising expense of respite care by licensed agencies, limited respite funding and the state-wide housing crisis. In addition to the rising costs and securing housing, we have observed a continuing shortage of home health, home care and transportation services capacity.

I believe this clearly summarizes accomplishments in the past four years and how we are building on them in the next four to provide more and better services for our clients.

Respectfully submitted,

John T. Mandeville

Section B

**VERMONT STATEWIDE NEEDS  
ASSESSMENT FOR OLDER ADULTS &  
FAMILY CAREGIVERS**



**12/31/24**

Jason Pelopida  
State Unit on Aging Director  
Adult Services Division  
Department of Disabilities, Aging, and Independent Living

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\*\*\*Note: Data Sources with text in gray link to the source

## Introduction

The Department of Disabilities, Aging, and Independent Living (DAIL) is a department within the Vermont Agency of Human Services and serves as the designated State Unit on Aging (SUA) under the federal Older Americans Act (OAA). Under the OAA, Vermont is required to develop a State Plan on Aging every four years that serves as the blueprint for how the State, its network of five Area Agencies on Aging (AAA), and service providers will work to meet the changing needs of older Vermonters and their family caregivers.

As part of this process, the State Unit on Aging is required to conduct a needs assessment to determine the priority need areas of these populations. This report provides a detailed summary of the needs assessment process to inform the State Plan on Aging for Federal Fiscal Years 2027-2030 (Oct. 1, 2026-Sep. 30, 2030), and its results. These results will also be used by the AAAs to develop their Area Plans. Numerous methods were used to gather data and feedback, including focus groups, listening sessions, and survey data. Engagement in working groups and feedback from service providers and community partners also contributed to the assessment.

## Review of Data Sources

### *2011 & 2021 American Community Survey (Vermont State Data Center)*

Results of this survey, which compares data gathered from older Vermonters in 2011 and 2021, show changes in areas that highlight the importance of a State Plan on Aging that addresses an increase in Vermont's older population as part of its general population, an increase in the percentage of older Vermonters at or below the poverty level, a proportionally large number living alone, and a significant number living with a disability. Specifically:

- An increase in Vermont's 60+ population from 21.8% (2011) to 28.4% (2021) of its general population.
- An increase in Vermonters' 60+ living at/below poverty from 6.7% (2011) to 9% (2021).
- 39% of Vermont's 60+ population living alone (2021).
- 25.3% of 60+ Vermonters living with a disability (2021).

### *AARP Age-Friendly Community Survey*

This survey was open to Vermonters 45+ and available April 11-May 30, 2022. The majority of respondents made it clear that aging in their own home was important. Many respondents reported their current housing needed repairs for them to live independently. Responses related to caregiving were also noteworthy. Specifically:

- 94% of Vermonters 65-74 and 90% of Vermonters 75+ stated it was extremely or very important to age in their own home.

- 52% of Vermonters 65-74 and 37% of Vermonters 75+ stated their housing would need repair to live independently.
- 41% of respondents with a household income <\$50K stated they were unsure of home repair services for low-income older adults.
- Approximately 16% of respondents were caregivers providing unpaid care to a loved one.
- Approximately 32% of respondents stated it was very likely or extremely likely that they would be providing unpaid care to an adult loved one in the future.

### **Behavioral Risk Factor Surveillance System (BRFSS) 2021 Report**

The 2021 BRFSS included questions related to unpaid caregiving in Vermont. A notable percentage of respondents provide regular care, have been providing care for a long period of time, and provide care many hours per week. Physical debilitation associated with aging, Alzheimer's Disease and other dementias, and cancer were some of the most prominent conditions for which care was provided. Specifically:

- 18% of Vermont adults are caregivers.
- 32% of caregivers have been providing care for 5 years or more.
- 19% of caregivers provide 40+ hours of care per week.
- 13% of care recipients need care due to physical debilitation; 10% due to Alzheimer's and other dementias; and 10% due to cancer.

### **Behavioral Risk Factor Surveillance System (BRFSS) 2022 Report**

The 2022 BRFSS captured numerous data points related to the overall health of Vermonters 65+ and provides important information the State Plan on Aging can use to address overall health issues in this population. Specifically:

- 21% report fair or poor health.
- 38% report having a disability of any kind.
- 54% report having arthritis; 20% cardiovascular disease; 16% diabetes; 55% hypertension; 27% obesity.
- 12% report subjective cognitive decline.
- 28% report engaging in no leisure time physical activity during the previous month.

### **Age Strong VT Family Caregiver Focus Group 6/1/23**

To inform Age Strong VT, Vermont's 10-year multi-sector action plan for aging well, a family caregiver focus group was held on 6/1/23. It provided important insights into the experiences and needs of family caregivers, and emphasized the value of in-home respite, education, counseling, and support services for family caregivers. This information can also help formulate a 4-year State Plan on Aging.

### **Vermont Action Plan for Aging Well (Age Strong VT) Listening Session Report (2023)**

Similar to the focus group noted above, these public listening sessions conducted across Vermont in November 2022 provided key insights to help inform Age Strong VT and can also help shape the State Plan on Aging. Noteworthy takeaways from these sessions include the importance of the following:

- Exercise
- Medically-Tailored Meals
- Transportation
- Isolation, loneliness, social connection, and interaction
- Fraud & scam prevention
- Cost saving programs
- Adult Day Centers
- Intergenerational programming
- Home modifications

### **Statewide Needs Assessment Survey of Vermonters Age 60 and Over**

This survey was open mid-August 2024 through late-October 2024 (extended from September). There were 1104 respondents across the state. Answers to many of the questions highlighted significant issues and concerns to be addressed by an aging services plan. Specifically:

- Problems with receiving help. For example, 45% of respondents reported frequently or sometimes having problems finding qualified help.
- Transportation access. For example, 32% of respondents don't drive their own vehicle.
- Financial support. For example, 33% of respondents have just enough money to pay expenses, nothing left over.
- Food security. 30% of respondents have sometimes or often worried about running out of food in the past year.
- Incomes at or below poverty. 43% reported incomes of less than \$25,000.
- Social isolation. 56% reported living alone.

### **Statewide Needs Assessment Survey of Family Caregivers**

This survey was open mid-August 2024 through late-October 2024 (extended from September). There were 149 respondents across Vermont. Responses indicated the importance of continuing to address challenges associated with unpaid family caregiving. Specifically:

- Care for those in cognitive decline. 52% of respondents care for someone with Alzheimer's Disease or other dementia.
- Length of time providing care. 53% report having been a caregiver for over 4 years.

- Respite Services. For example, 40% reported not being able to afford respite.
- Overall health & well-being. For example, 59% of respondents reported caregiving has a negative impact on their sleep.
- Individual counseling & support groups. For example, 32% reported trying individual counseling and found it helpful.
- Older adults providing care. Approximately 70% of respondents were 60+.

### **Vermont Dementia Resource Guide (Alzheimer's Association, Vermont Chapter)**

This guide was published in January 2024 and includes statistics on Alzheimer's and dementia in Vermont. For example, 13,000 Vermonters age 65 and over were diagnosed with Alzheimer's in 2020, with this number expected to increase to 17,000 in 2025.

### **Caregiver Characteristics and Barriers to Resource Use: Findings From a Rural State Caregiver Survey**<sup>\*\*\*</sup>

This study surveyed 85 caregivers in Vermont and found burden levels to be high, concluding there is a need for paid time off and respite care.

<sup>\*\*\*</sup> Reblin M, Gell N, Melekis K, Proulx CM. Caregiver Characteristics and Barriers to Resource Use: Findings From a Rural State Caregiver Survey. Gerontol Geriatr Med. 2024 Aug 27;10:23337214241275050. doi: 10.1177/23337214241275050. PMID: 39193008; PMCID: PMC11348341.

### **Perceived helpfulness of caregiver support resources: Results from a state-wide poll**<sup>\*\*\*</sup>

This study polled 428 caregivers in Vermont, asking them to report on the helpfulness of different services:

- 33.9% reported hands-on services as potentially helpful.
- 21.5% reported help coordinating care from multiple providers would be potentially helpful.
- 18.9% reported they could use help with finances.

<sup>\*\*\*</sup> Reblin M, Ambrose N, Pastore N, Nowak S. Perceived helpfulness of caregiver support resources: Results from a state-wide poll. PEC Innov. 2024 May 25;4:100295. doi: 10.1016/j.pecinn.2024.100295. PMID: 38855072; PMCID: PMC11157270.

## **Analysis & Application**

There are many common themes of challenges and need areas spread across the data that can contribute to the formation of a comprehensive State Plan on Aging with clear objectives for enhancement of supports to older Vermonters and unpaid family caregivers. Specific strategies that produce measurable outcomes and lead to long-term sustainability are the key to success. It is important to build off successes, leverage existing resources, and create new opportunities to fill service gaps.

### **Financial Supports**

The available data on older Vermonters highlights the need for resources they can use to improve their financial situation. A concerning number of older adults live at or below the poverty line, are food insecure, and are not aware of programs and services that can save them money.

### **Social Isolation**

Feedback from surveys and other forms of information-gathering suggest social isolation should be a focus area for an aging services plan, with respect to both older Vermonters and family caregivers. With many older adults living alone and family caregivers juggling time between work, caregiving, and other responsibilities, social connection and community cohesion are critical.

### **Physical Health & Wellness**

A strong pattern across data sets emphasizes the importance of health promotion and disease prevention regarding physical health and wellness. Many older Vermonters have a disability and require care related to a physical disability, while many respondents age 65 and over who participated in the 2022 BRFSS reported having health problems and no recent engagement in exercise of any kind. In addition, many caregivers who participated in the 2024 Statewide Needs Assessment of Family Caregivers Survey reported negative impacts on multiple aspects of health.

### **Falls Prevention**

Several data points suggest falls prevention work across the state can be an extremely valuable tool to support older adults with aging in place and reduce the physical risks of living alone. Affordable home modifications/repairs to address problem infrastructure and exercises focused on balance and bodily awareness can increase safety in the home.

### **Respite Awareness, Availability, Accessibility, and Affordability**

In Vermont, the number of unpaid caregivers, the amount of hours they work, and the length of time they've provided regular care for their loved ones make it very clear that they are part of the fabric of this state. While caregivers value the time they have with those they care for, it can take a toll, causing stress and burnout. Caregivers deserve respite options that give them the opportunity to self-care, pursue individual interests, and connect with others, all while knowing their care partner is in good hands with a professional or qualified volunteer.

### **Caregiver Support**

Access to beneficial resources and community supports can help caregivers take better care of themselves and their loved ones. These include educational opportunities and materials pertaining to caregiving as well as individual counseling and support groups.

### **Nutrition**

The 2022 BRFSS shows a notable percentage of Vermonters 65+ have medical conditions—such as cardiovascular disease and obesity—that could be mitigated or improved with a healthy diet. For example, many of Vermont’s congregate and home-delivered meal providers offer meals designed for heart health and diabetes, often referred to as therapeutic meals and medically-tailored meals. Expanding both the amount and diversity of these meals provides more opportunities for older individuals to eat healthy.

### **Transportation**

Quality transportation that is available when needed and easy to access can be hugely beneficial to older adults. Both public and tailored transportation options can support older adults with their independence and staying engaged in their communities.

### **Fraud & Scam Prevention**

Attempts to defraud individuals and scams to collect financial and other private information are becoming increasingly sophisticated. Technology can make us more vulnerable to bad actors. Educating older Vermonters on securing their devices (smart phones, computers, etc.) and warning signs of potential fraud and scams makes it less likely they will be victims of successful attacks on their finances and privacy.

### **Intergenerational Programming**

Many who have participated in the different types of intergenerational programming across Vermont have stated how valuable and eye opening it has been. Intergenerational programs connect older adults to younger generations while giving them the opportunity to learn from each other. In some programs, working towards a common goal can foster a strong social bond between older and younger individuals.

### **Alzheimer’s Disease and Related Dementias (ARD)**

Data sources indicate an increasing need to provide a wide range of substantive services for both individuals diagnosed with ARD and their caregivers. The population of individuals with ARD in Vermont is expected to increase, making it extremely important to educate the public on prevention, warning signs, and proper care. Access to both quality clinical care and home & community-based services (HCBS) can increase the likelihood of best possible outcomes for those diagnosed with ARD. Smooth navigation and coordination within and between these care domains is also highly important.

## **Conclusion**

The data reviewed for this needs assessment comes from a variety of sources that corroborate each other in many respects. Surveys, focus groups, listening sessions, peer-reviewed studies, and other statistical sources contributed to a body of information highlighting the need to continue and improve upon services for older adults and unpaid caregivers in Vermont. While these aren't the only factors a State Plan on Aging can address, they comprise many of the need areas associated with these populations.

## Survey of Vermonters Age 60 and Older

**PURPOSE** The Vermont Department of Disabilities, Aging, and Independent Living (DAIL) wants to learn about older Vermonters' needs and aspirations to plan how best to serve Vermonters as we age.

**Who?** Anyone age 60 or older who lives in Vermont.  
All answers are confidential and anonymous.

**How?** **Complete an Online Survey using this link:**

[www.surveymonkey.com/r/TYGRRT7](http://www.surveymonkey.com/r/TYGRRT7)

Complete Online Survey no later than **September 27, 2024**

**OR**

**Complete a Paper Survey**

Return the survey to your Meals on Wheels driver by  
**September 27, 2024**

For questions about the survey, contact your Area Agency on Aging.

For questions about how the survey results will be used, contact Jason Pelopida, DAIL State Unit on Aging Director, at [jason.pelopida@vermont.gov](mailto:jason.pelopida@vermont.gov)

TURN THIS PAGE OVER TO BEGIN SURVEY

**1. What help do you need to live where you wish?**

<b>I need help with...</b>	<b>Need, get enough</b>	<b>Need get some, not enough</b>	<b>Need do not get</b>	<b>Do not need help</b>	<b>Don't need now, may in future</b>
Housekeeping					
Preparing meals					
Shopping					
Personal care (such as bathing, dressing, etc.)					
Taking medication(s)					
Home maintenance and yardwork					
Keep track of bills and paying them on time					
Home modifications					
Transportation					

**2. In getting the help you need, have you experienced any of the following problems?**

	<b>Frequently</b>	<b>Sometimes</b>	<b>Never</b>	<b>Does not apply</b>
Finding qualified help				
Negative experiences with agencies providing help.				
Knowing where to look for help.				
Cannot afford help.				
Culture or language difficulties.				
Services not available where I live.				
Do not qualify for help.				
Prefer not to ask for help.				
Other, please describe				

**3. What forms of transportation do you use?**

	Frequently	Sometimes	Never	Don't know about this
Drive my own vehicle.				
Walk to get what I need.				
Motorized scooter.				
Ride service (like Uber) or taxi.				
Driven by family member or friend.				
Public transportation (bus).				
Transportation service for seniors and/or persons with disabilities.				
Not applicable – Never leave house.				
Other, please describe				

**4. How easily can you get to the following? (Check one box for each place.)**

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Do not go here
Medical appointments					
Grocery store					
Pharmacy					
Place of worship					
Family or friends					
Entertainment/social events					

**5. Do you agree with the following statements?**

I have...	Agree	Disagree	Does not apply
sufficient income to keep my car running.			
access to affordable public transportation.			
nearby public transportation.			
transportation available at the time I need.			
transportation that takes me where I want to go.			
information about transportation options & schedules.			

**6. Which of the following best describes your financial situation?**

- I have enough money to pay expenses, with extra in case of unexpected bills
- I have just enough to pay expenses, nothing left over
- I do not have enough to pay all expenses, so must choose what to pay

TURN THIS PAGE OVER TO CONTINUE SURVEY

7. **Falling is a risk factor for injury as we age. Have you taken any steps to reduce your risk of falling?** For example: check vision, make changes in home (e.g., securing rugs, rearranging furniture), talk to health care provider to reduce risk of falling.

- Yes
- Not yet, have been thinking about it
- No, have not thought about it

8. **Do you know about and use the following?** (Check one box for each type of care)

	Currently Use	Don't use now, have in past	Would use, not available	Do not need, do not use	Don't know about this
Meals on Wheels					
Food shelf or pantry					
Three Squares VT					
CSFP (Commodity Supplemental Food Program)					

9. **In the past year, how often have you worried whether your food would run out before you got more?**

- Never
- Sometimes
- Often

10. **How much do you know about the following?**

	Know all about	Know some about	Do not know anything about
Senior Centers			
Senior Help line			
2-1-1 Information Referral and Assistance			
Local Area Agency on Aging			
Transportation services			
Volunteer Opportunities			
Adult Protective Services			
Legal assistance/Legal Aid			
Respite care for family caregivers			
Family caregiver support groups			

**11. Do you provide unpaid assistance to spouse, family member or friend?** For example, help with housework, cooking, transportation, dressing, bathing, managing money, etc.

- No
- Yes, the person I care for has Alzheimer's or other type of dementia
- Yes, the person I care for has other conditions that require help

**12. What year were you born?** \_\_\_\_\_

**13. What is your zip code?** \_\_\_\_\_

**14. What was your total household income last year?**

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$100,000
- More than \$100,000
- Prefer not to say

**15. Who lives with you?** (Check all that apply.)

- I live alone
- Spouse/life partner
- One or more of my children/grandchildren/other relatives
- Other adults (for example, roommate)

**16. What is your gender?**

- Male
- Female
- Transgender
- Decline to state

**17. What is your sexual orientation?**

- Heterosexual
- Bisexual
- Gay
- Lesbian
- Prefer not to answer

**18. Do you consider yourself to be Hispanic or Latino?**

- Yes
- No

**19. How would you describe yourself?** (Check all that apply.)

- White
- Black or African American
- American Indian, Alaskan Native
- Asian American
- Other, describe:

**Statewide Needs Assessment Survey of Vermonters 60 and Over**

**Results Overview**

**Not all respondents answered all questions**

1. What help do you need to live where you wish?
  - a. Most respondents report not needing help or not needing help but may in the future.
2. In getting the help you need, have you experienced any of the following problems?
  - a. 45% report Frequently or Sometimes having problems finding qualified help
  - b. 40% report Sometimes having problems knowing where to look for help
  - c. 44% report Frequently or Sometimes having problems with affording help
  - d. 39% report Frequently or Sometimes having problems with no qualifying for help
3. What forms of transportation do you use?
  - a. 32% don't drive their own vehicle
  - b. 70% Frequently or Sometimes driven by family member or friend
  - c. 21% Frequently or Sometimes use transportation for seniors and/or persons w/ disabilities
4. How easily can you get to the following?
  - a. Most report it is Very Easy/Somewhat Easy to get to Medical Appointments, Grocery Store, Pharmacy, and Family/Friends.
5. Do you agree w/ the following statements?
  - a. 30% believe they don't have access to affordable transportation
  - b. 35% don't have nearby public transportation
  - c. 28% don't have info about transportation options & schedules
6. Which of the following best describes your financial situation?
  - a. 33% have just enough money to pay expenses, nothing left over
  - b. 12% do not have enough money to pay all expenses, so must choose what to pay
7. Have you taken any steps to reduce your risk of falling?
  - a. 73% Yes
  - b. 17% Not yet but thinking about it
  - c. 10% No and have not thought about it
8. Do you know about and use the following?
  - a. 57% use MOW and 37% don't need MOW
  - b. 15% not aware of Three Squares VT
  - c. 34% not aware of CSFP
9. In the past year, how often have you worried whether food would run out before you got more?

- a. 23% Sometimes and 7% Often

10. How much do you know about the following?

- a. 19% don't know about senior centers
- b. 49% don't know about Senior Helpline
- c. 48% don't know about 211
- d. 25% don't know about local AAA
- e. 29% don't know about transportation services
- f. 43% don't know about don't know about volunteer opportunities
- g. 52% don't know about APS
- h. 48% don't know about legal assistance/legal aid
- i. 56% aren't aware of respite for family caregivers
- j. 59% aren't aware of family caregiver support groups

11. Do you provide unpaid assistance to spouse, family member or friend? For example, help with housework, cooking, transportation, dressing, bathing, managing money, etc. (Check all that apply)

- a. 6% Yes, the person I care for has ADRD
- b. 13% Yes, the person I care for has other conditions that require help

12. Age Groups

- a. 60-64: 112
- b. 65-69: 184
- c. 70-74: 231
- d. 75-79: 195
- e. 80-84: 115
- f. 85 and over: 210

13. County

- a. Grand Isle: 14
- b. Franklin: 33
- c. Chittenden: 185
- d. Addison: 23
- e. Rutland: 186
- f. Bennington: 58
- g. Lamoille: 66
- h. Washington: 145
- i. Orange: 50
- j. Windsor: 105
- k. Windham: 24
- l. Orleans: 72
- m. Caledonia: 67
- n. Essex: 11

14. Total Household Income: 43% (most respondents) less than \$25,000

15. Live alone: 56% (most respondents)

16. Male: 29% Female: 70%

17. 75% heterosexual 21% preferred not to answer

18. 1% Hispanic/Latino(a)

19. 99% White

## Survey of Family Caregivers

**PURPOSE** The Vermont Department of Disabilities, Aging, and Independent Living (DAIL) wants to learn about the needs of family caregivers of Vermonters age 60 and over, and how best to support them.

**Who?** Anyone who lives in Vermont and provides care to a family member age 60 or older.  
All answers are confidential and anonymous.

**How?** **Complete an Online Survey using this link:**

[www.surveymonkey.com/r/LV5325F](http://www.surveymonkey.com/r/LV5325F)

**Complete Online Survey no later than September 27, 2024**

**OR**

**Complete a Paper Survey**

Return the survey to your Area Agency on Aging staff or volunteer by **September 27, 2024**

For questions about the survey, contact your Area Agency on Aging.

For questions about how the survey results will be used, contact Jason Pelopida, DAIL State Unit on Aging Director, at [jason.pelopida@vermont.gov](mailto:jason.pelopida@vermont.gov)

TURN THIS PAGE OVER TO BEGIN SURVEY

**1. What is your relationship to the person age 60 or older for whom you primarily provide care?**

- |   |   |
|---|---|
| <input type="checkbox"/> Spouse/Life partner) | <input type="checkbox"/> Grandparent    |
| <input type="checkbox"/> Parent/parent-in-law | <input type="checkbox"/> Other relative |

**2. What is the age of person you care for?**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 60-64 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 65-74 | <input type="checkbox"/> 85+   |

**3. What are the health conditions of your family member that require your care?**

- Alzheimer's or another form of dementia
- Brain injury (i.e. from a stroke, fall, accident, etc.)
- Physical disability
- Chronic physical health condition or illness
- No diagnosis
- Other (please describe: \_\_\_\_\_)
- I prefer not to say.

**4. How long have you been a caregiver for your age 60+ family member?**

- Less than 1 year
- 1-3 years
- 4-6 years
- More than 6 years

**5. In a typical week, approximately how many hours do you spend caregiving?**

- 7 or less hours/week
- 8-19 hours/week
- 20-29 hours/week
- 30-40 hours/week
- More than 40 hours/week
- 24/7 (24 hours/day, 7 days/week)

**6. Respite care is an opportunity for you to have a break from providing care while someone else helps the person you care for. That "someone else" can be a family member, friend, volunteer, or a paid worker. Respite can be for a few hours a month to several days or nights each week.**

**Do you get respite services?**

- Yes
- No, but would like to
- No, not interested

**7. If you do not use respite care, why?** (Check all that apply.)

- I do not need or want respite services
- I do not like to ask for help
- The person I care for will not accept care from anyone else
- I cannot afford respite services
- Respite service does not fit with our culture
- Respite is not available when I need it
- It does not feel safe
- I have had negative experiences with respite
- I do not know where to find respite services

**8. Has caregiving impacted you in the following areas?**

	Positive Impact	No impact	Negative Impact
Physical health			
Emotional health			
Financial security			
Employment status			
Connections with family and friends			
Physical activity / exercise			
Pursuit of hobbies & personal interests			
Sleep			
Substance use			
Other, please describe			

**9. Which of the following best describes your experience?**

	Tried it, was helpful	Tried it, <u>not</u> helpful	Have not tried, expect it would help	Have not tried, expect it would <u>not</u> help
Individual Counseling				
Caregiver Support Groups				

**10. Which of the following do you use to find support, resources, and/or information that you need as a family caregiver?** (Check all that apply.)

- Health care provider
- Home Health agency
- Senior Help Line / Area Agency on Aging
- Vermont 2-1-1
- Internet search
- Social Media (e.g., Facebook, Twitter)
- Library
- Family, friends (word of mouth)

**11. What year were you born?** \_\_\_\_\_

**12. What is your zip code?** \_\_\_\_\_

TURN THIS PAGE OVER TO CONTINUE SURVEY

**13. What types of insurance cover the family member for whom you provide care?**

(Check all that apply.)

- Medicaid
- Medicare
- Medicare gap coverage
- Veteran's benefits
- Private insurance other than gap coverage
- Long term care
- He/she does not have health insurance

## **Statewide Needs Assessment Survey of Family Caregivers**

### **Results Overview**

#### **Not all respondents answered all questions**

1. What is your relationship to the person age 60 or older for whom you primarily provide care?
  - a. 45% spouse
  - b. 41% parent/parent-in-law
  
2. What is the age of the person you care for?
  - a. 42% 75-84
  - b. 38% 85+
  
3. What are the health conditions of your family member that require your care? (Check all that apply)
  - a. Alzheimer's/Dementia: 52%
  - b. Brain injury/Physical Disability/Chronic physical health condition or illness: 79%
  
4. How long have you been a caregiver for your family member?
  - a. 4 to 6+ years: 53%
  
5. In a typical week, approximately how many hours do you spend caregiving?
  - a. 26% report 24/7
  
6. Do you get respite services?
  - a. Yes: 29%
  - b. No, but would like to: 39%
  - c. Not interested: 31%
  
7. If you do not get respite care, why? (Check all that apply)
  - a. Don't need/want: 24%
  - b. The person I care for will not accept care from anyone else: 40%
  - c. I cannot afford respite services: 40%
  - d. Respite is not available when I need it: 12%
  - e. I do not know where to find respite services: 35%
  
8. Caregiving has a negative impact on:
  - a. Physical health: 65%
  - b. Emotional health: 76%
  - c. Financial security: 43%
  - d. Employment status: 33%
  - e. Connections w/ family/friends: 59%
  - f. Physical activity/exercise: 60%
  - g. Pursuit of hobbies/personal interests: 76%

- h. Sleep: 59%
- i. Notable comment from a caregiver:
  - i. "I never had been on any medications, and back in April of 2024 was put on an antidepressant. I have taken care of my father, and mother full time since 2020. I do this 24/7 with the exception of the Alzheimer's Grant. My mother has separation issues, and gets extremely upset when I tried to have someone come so I could run to the store. I am trapped, and in severe debt trying to do this. I provide excellent care, and work alone 24/7. I only don't have to worry about my mother constantly, but about the amount of debt I have racked up from non-payment. The bills are the most stressful, and I struggle every month. I am very worried about this coming winter. I am behind on the electric bill which is electric, and I was told to call for help, which I did, and was told there was no money available."

9. A. Individual Counseling:

- a. Tried, Helpful: 32%; Not Tried, Expect it would help: 29%

B. Caregiver Support Groups:

- a. Tried, Helpful: 22%; Not Tried, Expect it would help: 38%

10. Which of the following do you use to find support, resources, and/or info? (Check all that apply)

- a. Health care provider: 65%
- b. Home health agency: 31%
- c. Senior Helpline/AAA: 37%
- d. Internet search: 47%
- e. Family/Friends (word of mouth): 72%

11. Age Groups:

- a. 40-49: 13
- b. 50-59: 23
- c. 60-69: 52
- d. 70-79: 36
- e. 80 and over: 14

12. County

- a. Grand Isle: 2
- b. Franklin: 14
- c. Chittenden: 42
- d. Addison: 3
- e. Rutland: 15
- f. Bennington: 4
- g. Lamoille: 2
- h. Washington: 7
- i. Orange: 3

- j. Windsor: 15
- k. Windham: 10
- l. Orleans: 12
- m. Caledonia: 14
- n. Essex: 0

13. What types of insurance cover the family member for whom you provide care? (Check all that apply)

- a. Medicaid: 21%
- b. Medicare: 90%
- c. Medicare gap coverage: 32%

## **CVCOA's analysis of needs, gaps and recommendations for Central Vermont**

CVCOA, in combination with the information provided through the statewide needs assessment, has utilized client, community member and collaborative partner survey and conversational data to analyze the needs and gaps in our service area. The three highest recognized needs we have assessed are increased accessibility to mental health counseling, transportation, and affordable housing. We continue to advocate and work with community partners to increase capacity and opportunity in these areas to support older Vermonters in our service area.

### Section C: Community Focal Points

**Note:** The CVCOA Nutrition & Wellness Director organizes and facilitates quarterly meetings with nutrition program contractors. Meeting topics are determined based on the expressed needs of the nutrition program directors, as well as relevant training and subject matter identified by the Nutrition & Wellness Director. These meetings cover a range of topics, including best practice sharing, available support services such as case management, technology initiatives, RSVP services, evidence-based programs (EBPs), caregiver resources, 3Squares, elder care clinicians, and more.

In addition to coordinating these meetings, the Nutrition & Wellness Director visits sites monthly and maintains regular communication with nutrition program contractors to review monthly reports and address emerging concerns, such as staffing challenges, board-related matters, and safety issues. Furthermore, the RSVP volunteer program collaborates with nutrition programs to support volunteer recruitment efforts.

CVCOA also plays an active role in facilitating transportation services for select focal points and offers specialized training for cooks and chefs. This training focuses on the preparation of therapeutic meals and optimizing operational efficiencies.

- 1. Focal Point Name:** Meals on Wheels of Lamoille County  
**Focal Point Address:** 21 Munson Ave., Morrisville VT 05661  
**Key Agency Staff at the Focal Point:** Summer Daniels  
**Key Staff Contact Information:** meals@mowlc.org, 802-888-5011  
**Community Served by Focal Point:** Belvidere, Cambridge, Eden, Elmore, Hyde Park, Jeffersonville, Johnson, Stowe, Morristown, Wolcott, Worcester  
**OAA Programs:** Home Delivered Meals on Monday, Tuesday, Thursday, and Friday, Congregate Meals on Wednesday, and Grab and Go Meals Monday-Friday, nutrition education & nutrition counseling available, volunteer opportunities.  
**Non-OAA programs:** Speakers, blood pressure clinics, creative aging activities.  
**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.
- 2. Focal Point Name:** Chelsea Senior Center  
**Focal Point Address:** 13 North Common, Chelsea, VT 05038  
**Key Agency Staff at the Focal Point:** Sue Pirie (Director)  
**Key Staff Contact Information:** chelseaseniorcenter@gmail.com; 802-658-2290

**Community Served by Focal Point:** Chelsea, Turnbridge, Vershire

**OAA programs:** Home Delivered Meals and Congregate Meals on Monday, and Grab and Go Meals on Monday and Friday, nutrition education & nutrition counseling available, volunteer opportunities. EB program: Falls Prevention Tai Chi.

**Non-OAA programs:** Trips, music, tax clinic, card parties, library day, speakers, foot clinics, intergenerational lunches, transportation, creative aging activities.

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**3. Focal Point Name:** South Royalton Senior Center

**Focal Point Address:** 4266 VT Route 14, South Royalton VT 05068

**Key Agency Staff at the Focal Point:** Sue Pirie (Director)

**Key Staff Contact Information:** royaltoseniors@gmail.com, 802-763-7386

**Community Served by Focal Point:** Bethel, Royalton, Sharon

**OAA programs:** Home Delivered Meals, Congregate Meals, and Grab and Go Meals on Tuesday and Thursday, nutrition Education & nutrition counseling available, volunteer opportunities. EB program: Falls Prevention Tai Chi.

**Non-OAA programs:** Music, foot clinics, transportation, creative aging activities.

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**4. Focal Point Name:** South Strafford Meal site

**Focal Point Address:** Barrett Memorial Hall, 248 VT Rte. 132 S., Strafford, VT 05068,

**Key Agency Staff at Focal Point:** Sue Pirie (Director)

**Key Staff Contact Information:** royaltoseniors@gmail.com 802-763-7386

**Communities Served by Focal Point:** Strafford, South Strafford

**OAA programs:** Home Delivered Meals, Congregate Meals, and Grab and Go Meals on Wednesday, nutrition education & nutrition counseling available, volunteer opportunities.

**Non-OAA programs:** Music, blood pressure clinics, foot clinics, speakers, trips, creative aging activities.

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**5. Focal Point Name:** Orange East Senior Center

**Focal Point Address:** 176 Waits River Rd, Bradford, VT 05033

**Key Agency Staff at Focal Point:** Victoria Chaffee (Director)

**Key Staff Contact Information:** 802-222-4782, vchaffeeoesc@yahoo.com

**Community Served by Focal Point:** Bradford, Newbury, Fairlee, W. Fairlee, Topsham, Corinth

**OAA programs:** Home Delivered Meals on Monday, Wednesday, and Friday, Congregate Meals and Grab and Go Meals on Monday and Wednesday, nutrition education & nutrition counseling available, volunteer opportunities. EB program: Falls Prevention Tai Chi.

**Non-OAA programs:** Transportation, wellness clinics, foot clinics, exercise classes, line dancing, tax clinics, fundraising, music, garden club

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**6. Focal Point Name:** Greater Randolph Senior Center

**Focal Point Address:** 6 Hale St, Randolph, VT 05060

**Key Agency Staff at Focal Point:** Emilie Daniel (Director)

**Key Staff Contact Information:** randolphsc@gmail.com 802-728-9324

**Community Served by Focal Point:** Randolph, Brookfield, Braintree

**OAA programs:** Home Delivered Meals, Congregate Meals, and Grab and Go Meals on Monday -Thursday, nutrition education & nutrition counseling available, volunteer opportunities. EB program: Falls Prevention Tai Chi.

**Non-OAA programs:** Card games, exercise programs, craft programs, music, foot clinics, book club discussions, fundraising, intergenerational programs, trips, non-EB exercise classes.

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**7. Focal Point Name:** Quintown Senior Center

**Focal Point Address:** 1097 VT Rte. 100, PO Box 113 Hancock, VT 05748

**Key Agency Staff at Focal Point:** Nicole Lambert (Director)

**Key Staff Contact Information:** [quintownsc@gmail.com](mailto:quintownsc@gmail.com), 802-767-3763

**Community Served by Focal Point:** Hancock, Granville, Rochester, Stockbridge, Pittsfield

**OAA programs:** Home Delivered Meals and Grab and Go Meals on Monday, Wednesday, and Friday, Congregate Meals on Wednesday.

**Non-OAA programs:** Music, remote bingo, library days, painting, presentations, blood pressure clinics, speakers, transportation

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor

meetings, monthly reporting & site visits. CVCOA provides I&A.

- 8. Focal Point Name:** Meals on Wheels of Central Vermont  
**Focal Point Address:** 14 Washington St, suite 511, Barre, VT 05641  
**Key Agency Staff at Focal Point:** Bob Woodard (Director)  
**Key Staff Contact Information:** [bob@barrehousing.org](mailto:bob@barrehousing.org), 802-479-9175  
**Community Served by Focal Point:** Barre City, Barre Town, Williamstown, Parts of Berlin, Washington, Orange  
**OAA programs:** Home Delivered Meals, Congregate Meals, and Grab and Go Meals Monday-Friday, nutrition education & nutrition counseling available, volunteer opportunities.  
**Non-OAA programs:** Fundraising  
**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.
- 9. Focal Point Name:** Mad River Valley Seniors  
**Focal Point Address:** 5308 Main Street, Waitsfield, VT 05673  
**Key Agency Staff at Focal Point:** Gretchen Hernandez (Director)  
**Key Staff Contact Information:** [mrvsc@gmavt.net](mailto:mrvsc@gmavt.net) 802-496-2543  
**Community Served by Focal Point:** Waitsfield, Fayston, Warren and parts of Duxbury and Moretown  
**OAA programs:** Home Delivered Meals and Grab and Go Meals on Monday-Friday, Congregate Meals on Tuesday, nutrition education & nutrition counseling available, volunteer opportunities. EB programs: Falls Prevention Tai Chi and Arthritis Foundation Exercise Program.  
**Non-OAA programs:** Speakers, exercise, foot clinics, music, fundraising, transportation.  
**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.
- 10. Focal Point Name:** Montpelier Senior Activities Center/FEAST  
**Focal Point Address:** 58 Barre St, Montpelier, VT 05602  
**Key Agency Staff at Focal Point:** Kim Myers (Program Coordinator)  
**Key Staff Contact Information:** [kimyvers@montpelier-vt.org](mailto:kimyvers@montpelier-vt.org), 802-262-6283  
**Community Served by Focal Point:** Montpelier and Parts of Berlin  
**OAA programs:** Home Delivered Meals Monday-Thursday, Congregate Meals on Tuesday, nutrition education & nutrition counseling available, volunteer opportunities.  
**Non-OAA programs:** Foot clinics, memory café, flu vaccine clinic, support groups,

exercise groups, film appreciation, painting & drawing, language clubs, writing, crafters, cooking workshops, cards, dancing, music, photography club, tax clinics, speakers.  
**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**11. Focal Point Name:** Greater Northfield Senior Center

**Focal Point Address** 168 Wall St, Northfield, VT 05663

**Key Agency Staff at Focal Point:** Marie Chilson, Director

**Key Staff Contact Information:** director@greaternorthfieldseniors.org 802-485-8112

**Community Served by Focal Point:** Northfield, Northfield Falls, Roxbury, Riverton, Parts of Berlin

**OAA programs:** Home Delivered Meals, Congregate Meals and Grab and Go Meals are on Monday-Friday, nutrition education & nutrition counseling available, volunteer opportunities. EB programs: Falls Prevention Tai Chi and Arthritis Foundation Exercise Program.

**Non-OAA programs:** Exercise programs, painting, fundraising, speakers, foot clinics.

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**12. Focal Point Name:** Twin Valley Senior Center

**Focal Point Address:** 4583 US Rte. 2, East Montpelier, VT 05651

**Key Agency Staff at Focal Point:** Denise Wheeler (Director)

**Key Staff Contact Information:** 802-223-3322, director@twinvalleyseniors.org

**Community Served by Focal Point:** Cabot, Calais, East Montpelier, Marshfield, Plainfield, portions of Montpelier, and Woodbury

**OAA programs:** Home Delivered Meals, Congregate Meals, and Grab and Go meals on Monday, Wednesday and Friday, nutrition education & nutrition counseling available, volunteer opportunities. EB programs: Falls Prevention Tai Chi and Arthritis Foundation Exercise Program.

**Non-OAA programs:** Exercise programs, creative aging activities, cards, blood pressure clinics, tax clinics, hearing clinics, fundraising, singalongs, games, speakers, non-EB exercise programs

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**13. Focal Point Name:** Waterbury Area Senior Center

**Focal Point Address:** 14 Stowe St, Waterbury, VT 05676

**Key Agency Staff at Focal Point:** Charlene Sugai (Director)

**Key Staff Contact Information:** director@wasca.org 802-244-1234

**Community Served by Focal Point:** Waterbury, Waterbury Center, Duxbury, Middlesex and parts of Moretown

**OAA programs:** Home Delivered Meals, Congregate Meals, and Grab and Go Meals on Monday-Friday, nutrition education & nutrition counseling available, volunteer opportunities.

**Non-OAA programs:** Dominos, tax clinic, painting, movies, speakers.

**How does the AAA work to ensure that OAA services are accessible to the public from the focal point:** CVCOA works closely with the director through quarterly contractor meetings, monthly reporting & site visits. CVCOA provides I&A.

**Central Vermont Council on Aging  
Area Plan 2026-2029**

**Section D: Goals, Objectives, Strategies, Performance Measures**

**Title III: Community Planning and Systems Development**

**Summary:** CVCOA will work with a wide array of partners to help create communities that embrace, honor and support aging individuals and prioritize social connections for older adults. We will engage with local service providers, community leaders, and interested members of the public to explore and solve issues on a local level.

**Goal:** CVCOA will promote community initiatives that help alleviate social isolation and loneliness for older Vermonters and align with the *Social Connection is Key* objective within the Age Strong Vermont Plan.

**Strategy 1:** CVCOA will actively participate in and support community initiatives such as community-led volunteer programs and dementia and age friendly communities. We will participate in conversations and work groups to help create local responses to meet the needs of their older neighbors.

**Strategy 2:** CVCOA will help bridge the digital divide for older adults by implementing projects that support device access, internet connection, and ongoing skills training and practice opportunities. Specifically, we will partner with local organizations and businesses to build capacity for technology engagement and recruit and train volunteers to support older Vermonters with ongoing technology skills practices.

**Strategy 3:** CVCOA will offer Creative Care Kits each year to inspire older Vermonters, particularly those who are home-bound, to engage in creativity. Additionally, we will connect recipients of the kits with volunteer(s) who provide one-on-one and/or group support to help alleviate social isolation and loneliness. We will provide more in-person creative aging activities that combine skill-building and social connection than in previous years. These activities combined will establish an active central Vermont Creative Aging Community made up of individuals who volunteer in various ways to support this work, participate in activities and group events, provide ongoing feedback on the changing community needs, and foster new social connections for their older neighbors.

## Area Plan 2026-2029

### RBA Goal Template

**PROGRAM:** Older Americans Act-Title IIIB Case Management Services

#### **WHO does the program serve?**

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

#### **WHAT does the program do?**

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

**Goal/Outcome:** OAA Case management clients will report health related social need (HRSN) improvements related to at least one social/health related goal in their person-centered plan

#### ***Headline Performance Measures:***

1. # (%) of clients who establish at least one social/health related goal on their person-centered plan.

Story Behind the Curve: The performance measure above will be based on the person-centered plan that was developed by a statewide group of case management supervisors and area agency on aging directors. The focus on this is to provide a person-centered approach to keeping clients living in the setting of their choice. We will use data gathered from this document to track and compare with future data to see if this has an impact on clients remaining in the setting of their choice or receiving the coordinated services clients are looking for.

What Works: Case Management believes that if Options Counseling happens at the first contact with the their assigned case manager, this will lay the ground work for creating quality goals and will pave the way for obtaining those goals. We believe that setting goals and creating a whole person-centered plan is probably not going to happen in one visit, it will be a working document that case managers refer back to when applicable, with the understanding that the client can change their goals at any time or that crisis's arise and the focus of work will need to change for a short period of time.

Partners: Community Health Teams, Blueprint Teams, mental health agencies (Including Elder Care Clinician program), home health agencies, adult day centers, housing programs (including Home Share), VT Legal Aid, VCIL, Community Actions and transportation authorities. Each of our community partners provide subject area expertise that will be used in coordination with CVCOA staff and services to support our clients to live in the setting of their choice.

Action plan: We will be training current staff on the updated shared decision plan. All new case managers will be training on the person-centered plans within the first 60 days of their hire date. Case management will focus on person-centered goals, ensuring that clients' choices and preferences are at the core of the care process. Clients should be fully informed about all available care options, enabling them to make empowered decisions that align with their values and goals. Supporting clients

in maintaining control over their health decisions is crucial to helping them remain engaged. As individuals' needs change, navigating the complexities of care can become more challenging. Case managers must work closely with clients to assess their evolving needs and provide support, all while respecting the client's goals and maintaining their autonomy. Building and nurturing a strong, trusting relationship between case managers and clients is vital to ensure that care is tailored to meet the individual's unique needs, ultimately improving their quality of life.

2. # (%) of clients who *achieve* at least one social/health related goal on their person-centered plan. Establish stretch targets in Years 2 and 3 compared to baseline in year 1.

Story Behind the Curve: Case management is hoping to see an increase in the number of person-centered plans that are created with OAA case management clients. We will use data gathered from the person-centered plans for the above performance measures and compare it with future data to track how well older Vermonters are achieving the goals they set for themselves and how CVCOA is supporting them through those goals.

What Works: With a continued person-centered, client directed approach, case managers will meet with clients regularly to continue working on preset goals. They also will work closely with care team and family members, if the client desires, to help achieve the goals previously set on the person-centered plan. Case managers will also consult with peers, supervisors and other community entities to gain knowledge or help when assisting clients in achieving their goals.

Partners: Community Health Teams, Blueprint Teams, mental health agencies (Including Elder Care Clinician program), home health agencies, adult day centers, housing programs (including Home Share), VT Legal Aid, VCIL, Community Actions and transportation authorities. Each of our community partners provide subject area expertise that will be used in coordination with CVCOA staff and services to support our clients to live in the setting of their choice.

Action plan: Case management hopes to achieve an 80% completion of person-centered plans within the first year. Thereafter, we hope to achieve 60% the first year of clients that achieved one goal and 70% the second year of clients that achieved one goal and by year three be at 80% of clients achieving one goal. Our lead case managers will be reviewing person-centered plans monthly and checking in with staff who have not completed them or seem to be struggling with them. Staff will also be given time during supervision to discuss any goals or shared decision plans.

## Section D: Goals, Objectives, Strategies, Performance Measures

### Program: OAA Title IIIC Nutrition Services Program

#### WHO does the program serve?

The Home-Delivered Nutrition Program (Title IIIC-2) provides nutritious meals, nutrition education, and nutrition risk screening to individuals 60 years of age or over who are homebound by reason of illness or disability, or who are otherwise isolated. Program goals are targeted to the reduction of social isolation and the promotion of better health through nutrition. Most home-delivered meal programs provide their clients with a hot meal five days a week delivered by staff or volunteer drivers. In addition, nutrition education and counseling is provided. Grab and Go meals are offered to provide access to meals when congregate nutrition services aren't an option. All the OAA meal requirements are still met in a Grab and Go meal.

The Congregate Nutrition Program (Title IIIC-1) addresses dietary inadequacy and social isolation among individuals aged 60 and older. The Program provides nutrition education, nutrition risk screening and nutrition counseling. The program targets older individuals with the greatest economic or social need, with particular attention given to low-income minority older individuals and older individuals living in rural areas. The program encourages the use of volunteers and gives all participants the opportunity to contribute to the meal cost.

#### WHAT does the program do?

Nutrition programs offer so much more than a meal! They decrease hunger and food insecurity, promote socialization and promote health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services.

**Common Goal:** Clients receiving HDM medically tailored/therapeutic meals will report an improvement in their health condition for which the medically tailored /therapeutic meals address.

#### Headline Performance Measures:

Measure Sets:

- # of clients receiving medically tailored/therapeutic meals.
- % of clients who report they have benefited from these meals. Establish stretch goals in Years 2 and 3.

**Story behind the curve:** Approximately 75% of American's dietary intake is insufficient in fruits, vegetables, and dairy. Furthermore, 63% of Americans exceed the recommended limit for

added sugars, 77% surpass the limit for saturated fats, and 90% exceed the Chronic Disease Reduction limits for sodium intake. Additionally, 6 in 10 Americans are living with one or more diet-related chronic diseases, and while many Americans express a desire to improve their diet, many lack the knowledge to do so. Factors such as diminished appetite, a reduced sense of taste and smell, difficulty chewing or swallowing, and mobility loss contribute significantly to malnutrition in older adults. For many seniors, the issue is not overeating but failing to consume sufficient nutrients at a time when proper nutrition is more crucial than ever. A growing body of research supports the positive impact of home-delivered meals on the health and well-being of homebound older adults. This research serves as the foundation for exploring specialized interventions designed to address the unique medical and nutritional needs of individuals living with chronic illnesses, regardless of age—known as therapeutic meal options. Our goal is to expand our therapeutic meal offerings to continue supporting clients with chronic illnesses. Research has shown that such meals can help individuals with current medical conditions maintain or even improve their health.

**Survey question**

Please answer the following question about the home delivered meals nutrition program. Do the therapeutic meals received from the home delivered meals nutrition program help you to:

- |                     |     |    |
|---------------------|-----|----|
| Eat healthier foods | yes | no |
| Improve your health | yes | no |
| Feel better         | yes | no |

OAA NSP participants who receive therapeutic meals during the reporting period will be surveyed.

**INSERT GRAPH HERE WITH SURVEY RESULTS**

**What Works:** CVCOA collaborates with 13 Nutrition Sites to create customized menus that align with DGA and OAA guidelines while incorporating client feedback. Whenever possible, donated seasonal produce is used to enhance meal offerings. This produce comes from gleaning partners such as Salvation Farms and Community Harvest who distribute unwanted food from local farms. Cooks participate in quarterly training events focused on therapeutic meal preparation and menu development, providing both education and networking opportunities with other cooks in the program. Additional training occurs through monthly menu reviews. Home Delivered Meal clients are surveyed annually, with results shared for program improvement. CVCOA-trained staff conduct intake assessments, screening clients for the need for therapeutic meals. Ongoing education for both clients and healthcare providers is essential to highlight the

value of nutritionally balanced, home-delivered meals—rooted in Vermont’s 40-year history of supporting homebound individuals. These are the two sources for the data:

U.S. Food and Drug Administration. (2024). Food labeling: Nutrient content claims, definition of term “healthy” (final rule). Federal Register. Retrieved from <https://www.federalregister.gov/>

Centers for Disease Control and Prevention. (2024). Chronic diseases in America. <https://www.cdc.gov/chronicdisease/>

**Partners:** Nutrition site directors, cooks, and volunteers, DAIL, our contracted RDN, Salvation Farms, Community Harvest, with technical and program support provided by CVCOA staff.

**Action Plan:**

- Adopt meal standards for all types of therapeutic meals
- Work closely with contracted RDN in menu and recipe development
- RDN meets with nutrition site cooks/chefs for input to the menu and recipe development process and use of standardized menus
- Provide quarterly training for nutrition site cooks in the preparation of therapeutic meals
- Develop a Hub and Spoke model for meal production and distribution
- Survey meal recipients yearly about the impacts of receiving a therapeutic meal has had on their health and wellbeing
- Survey meal recipients yearly about their level of satisfaction with the therapeutic meals

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Baseline 3.15.2025

**Section C: Goals, Objectives, Strategies & Performance Measures**

**Goal/Outcome:** Caregivers will have improved access to information, support, and services.

**PROGRAM:** National Family Caregiver Support Program

**WHO does the program serve?**

Unpaid family caregivers of older Vermonters in CVCOA service area.

**WHAT does the program do?**

Provides caregiver consultation, education, referral, resources, respite, social and support activities to promote caregiver wellness and effective, sustainable caregiving.

***Headline Performance Measures:***

1. # of caregivers who access information and resources as evaluated by internal tracking systems/database including TCARE. Establish stretch targets in Years 2 and 3 compared to baseline in Year 1.

Baseline: 107 caregivers in FFY 24

Story Behind the Curve:

National data indicates that many caregivers face challenges in accessing information, support, and services. Approximately 39.8 million Americans, or 16.6% of the population, provide care to adults with disabilities or illnesses. While caregivers provide invaluable support to older adults and individuals with disabilities, many report challenges in accessing the information, resources, and services they need to effectively care for their loved ones. Feedback from caregivers indicates a gap in available resources, insufficient guidance on available services, and difficulty navigating complex systems of care. As a result, caregivers may feel overwhelmed, unsupported, and unsure of where to turn for assistance. By addressing the barriers caregivers face in accessing necessary information and support, we aim to empower caregivers with the tools and resources they need to provide high-quality care while reducing their stress and isolation. This will improve the caregiver's well-being and enhance the care they can provide for their loved ones. **Note: An estimated 39.8 million Americans were unpaid caregivers for adults in the last 12 months, according to a 2015 study by the National Alliance for Caregiving (NAC) and AARP Public Policy Institute.**

What Works:

Coordination internal to home AAA to identify and provide outreach to family caregivers, including helping community members recognize their identity as being a caregiver. Having various points of entry from social, respite, caregiver education, volunteer, general I&A, case management, nutrition, and other AAA operations. Being clear about what data to collect and how to compile it, including across programs.

Continuing to

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develop and inform community partnerships about available Caregiver Support services and ways to connect clients and other community members; explore co-sponsored activities to broaden reach. It works well to coordinate with other CVCOA staff to identify and provide outreach to family caregivers. This includes helping community members recognize that the many ways they care for, assist and manage others' needs through the challenges of aging, ill-health or disability mean that they are "caregiving" and can access support for their journey.

Partners and Updates:

All CVCOA programs; existing partnerships and collaborations with ABLE Library, Alzheimer's Association, UVM Center on Aging and Dementia Family Caregiver Center; UVMCC Memory Program; senior centers; home health agencies. Increased collaboration with community health teams, medical offices, and hospitals. Peer networks such as V4A, Memory Café Alliance, Caregiver Champion Collaborative and VT Respite Alliance. New partnerships with sites for traveling memory cafes, including local libraries and other community gathering places.

Action Plan:

Confirm or refine strategies for coordinated data collection that clearly tells our story relevant to the performance measures, utilizing Peer Place or its successor, cross-referenced with TCARE and other program-specific tracking. Keep hard copy and electronic outreach materials up to date and placed for practical access. Continue to develop, educate and motivate community partners to share information with family caregivers and to make direct referrals.

**2.** # of public engagement/outreach activities provided to the public that contain information on resources available to caregivers. Establish stretch targets in Years 2 and 3 compared to baseline in Year 1.

Baseline: 48 events in FFY 24

Story Behind the Curve: (same as above)

What Works:

Regularly scheduled events with advance and follow-up communication to target population and participants; these generate connection for offering and delivering resource information. (Example: weekly online memory café with weekly reminder email, plus follow-up to topics raised in session and notice of other activities and supports.)

Partners: As above.

Action Plan:

Continue existing activities and offer/respond to invitations to schedule additional outreach events. In the coming year this will include bringing in-person memory cafes to new sites with new partnerships. Utilize both in-person and online venues to generate interest and connection, bringing information and resources to the public. Have and implement a clear, coordinated data collection plan.

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**Section D: Goals, Objectives, Strategies, Performance Measures  
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**PROGRAM:** Title IIID Health Promotion and Disease Prevention

**WHO does the program serve?**

Older Vermonters with greatest economic and social need, and caregiver partners of older Vermonters.

**WHAT does the program do?**

Support the independence, well-being and health of older Vermonters and their family caregivers through participation in evidence-based programs. Evidence-based programs have been proven to improve health and well-being and reduce disease and injury, reducing the need for more costly medical interventions. These programs also increase social connection for participants.

**Headline Performance Measures:** Increased number and percentage of OAA Health Promotion Program participants that join, complete an evidence-based wellness program, and set a measurable goal.

- 1) Total # of clients who participate annually in Health Promotion evidence-based programming.
- 2) Total # of clients who complete Health Promotion evidence-based programming.
- 3) # of clients that set a measurable goal.
- 4) Target 5-10% increase in client participation year over year.

Story Behind the Curve: While a number of OAA clients have expressed interest in, and do participate in evidence-based programs, a gap remains in terms of increasing engagement, program completion, and specific goal setting. Many clients start the programs but do not finish, and fewer still set measurable goals that are tracked over time. Several factors may contribute to this, including limited awareness of available programs, difficulty in accessing resources, and, for some, a lack of motivation or understanding of how to set achievable health and wellness goals. There may also be an underlying issue of inconsistent communication with participants regarding program benefits, as well as barriers like transportation challenges, cognitive limitations, and a lack of confidence in using technology for virtual program participation.

What Works: CVCOA successfully utilizes volunteers to lead the Evidence-based fall prevention programs such as Falls Prevention Tai Chi, Arthritis Foundation Exercise Program, and Walk with Ease. A robust outreach and marketing plan is needed to attract new volunteer class leaders in order to offer programs in new and different areas

## **Central Vermont Council on Aging Area Plan FFY 2026-2029**

and replace volunteers lost through attrition. Providing current volunteer class leaders with meaningful learning opportunities, coaching and feedback, and resources for success is critical to class leader and class participant retention. A robust outreach and marketing approach is also necessary to attract new program participants. Offering in-person opportunities throughout our service area as well as offering virtual options is important for ensuring individuals may participate regardless of mobility.

CVCOA provides virtual Powerful Tools for Caregivers in partnership with other Vermont Area Agencies on Aging and will soon offer an in-person option in partnership with Central Vermont Home Health and Hospice. Like our other Evidence-based programming, robust outreach and marketing is needed in order to reach program participants.

Partners: Vermont Department of Health, Central Vermont Home Health and Hospice, Tai Chi Vermont, Arthritis Foundation, other Vermont Area Agencies on Aging, AmeriCorps Seniors, CVCOA's volunteers, Regional Transportation Providers, area health providers, Senior Centers, Libraries, and several churches who provide space for these programs.

### Action plan:

1) Strategy 1 - We will take multiple steps in order to increase both the number of offerings and number of class participants in our Evidence-based fall prevention programs such as Falls Prevention Tai Chi, Arthritis Foundation Exercise Program, and Walk with Ease.

These steps include:

- Brainstorm and implement recruitment and outreach efforts with our community partners such as senior center directors, existing class leader volunteers, and other valued partners in this work.
- Plan and implement a new advertising campaign using social media, local newspapers, area health providers, and more.
- Revamp and roll out enhanced initial and ongoing training materials for our volunteer class leaders.
- Launch new class locations as we attract and train new volunteer class leaders.
- Recruit new class leader volunteers through tabling, guest speaking, reaching out to area businesses and partners, attending relevant networking events, holding information sessions, etc.
- Provide meaningful support, resources and recognition to existing instructors to maximize volunteer retention.
- Survey class participants to collect feedback on what is working and what needs to be improved as well as collect information about participant goal setting.
- We will continue to offer both in-person and virtual class offerings.

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- 2) Strategy 2 - We will continue to promote and provide Powerful Tools for Caregivers to address the challenges and stresses faced by family members caring for an older loved one. We will provide in-person classes in partnership with Central Vermont Home Health starting in year 1. We will continue to partner with other Vermont Area Agencies on Aging to provide virtual classes, as well. We will continue to make connections with caregivers through our Helpline, Case Management services, and community partners.
  
- 3) Strategy 3 – We will join other Vermont Area Agencies on Aging in providing Trualta offerings to the Caregivers in our service area. Trualta is an evidence-based online platform which aims to provide families – the primary caregivers for most older adults - with practical education on crucial aspects of care, such as how to prevent household accidents, safely assist with mobility, or handle the complex behaviors that come with chronic conditions.

**UPDATES: Provide a narrative that builds on the activities since the previous submission. Include information on developing and active partners, and their roles. Describe current phase of action plan and steps that have been added or revised. (Do not delete previous entry)**

**Update 1** RBA cards only covering October 1, 2025 -December 31, 2025 (three months).Due February 1, 2026:

*(Enter narrative here)*

**Update 2** Review of overall plan progress and RBA cards covering January 1, 2026 – June 30, 2026 (six months). Due August 1, 2026: *(Enter narrative here)*

**Update 3** RBA cards only covering July 1, 2026 – December 31, 2026 (sixmonths). Due February 1, 2027: *(Enter narrative here)*

**Update 4** Review of overall plan progress and RBA cards covering January 1, 2027 – June 30, 2027 (six months). Due August 1, 2027: *(Enter narrative here)*

**Update 5** RBA cards only covering July 1, 2027 – December 31, 2027 (sixmonths). Due February 1, 2028: *(Enter narrative here)*

**Update 6** Review of overall plan progress and RBA cards covering January 1, 2028 – June 30, 2028 (six months). Due August 1, 2028: *(Enter narrative here)*

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**Update 7** Covering July 1, 2028 – December 31, 2028 (sixmonths). Due February 1, 2029. ***Use  
RBA Summary Template***

## Area Plan 2026-2029

### RBA Goal Template

#### **PROGRAM: Title VII Prevention of Elder Abuse, Neglect and Exploitation**

#### **WHO does the program serve?**

CVCOA staff, community partners, older Vermonters in the CVCOA service area, older Vermonters family and friends, and the general public.

#### **WHAT does the program do?**

Educate staff & volunteers, community partners, older Vermonters, and the public's knowledge on issues regarding elder abuse, neglect, and exploitation, including sexual abuse, safety, and financial exploitation. To identify suspected abuse, neglect, and exploitation; how to report it, and know what resources are available to provide appropriate supports and services to older Vermonters who may be experiencing abuse, neglect, and exploitation.

**Goal/Outcome:** To increase awareness of staff & volunteers, community partners, and older Vermonters on issues of elder abuse, neglect, and exploitation through an ongoing media campaign.

#### ***Headline Performance Measures:***

- 1. The public will receive information periodically through e-newsletters, articles and/or social media posts.**

**Story Behind the Curve:** We are currently seeing a lack of information available to the public about elder abuse, neglect and exploitation. For many people this is not something they come across a lot, but it is very important to have the information when someone might encounter it. This topic is also hard for people to discuss, so we hope that by providing more information to people it will become easier for people to discuss

**What Works:** Will use existing digital platforms and media contacts to get items published. Will also mail hardcopy items to community partners which has been very effective in the past.

**Partners:** Media outlets, community partners, friends, staff & family members sharing information from published articles across all communication services.

**Action:** Will explore and develop different informational items that can be provided to increase public knowledge about Preventing Elder Abuse, Neglect and Exploitation. Will continue to use social media to inform the public, as well as traditional media outlets, newsletters and mailings. Will track how success our media campaign is by analyzing the number of publications sent out to older Vermonters in the CVCOA service area, as well as, comparing social media statistics (e.g.: number of "likes", touches or views).

- 2. Each year CVCOA will identify a new community partner organization to partner with and promote awareness.**

**Story Behind the Curve:** As resources become scarce and the world seems to get harder, we will most

likely see an increase in abuse and neglect to the most vulnerable populations. With this already being a serious problem with society, its even more crucial now that organizations band together to support each other to identify gaps and to reduce overlap with the limited resources available to us.

What Works: Ongoing community connection and collaboration will build a stronger support network for organizations and older Vermonters. We are also hoping that with more connection, means more information sharing and increased possibilities for trainings and resources.

Partners: Mosaic, Circle, Sexual Assault Crisis Team, Domestic Violence networks, VT Legal Aid, other non-profit organizations.

Action plan: We will use already established organizations that are doing similar work or those who might intersect with CVCOA's demographic to partner with them. We hope that by creating these partnerships we will be able to provide information to a greater number of people but also learn about new resources for clients so that CVCOA & other organizations can better service Vermonters. We will be able to report on which community partner we have connected with and what collaboration has happened.

## **Central Vermont Council on Aging Area Plan FFY 2026 - 2029**

### **Section E: Agency Plan for Data Management and/or Development**

In October 2022, CVCOA transitioned from SAMS to PeerPlace for the majority of our data management needs. PeerPlace is a cloud-based software platform designed to streamline client data management, enhance workflow efficiency, and improve service delivery. While we continue to use SAMS to access records for clients with Medicaid and Better Impact for tracking volunteer data, the majority of our data is now extracted from PeerPlace for the annual OAAPS report.

CVCOA has successfully overcome many of the challenges previously posed by SAMS, as PeerPlace offers a more efficient method for generating reports and extracting data.

CVCOA no longer contracts with a data consultant and has instead established a full-time, in-house Data Systems Manager position. This role oversees two additional data-related positions: the Data Entry Specialist and the Nutrition Data Specialist. The Data Systems Manager is responsible for submitting the annual OAAPS report, generating reports as requested by staff, and creating data tracking spreadsheets. This role also involves developing and implementing new systems and processes, including workflows and forms, managing and enhancing data accuracy, and overseeing all Home Delivered Meal referrals and reassessments.

The Data Systems Manager provides technical support to meal sites as needed and hosts monthly "PeerPlace Support Space" sessions, offering staff an opportunity to ask questions and learn about the database. Additionally, the Data Systems Manager conducts regular reviews of OAAPS data, collaborating with department leads in quarterly data management meetings to ensure thorough data review throughout the year.

We have transitioned from using Dropbox to SharePoint for file sharing and data/report uploads. SharePoint is an advanced platform that enhances collaboration, streamlines document management, and ensures secure data sharing within our organization.

We engage rbTechnology to provide the majority of our IT services, ensuring the effective operation of our network and providing staff with the necessary tools and support. They collaborate with us to maintain server performance, troubleshoot issues as needed, and uphold security standards. By Fall 2025, we aim to transition all files from our company hard drive to SharePoint, enhancing data integrity across the organization.

## **Section F: Continuous Quality Improvement Plan FFY 2026 - 2029**

Central Vermont Council on Aging is guided by the assurances, required activities and goals, and reporting information stipulated in by the Older Americans Act and any federal and state grants. We employ several procedures to review the quality, effectiveness and need for services. We are further guided by our strategic plan.

Results Based Accountability (RBA) report cards measure the performance of meeting the goals outlined in our Area Plan. for our strategic plan and performance measurement. This model provides uniform reporting and evaluation on the impact of programs and services to meet the needs of older Vermonters and their family caregivers.

We use several ongoing internal review processes to engage staff and clients to ensure the quality of our work.

- The executive director reports to the board of directors monthly.
- The management team (comprised of ED, Co-Directors of Case Management, Director of Nutrition & Wellness, Director of Community Engagement, Director of Development & Communications, and Operations Director) meets weekly.
- Case Management Services department (case management/I&A/SHIP) meets monthly.
- Community Engagement department (nutrition/transportation/volunteer programs) meets monthly.
- Individual supervision and record review occurs on a regular basis with case management staff.
- Peer support for case managers occurs regularly, with discussion of best practices as well as a chance to brainstorm how to work with difficult clients.
- Director of Nutrition & Wellness meets monthly with contracted nutrition program directors.
- Program directors meet quarterly with DAIL and their counterparts at the other AAAs.

- Programs and services that have direct client contact gain feedback through program evaluations and follow up surveys to further inform our work.
- CVCOA maintains oversight of program requirements related to contracted services: nutrition, transportation, legal aid, and elder care clinician program.
- Staff engage in regular meetings with Accountable Community for Health and other community partners.

Additionally, CVCOA ensures quality improvement in the following manner:

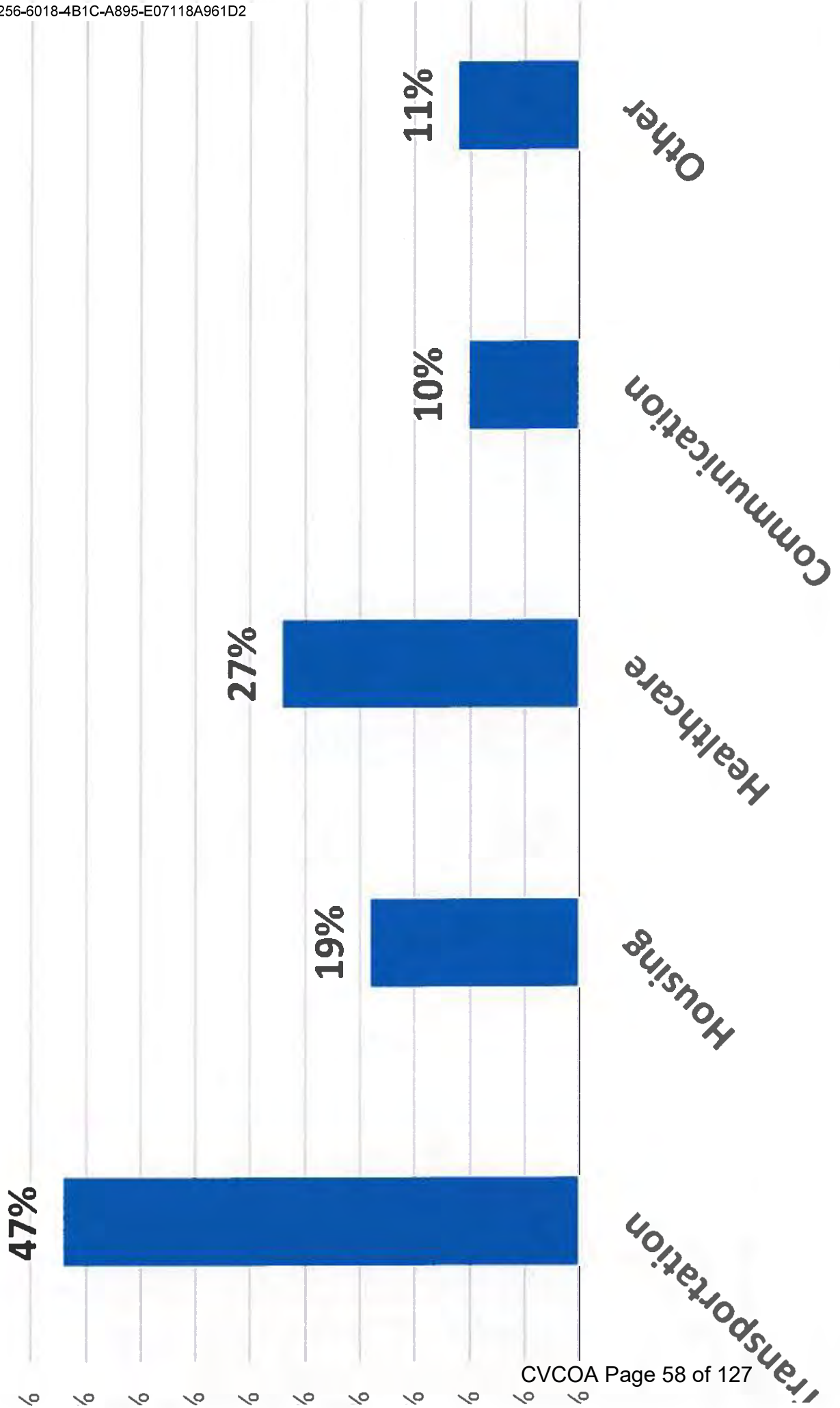
1. Employee performance reviews, which include goal setting and improvement strategies, are done annually (after 6 months for new employees).
2. New staff members undergo a thorough orientation process which includes shadowing current employees, meeting with representatives of all departments, and general agency orientation.
3. Periodic supervisor training is offered internally. Staff members are encouraged to attend external training when available.
4. Professional development training, such as CADER, is made available and encouraged.
5. A supervisor is available during work hours for consultation either in person or via phone or email.
6. The Internal Data Team works with Management to ensure we continue to obtain and utilize new technologies for greater efficiency and effectiveness.

## Section H: Public Hearing

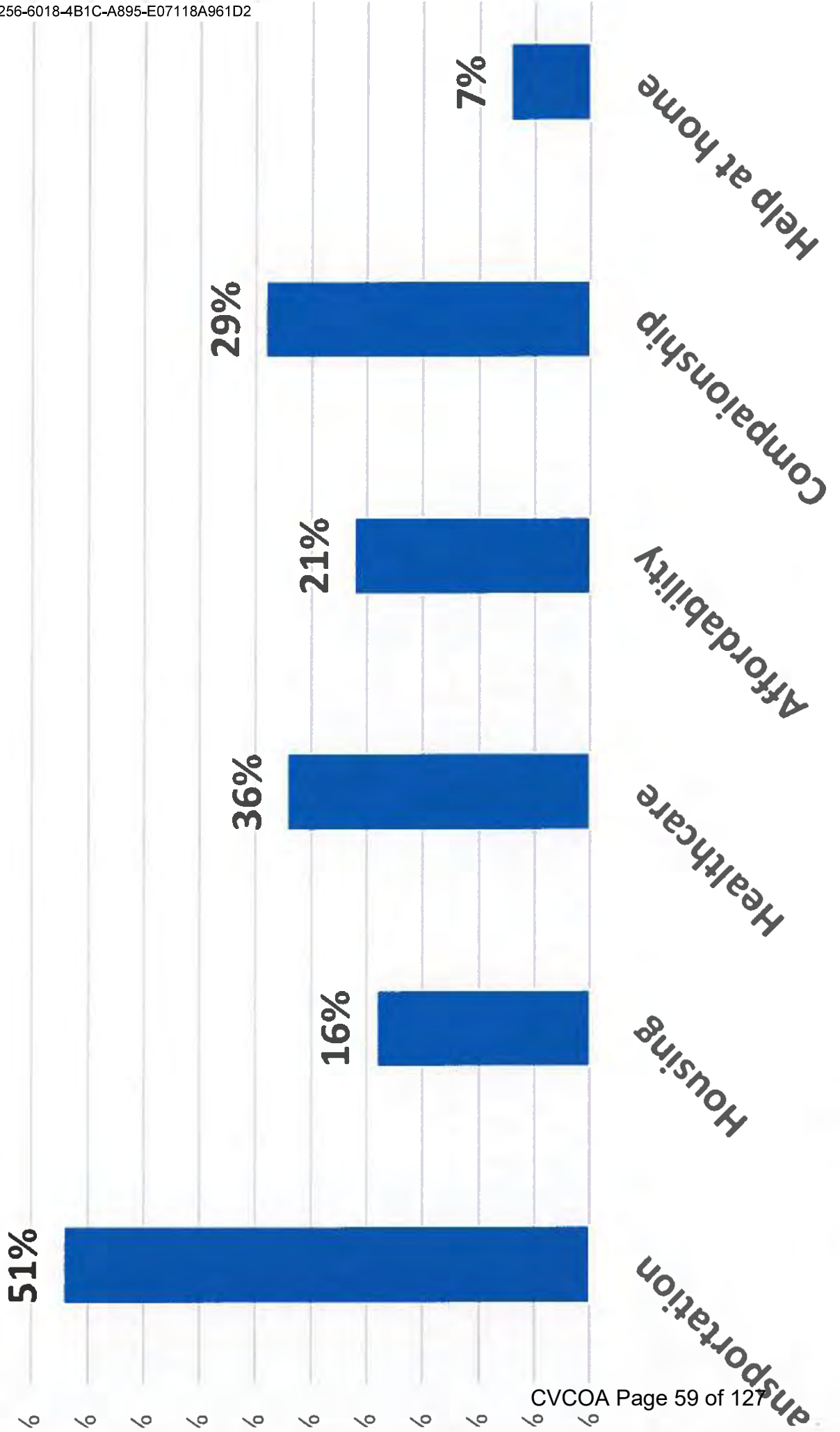
Here are the details of our Public Outreach efforts:

- Public survey done through our 13 nutrition contracts. Responses could be done by returning a paper survey or by calling our Helpline. We received responses from 71 unique individuals. Results are detailed in the accompanying charts.
- We posted the Area Plan draft on our website and advertised its availability there or a hard copy would be sent upon request. At the same time, we posted this on our Facebook page, on all the Front Porch Forums in our region, and announced it in our newsletter. We received 186 hits on our Facebook posting and the newsletter was distributed to 1,186 subscribers. There were 48 unique visitors to our website that opened the Plan.
- A public forum was held on August 13<sup>th</sup> from 12:30pm - 1:30pm which was also announced in bullet point #2 above. There were no attendees and, consequently, no public comments.
- The responses we received from the survey mentioned in bullet point #1 above were used as appropriate when building all relevant sections of the Plan.
- August 1 - August 13, 2025, Area plan was open for public comment. Information on how to access and/or request for input was shared via newsletter, social media and a website blog post.
- A draft of the Area Plan was posted to the website on August 1, 2025.
- A final draft of the Area Plan was posted to the website on August 19, 2025.

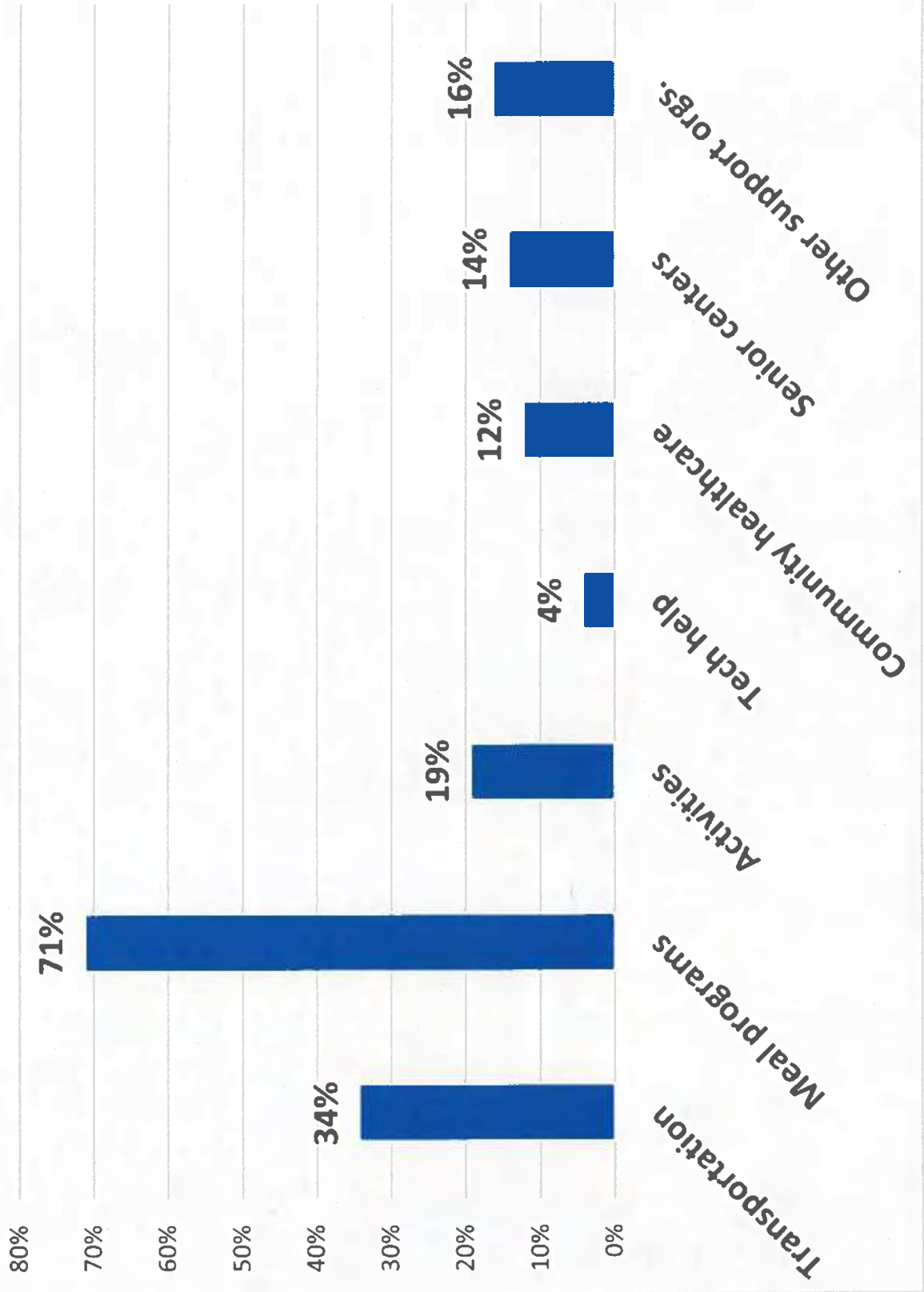
# In your experience, what are the challenges in meeting the needs of older Vermonters 60 and over?



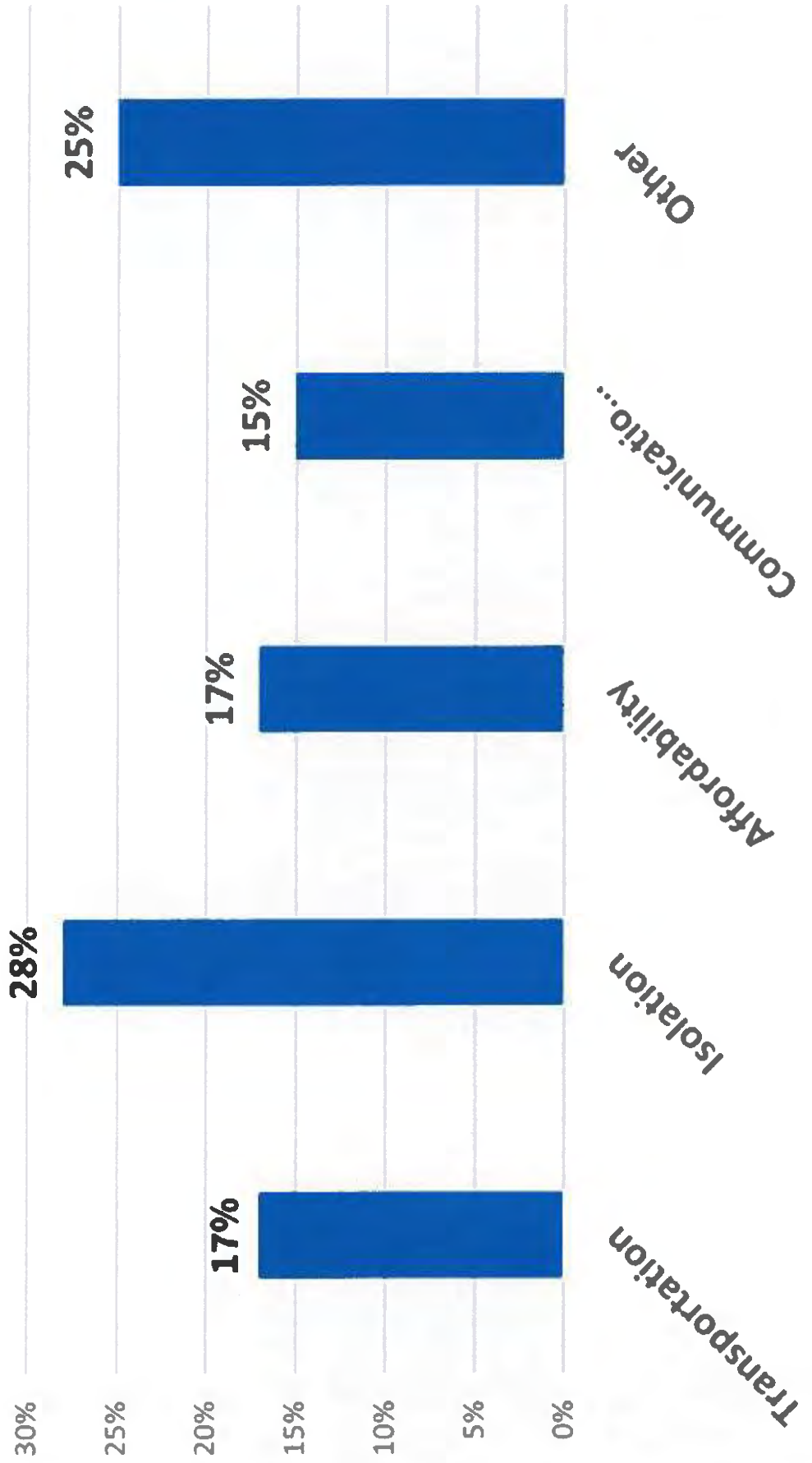
# What are the top three areas of concern for older adults in our community?



### In your experience, what are the programs & services that are meeting the needs of older Vermonters age 60 & over?



### What, if any, do you feel are the gaps related to community supports for older adults?



## Appendix A

### **AREA AGENCY ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2020**

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

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.*

#### **Sec. 305, ORGANIZATION**

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

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

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

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

*Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.*

### **Sec. 306, AREA PLANS**

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and

older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(C) legal assistance;

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited

English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

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

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

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

(B) provide assurances that the area agency on aging will use outreach efforts that will—

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

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

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

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;

- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

- (g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
- (1) contracts with health care payers;
  - (2) consumer private pay programs; or
  - (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

**Sec. 307, STATE PLANS**

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

- (1) The plan shall—
  - (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
  - (B) be based on such area plans.
- (2) The plan shall provide that the State agency will—
  - (A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
  - (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
  - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
- (3) The plan shall—
  - (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
  - (B) with respect to services for older individuals residing in rural areas—
    - (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

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

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

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

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

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

(B) The plan shall provide assurances that—

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

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

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

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

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

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

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

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

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

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

(11) The plan shall provide that with respect to legal assistance —

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

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

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

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

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

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

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

## **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS**

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

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

\_\_\_\_\_  
*Date*

**State Plan Guidance  
Attachment B**

**INFORMATION REQUIREMENTS**

**IMPORTANT:** States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

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

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

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

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

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

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

**Section 307(a)(2)**

The plan shall provide that the State agency will —...

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

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

The plan shall—

...

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

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

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

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

**Section 307(a)(10)**

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

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

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

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

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

**Section 307(a)(21)**

The plan shall —

...

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

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

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

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

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

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

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

**Section 705(a) ELIGIBILITY —**

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

*(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

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

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

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

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

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

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

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

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

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

*(ii) receipt of reports of elder abuse;*

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

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

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

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

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

## ATTACHMENT E

### STANDARD STATE PROVISIONS FOR CONTRACTS AND GRANTS

Revised December 7, 2023

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

**2. Entire Agreement:** This Agreement, whether in the form of a contract, State-funded grant, or Federally-funded grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect. Where an authorized individual is either required to click-through or otherwise accept, or made subject to, any electronic terms and conditions to use or access any product or service provided hereunder, such terms and conditions are not binding and shall have no force or effect. Further, any terms and conditions of Party’s invoice, acknowledgment, confirmation, or similar document, shall not apply, and any such terms and conditions on any such document are objected to without need of further notice or objection.

**3. Governing Law, Jurisdiction and Venue; No Waiver of Jury Trial:** This Agreement will be governed by the laws of the State of Vermont without resort to conflict of laws principles. Any action or proceeding brought by either the State or the Party in connection with this Agreement shall be brought and enforced in the Superior Court of the State of Vermont, Civil Division, Washington Unit. The Party irrevocably submits to the jurisdiction of this court for any action or proceeding regarding this Agreement. The Party agrees that it must first exhaust any applicable administrative remedies with respect to any cause of action that it may have against the State regarding its performance under this Agreement. Party agrees that the State shall not be required to submit to binding arbitration or waive its right to a jury trial.

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

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

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

## 7. Defense and Indemnity:

1. The Party shall defend the State and its officers and employees against all third-party claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party in connection with the performance of this Agreement. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit. The State retains the right to participate at its own expense in the defense of any claim. The State shall have the right to approve all proposed settlements of such claims or suits.
2. After a final judgment or settlement, the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party in connection with the performance of this Agreement.
3. The Party shall indemnify the State and its officers and employees if the State, its officers, or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party or an agent of the Party in connection with the performance of this Agreement.
4. Notwithstanding any contrary language anywhere, in no event shall the terms of this Agreement or any document furnished by the Party in connection with its performance under this Agreement obligate the State to (1) defend or indemnify the Party or any third party, or (2) otherwise be liable for the expenses or reimbursement, including attorneys' fees, collection costs or other costs of the Party or any third party.

**8. Insurance:** During the term of this Agreement, Party, at its expense, shall maintain in full force and effect the insurance coverages set forth in the Vermont State Insurance Specification in effect at the time of incorporation of this Attachment C into this Agreement. The terms of the Vermont State Insurance Specification are hereby incorporated by reference into this Attachment C as if fully set forth herein. A copy of the Vermont State Insurance Specification is available at: <https://aoa.vermont.gov/Risk-Claims-COI>.

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

**10. False Claims Act:** Any liability to the State under the Vermont False Claims Act (32 V.S.A. § 630 et seq.) shall not be limited notwithstanding any agreement of the State to otherwise limit Party's liability.

**11. Whistleblower Protections:** The Party shall not discriminate or retaliate against one of its employees or agents for disclosing information concerning a violation of law, fraud, waste, abuse

of authority, or acts threatening health or safety, including but not limited to allegations concerning the False Claims Act. Further, the Party shall not require such employees or agents to forego monetary awards as a result of such disclosures, nor should they be required to report misconduct to the Party or its agents prior to reporting to any governmental entity and/or the public.

## **12. Use and Protection of State Information:**

1. As between the State and Party, “State Data” includes all data received, obtained, or generated by the Party in connection with performance under this Agreement. Party acknowledges that certain State Data to which the Party may have access may contain information that is deemed confidential by the State, or which is otherwise confidential by law, rule, or practice, or otherwise exempt from disclosure under the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq. (“Confidential State Data”).
2. With respect to State Data, Party shall:
  1. take reasonable precautions for its protection;
  2. not rent, sell, publish, share, or otherwise appropriate it; and
  3. upon termination of this Agreement for any reason, Party shall dispose of or retain State Data if and to the extent required by this Agreement, law, or regulation, or otherwise requested in writing by the State.
3. With respect to Confidential State Data, Party shall:
  1. strictly maintain its confidentiality;
  2. not collect, access, use, or disclose it except as necessary to provide services to the State under this Agreement;
  3. provide at a minimum the same care to avoid disclosure or unauthorized use as it provides to protect its own similar confidential and proprietary information;
  4. implement and maintain administrative, technical, and physical safeguards and controls to protect against any anticipated threats or hazards or unauthorized access or use;
  5. promptly notify the State of any request or demand by any court, governmental agency or other person asserting a demand or request for Confidential State Data so that the State may seek an appropriate protective order; and

6. upon termination of this Agreement for any reason, and except as necessary to comply with subsection B.iii above in this section, return or destroy all Confidential State Data remaining in its possession or control.
4. If Party is provided or accesses, creates, collects, processes, receives, stores, or transmits Confidential State Data in any electronic form or media, Party shall utilize:
  1. industry-standard firewall protection;
  2. multi-factor authentication controls;
  3. encryption of electronic Confidential State Data while in transit and at rest;
  4. measures to ensure that the State Data shall not be altered without the prior written consent of the State;
  5. measures to protect against destruction, loss, or damage of State Data due to potential environmental hazards, such as fire and water damage;
  6. training to implement the information security measures; and
  7. monitoring of the security of any portions of the Party's systems that are used in the provision of the services against intrusion.
5. No Confidential State Data received, obtained, or generated by the Party in connection with performance under this Agreement shall be processed, transmitted, stored, or transferred by any means outside the United States, except with the express written permission of the State.
6. Party shall notify the State within twenty-four hours after becoming aware of any unauthorized destruction, loss, alteration, disclosure of, or access to, any State Data.
7. State of Vermont Cybersecurity Standard Update: Party confirms that all products and services provided to or for the use of the State under this Agreement shall be in compliance with State of Vermont Cybersecurity Standard Update in effect at the time of incorporation of this Attachment C into this Agreement. The State of Vermont Cybersecurity Standard Update prohibits the use of certain branded products in State information systems or any vendor system, and a copy is available at: <https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>.
8. In addition to the requirements of this Section 12, Party shall comply with any additional requirements regarding the protection of data that may be included in this Agreement or required by law or regulation.

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

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

**15. Offset:** The State may offset any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any offset of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided in 32 V.S.A. § 3113.

**16. Taxes Due to the State:** Party certifies under the pains and penalties of perjury that, as of the date this Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.

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

**18. Child Support:** (Only applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date this Agreement is signed, Party is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order. Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

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

In the case this Agreement is a contract with a total cost in excess of \$250,000, the Party shall provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of

The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), as amended by Section 17 of Act No. 142 (2010) and by Section 6 of Act No. 50 (2011).

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

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

**21. Regulation of Hydrofluorocarbons:** Party confirms that all products provided to or for the use of the State under this Agreement shall not contain hydrofluorocarbons, as prohibited under 10 V.S.A. § 586.

**22. Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party’s principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds. Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State’s debarment list at: <https://bgs.vermont.gov/purchasing-contracting/debarment>.

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

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

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

**26. Marketing:** Party shall not use the State’s logo or otherwise refer to the State in any publicity materials, information pamphlets, press releases, research reports, advertising, sales

promotions, trade shows, or marketing materials or similar communications to third parties except with the prior written consent of the State.

**27. Termination:**

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

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

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

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

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

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

is not required, only the Subrecipient Annual Report is required. A Single Audit is required if the subrecipient expends \$750,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

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

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

### **32. Requirements Pertaining Only to State-Funded Grants:**

1. **Certification Regarding Use of State Funds:** If Party is an employer and this Agreement is a State-funded grant in excess of \$1,000, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party’s employee’s rights with respect to unionization.

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

(End of Standard Provisions)

## BUSINESS ASSOCIATE AGREEMENT

### SOV CONTRACTOR/GRANTEE/BUSINESS ASSOCIATE:

**Central Vermont Council on Aging/CVCOA**

### SOV CONTRACT NO. AREA PLAN

CONTRACT EFFECTIVE DATE: \_\_\_\_\_

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

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

#### The parties agree as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“*Targeted Unsuccessful Security Incident*” means an *Unsuccessful Security Incident* that appears to be an attempt to obtain unauthorized Access, Use, Disclosure, modification or destruction of

the Covered Entity's *Electronic PHI*.

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

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

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

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

**3. Permitted and Required Uses/Disclosures of PHI.**

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

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

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

**4. Business Activities.** *Business Associate* may Use *PHI* if necessary for *Business Associate's* proper management and administration or to carry out its legal responsibilities. *Business Associate* may Disclose *PHI* for *Business Associate's* proper management and administration or to carry out its legal responsibilities if a Disclosure is *Required by Law* or if

*Business Associate* obtains reasonable written assurances via a written agreement from the Person to whom the information is to be Disclosed that such *PHI* shall remain confidential and be Used or further Disclosed only as *Required by Law* or for the purpose for which it was Disclosed to the Person, and the Agreement requires the Person to notify *Business Associate*, within five (5) business days, in writing of any *Breach* of Unsecured *PHI* of which it is aware. Such Uses and Disclosures of *PHI* must be of the minimum amount necessary to accomplish such purposes.

## 5. Electronic PHI Security Rule Obligations.

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

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

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

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

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

e) Following such report, provide Covered Entity with the information necessary for Covered Entity to investigate any such incident; and

f) Continue to provide to Covered Entity information concerning the incident as it becomes available to it.

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

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

## 6. **Reporting and Documenting Breaches.**

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

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

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

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

8. **Providing Notice of Breaches.**

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

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

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

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

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

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

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

12. **Accounting of Disclosures.** *Business Associate* shall document Disclosures of *PHI* and all information related to such Disclosures as would be required for Covered Entity to respond to a request by an *Individual* for an accounting of disclosures of *PHI* in accordance with 45 CFR § 164.528. *Business Associate* shall provide such information to Covered Entity or as directed by Covered Entity to an *Individual*, to permit Covered Entity to respond to an accounting request. *Business Associate* shall provide such information in the time and manner reasonably designated

by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any accounting request that *Business Associate* directly receives from an *Individual*.

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

**14. Termination.**

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

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

**15. Return/Destruction of PHI.**

15.1 *Business Associate* in connection with the expiration or termination of the Contract or Grant shall return or destroy, at the discretion of the Covered Entity, *PHI* that *Business Associate* still maintains in any form or medium (including electronic) within thirty (30) days after such expiration or termination. *Business Associate* shall not retain any copies of *PHI*. *Business Associate* shall certify in writing and report to Covered Entity (1) when all *PHI*

has been returned or destroyed and (2) that *Business Associate* does not continue to maintain any *PHI*. *Business Associate* is to provide this certification during this thirty (30) day period.

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

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

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

**18. Miscellaneous.**

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

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

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

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

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



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

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

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

Rev. 05/21/2019

**AGENCY OF HUMAN SERVICES' CUSTOMARY CONTRACT/GRANT PROVISIONS**

1. **Definitions:** For purposes of this Attachment F, the term “Agreement” shall mean the form of the contract or grant, with all of its parts, into which this Attachment F is incorporated. The meaning of the term “Party” when used in this Attachment F shall mean any named party to this Agreement *other than* the State of Vermont, the Agency of Human Services (AHS) and any of the departments, boards, offices and business units named in this Agreement. As such, the term “Party” shall mean, when used in this Attachment F, the Contractor or Grantee with whom the State of Vermont is executing this Agreement. If Party, when permitted to do so under this Agreement, seeks by way of any subcontract, sub-grant or other form of provider agreement to employ any other person or entity to perform any of the obligations of Party under this Agreement, Party shall be obligated to ensure that all terms of this Attachment F are followed. As such, the term “Party” as used herein shall also be construed as applicable to, and describing the obligations of, any subcontractor, sub-recipient or sub-grantee of this Agreement. Any such use or construction of the term “Party” shall not, however, give any subcontractor, sub-recipient or sub-grantee any substantive right in this Agreement without an express written agreement to that effect by the State of Vermont.
  
2. **Agency of Human Services:** The Agency of Human Services is responsible for overseeing all contracts and grants entered by any of its departments, boards, offices and business units, however denominated. The Agency of Human Services, through the business office of the Office of the Secretary, and through its Field Services Directors, will share with any named AHS-associated party to this Agreement oversight, monitoring and enforcement responsibilities. Party agrees to cooperate with both the named AHS-associated party to this contract and with the Agency of Human Services itself with respect to the resolution of any issues relating to the performance and interpretation of this Agreement, payment matters and legal compliance.
  
3. **Medicaid Program Parties** (*applicable to any Party providing services and supports paid for under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver*):

**Inspection and Retention of Records:** In addition to any other requirement under this Agreement or at law, Party must fulfill all state and federal legal requirements, and will comply with all requests appropriate to enable the Agency of Human Services, the U.S. Department of Health and Human Services (along with its Inspector General and the Centers for Medicare and Medicaid Services), the Comptroller General, the Government Accounting Office, or any of their designees: (i) to evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed under this Agreement; and (ii) to inspect and audit any records, financial data, contracts, computer or other electronic systems of Party relating to the performance of services under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver. Party will retain for ten years all documents required to be retained pursuant to 42 CFR 438.3(u).

**Subcontracting for Medicaid Services:** Notwithstanding any permitted subcontracting of services to be performed under this Agreement, Party shall remain responsible for ensuring that this Agreement

is fully performed according to its terms, that subcontractor remains in compliance with the terms hereof, and that subcontractor complies with all state and federal laws and regulations relating to the Medicaid program in Vermont. Subcontracts, and any service provider agreements entered into by Party in connection with the performance of this Agreement, must clearly specify in writing the responsibilities of the subcontractor or other service provider and Party must retain the authority to revoke its subcontract or service provider agreement or to impose other sanctions if the performance of the subcontractor or service provider is inadequate or if its performance deviates from any requirement of this Agreement. Party shall make available on request all contracts, subcontracts and service provider agreements between the Party, subcontractors and other service providers to the Agency of Human Services and any of its departments as well as to the Center for Medicare and Medicaid Services.

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

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

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

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

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

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

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

5. **Non-Discrimination:**

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

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

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

6. **Employees and Independent Contractors:**

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

7. **Data Protection and Privacy:**

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

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

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

**Other Confidential Consumer Information:** Party agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to and uses of personal information relating to any beneficiary or recipient of goods, services or other forms of support. Party further agrees to comply with any applicable Vermont State Statute and other regulations respecting the right to individual privacy. Party shall ensure that all of its employees, subcontractors and other service providers performing

services under this agreement understand and preserve the sensitive, confidential and non-public nature of information to which they may have access.

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

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

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

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

9. **Information Technology Systems:**

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

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

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

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

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

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

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

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

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

10. **Other Provisions:**

**Environmental Tobacco Smoke.** Public Law 103-227 (also known as the Pro-Children Act of 1994) and Vermont's Act 135 (2014) (An act relating to smoking in lodging establishments, hospitals, and child care facilities, and on State lands) restrict the use of tobacco products in certain settings. Party shall ensure that no person is permitted: (i) to use tobacco products or tobacco substitutes as defined in 7 V.S.A. § 1001 on the premises, both indoor and outdoor, of any licensed child care center or afterschool program at any time; (ii) to use tobacco products or tobacco substitutes on the premises, both indoor and in any outdoor area designated for child care, health or day care services, kindergarten, pre-kindergarten, elementary, or secondary education or library services; and (iii) to use tobacco products or tobacco substitutes on the premises of a licensed or registered family child care home while children are present and in care. Party will refrain from promoting the use of tobacco products for all clients and from making tobacco products available to minors.

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

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

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

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

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

ATTACHMENT C

*Area Plan*

**Federal Fiscal years**

**2026-2029**

**RBA Report Cards**

**<<<<DATE>>>>**

## <NAME OF AAA> AREA PLAN UPDATE

### Section C

**Goal/Outcome:**

**PROGRAM:** <Enter existing program you are measuring here>

**WHO does the program serve?**

Give a brief statement/phrase/list to describe who the program serves. Who is meant to benefit from this program?

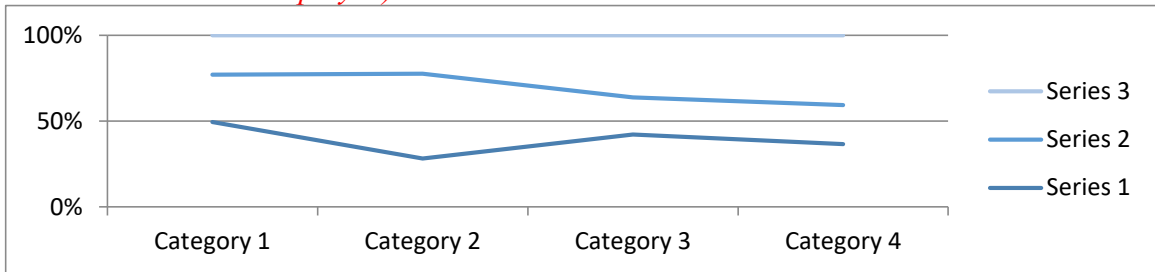
**WHAT does the program do?**

This is the classic program description/list of activities. Not a long narrative – just the high points of what the program does.

**Headline Performance Measures: 3-5/program**

1. <Enter performance measure here>

*Insert chart showing the data. (note: this chart is a clip art example simply showing this is where the data is displayed)*



Story Behind the Curve: Analyze your data. Why does the curve look the way it does? What are the causes and forces at work? What information about the data does the reader need to know? What is the story?

What Works: What do we think would work? What would it take to do better? What has worked in other places outside of our community? What does the research tell us? What does our personal experience tell us?

Partners: Who are the potential partners (people and agencies, public and private). Who have a role to play in doing better?

Action plan: What do we propose to actually do? What will you do to improve/strengthen/sustain performance? This can be a combination of things which could be done immediately and things which are part of a multi-year strategy.

**UPDATES: Provide a narrative that builds on the activities since the previous submission. Include information on developing and active partners, and their roles. Describe current phase of action plan and steps that have been added or revised. (Do not delete previous entry)**

**Update 1** RBA cards only covering October 1, 2025 -December 31, 2025 (three months).Due February 1, 2026:*(Enter narrative here)*

**Update 2** Review of overall plan progress and RBA cards covering January 1, 2026 – June 30, 2026 (six months). Due August 1, 2026: *(Enter narrative here)*

**Update 3** RBA cards only covering July 1, 2026 – December 31, 2026 (six months). Due February 1, 2027: *(Enter narrative here)*

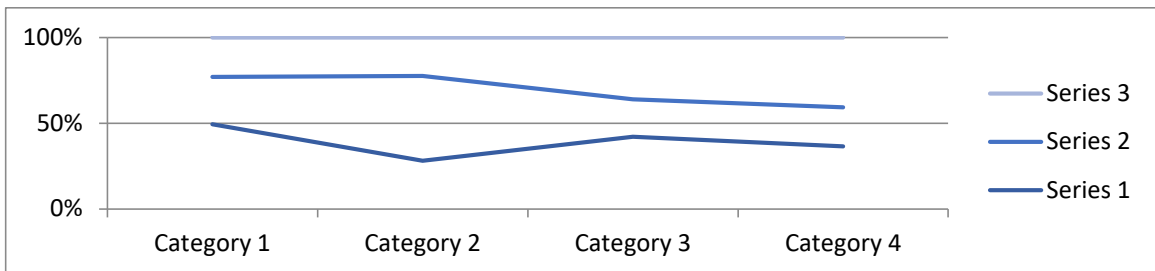
**Update 4** Review of overall plan progress and RBA cards covering January 1, 2027 – June 30, 2027 (six months). Due August 1, 2027: *(Enter narrative here)*

**Update 5** RBA cards only covering July 1, 2027 – December 31, 2027 (sixmonths). Due February 1, 2028: *(Enter narrative here)*

**Update 6** Review of overall plan progress and RBA cards covering January 1, 2028 – June 30, 2028 (six months). Due August 1, 2028: *(Enter narrative here)*

**Update 7** Covering July 1, 2028 – December 31, 2028 (sixmonths). Due February 1, 2029. **Use RBA Summary Template**

**2. <Enter performance measure here>**



Story Behind the Curve:

What Works:

Partners:

Action:

**UPDATES: Provide a narrative that builds on the activities since the previous submission. Include information on developing and active partners, and their roles. Describe current**

**phase of action plan and steps that have been added or revised. (Do not delete previous entry)**

**Update 1** RBA cards only covering October 1, 2025 -December 31, 2025 (three months).Due February 1, 2026:*(Enter narrative here)*

**Update 2** Review of overall plan progress and RBA cards covering January 1, 2026 – June 30, 2026 (six months). Due August 1, 2026: *(Enter narrative here)*

**Update 3** RBA cards only covering July 1, 2026 – December 31, 2026 (sixmonths). Due February 1, 2027: *(Enter narrative here)*

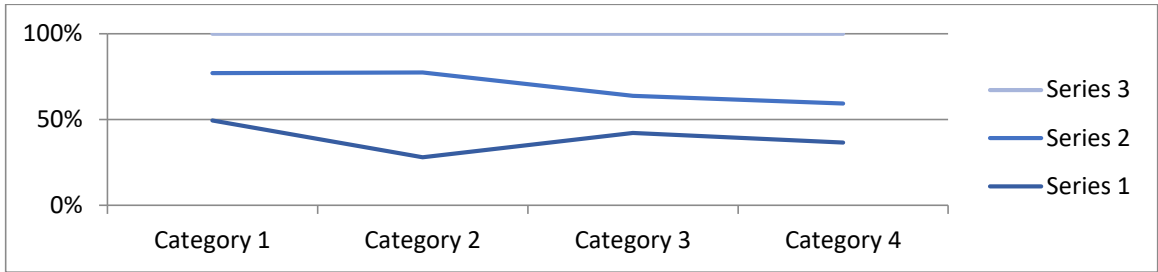
**Update 4** Review of overall plan progress and RBA cards covering January 1, 2027 – June 30, 2027 (six months). Due August 1, 2027: *(Enter narrative here)*

**Update 5** RBA cards only covering July 1, 2027 – December 31, 2027 (six months). Due February 1, 2028: *(Enter narrative here)*

**Update 6** Review of overall plan progress and RBA cards covering January 1, 2028 – June 30, 2028 (six months). Due August 1, 2028: *(Enter narrative here)*

**Update 7** Covering July 1, 2028 – December 31, 2028 (six months). Due February 1, 2029. **Use RBA Summary Template**

**3. <Enter performance measure here>**



Story Behind the Curve:

What Works:

Partners:

Action plan:

**UPDATES: Provide a narrative that builds on the activities since the previous submission. Include information on developing and active partners, and their roles. Describe current phase of action plan and steps that have been added or revised. (Do not delete previous entry)**

**Update 1** RBA cards only covering October 1, 2025 -December 31, 2025 (three months).Due February 1, 2026:*(Enter narrative here)*

**Update 2** Review of overall plan progress and RBA cards covering January 1, 2026 – June 30, 2026 (six months). Due August 1, 2026: *(Enter narrative here)*

**Update 3** RBA cards only covering July 1, 2026 – December 31, 2026 (sixmonths). Due February 1, 2027: *(Enter narrative here)*

**Update 4** Review of overall plan progress and RBA cards covering January 1, 2027 – June 30, 2027 (six months). Due August 1, 2027: *(Enter narrative here)*

**Update 5** RBA cards only covering July 1, 2027 – December 31, 2027 (six months). Due February 1, 2028: *(Enter narrative here)*

**Update 6** Review of overall plan progress and RBA cards covering January 1, 2028 – June 30, 2028 (six months). Due August 1, 2028: *(Enter narrative here)*

**Update 7** Covering July 1, 2028 – December 31, 2028 (six months). Due February 1, 2029. ***Use RBA Summary Template***

**<Enter next program (if applicable) and repeat>**

**ATTACHMENT D  
REQUEST FORM FOR A DIRECT SERVICE WAIVER**

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

**[Insert Name of Agency] requests approval of the State Unit on Aging for direct provision of the following service for Federal Fiscal Years [insert years].**

Service:                      Service Area: (please clearly state if the service is for the entire AAA service area or for a certain geography within the service area)

**Documentation of activities and results of such activities the AAA undertook to seek potential local providers to justify direct provision of service by AAA – please be comprehensive and specific:**

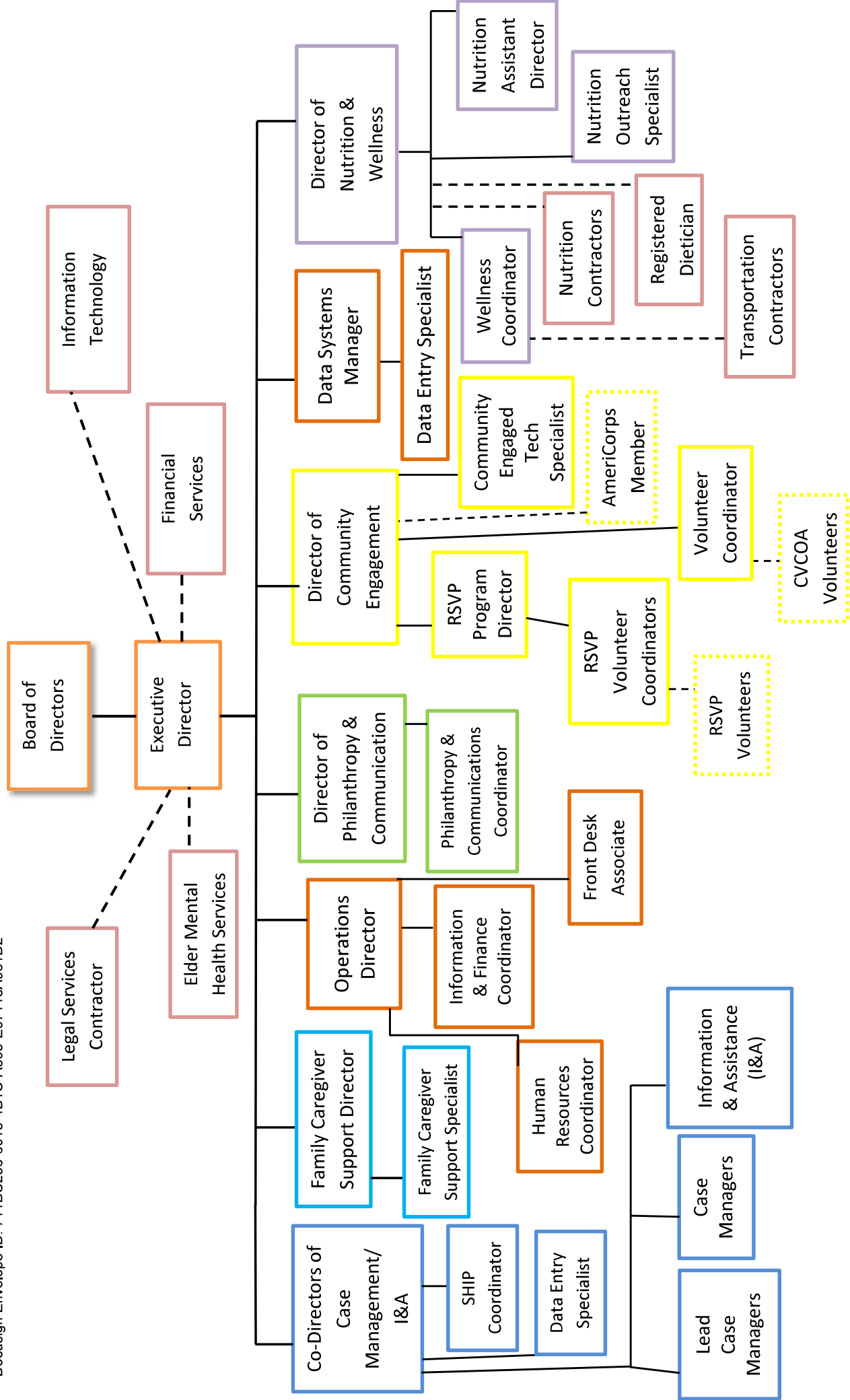
**Documentation of public input process as part of waiver request, including:**

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

**Please be comprehensive and specific:**

**Plan of action to build local provider capacity to provide direct service in the future - please be comprehensive and specific:**

This direct service waiver is approved by: \_\_\_\_\_ for the following time period: \_\_\_\_\_ Today's Date: \_\_\_\_\_



— Direct Supervision  
 - - - Contracted Service  
 - - - - - Volunteers

**Central Vermont Council on Aging (CVCOA) Organizational Chart**



## APPENDIX B

### ADVISORY COUNCIL MEMEBERSHIP

Fiscal Year 2025

**Mike Reiderer**

Community Relations Manager, Orange/ N. Windsor  
Tri-Valley Transit  
PO Box 356, 1 L Street  
Randolph VT 05060  
728-3773 [mreiderer@trivalleytransit.org](mailto:mreiderer@trivalleytransit.org)  
Affiliation: contracted transit provider

**Sue Pirie**

Director  
Chelsea Senior Center  
United Church, PO Box 44  
Chelsea VT 05038  
658-2290 [chelsesseniorcenter@gmail.com](mailto:chelsesseniorcenter@gmail.com)  
S. Royalton Senior Center & S. Strafford Mealsite 4266 VT Route 14  
South Royalton VT 05068  
763-7386 [royaltonseniors@gmail.com](mailto:royaltonseniors@gmail.com) Affiliation: contracted nutrition programs

**Susan Bartlett**

Hyde Park VT  
[senatorbartlett@comcast.net](mailto:senatorbartlett@comcast.net)  
Affiliation: family caregiver & former legislator

**Mark Schmoll**

Eldercare Clinician Program Director Washington County Mental Health Services  
PO Box 647  
Montpelier VT 05601  
223-6328 [Mark.Schmoll@wcmhs.org](mailto:Mark.Schmoll@wcmhs.org)  
Affiliation: contracted Eldercare Clinician program

Central Vermont Council on Aging

Executive Director

John Mandeville  
(802)476-2676 [jmandeville@cvcoa.org](mailto:jmandeville@cvcoa.org)

Board of Directors, Fiscal Year 2025

Paula Otenti (President) 3<sup>rd</sup> Term ends September 2026  
150 Zdon Road, Middlesex VT 05602  
(802)505-5272 [Renaissancewoman17@gmail.com](mailto:Renaissancewoman17@gmail.com) or [potenti@cvcoa.org](mailto:potenti@cvcoa.org)

Theresa Ojala (Vice President) 1<sup>st</sup> Term ends September 2025  
206 W Cobble Hill Road, Barre, VT 05641  
(928)715-7856 [Theresa.Ojala@cvmc.org](mailto:Theresa.Ojala@cvmc.org)

Dan Hayes (Treasurer) 1<sup>st</sup> Term ends September 2026  
849 Darling Road Northfield Vermont 05663  
(802)485-6077 [daniel@hundredacreconsulting.com](mailto:daniel@hundredacreconsulting.com)

Susan Zucker (Secretary) 1<sup>st</sup> Term ends September 2026  
103 Moretown Heights  
Moretown, VT 05660  
(802)279-2257 [sue.zucker@gmail.com](mailto:sue.zucker@gmail.com)

Denise Ricker 3<sup>rd</sup> Term ends September 2026  
399 Murray Hill Drive Montpelier VT 05602  
(802)522-5380 [pdricker@comcast.net](mailto:pdricker@comcast.net)

Arthur A. Smith 1<sup>st</sup> Term ends September 2025  
123 Tracy Hill Road Box 88, Roxbury, VT 05669  
(802)485-4882 [attyasmith@gmail.com](mailto:attyasmith@gmail.com)

Robert A Penney 1<sup>st</sup> Term ends September 2025  
834 Center Road, Middlesex VT 05602  
(802)734-6075 [rapvt@icloud.com](mailto:rapvt@icloud.com)

Rebecca Gill 1<sup>st</sup> Term ends September 2025  
1092 VT Route 109 Jeffersonville, VT 05464  
(802)585-5095 [vtgills@gmail.com](mailto:vtgills@gmail.com)

Carol Lyn Rose 1<sup>st</sup> Term ends September 2026  
260 Cityside Drive #58 Montpelier, VT 05602  
(802)249-1117 [rosefox29@comcast.net](mailto:rosefox29@comcast.net)

Debbie Bard 1<sup>st</sup> Term ends September 2026  
406 Mansion Hollow Road  
Waterbury Ctr, VT 05677  
(802)249-9813  
[debandchina@comcast.net](mailto:debandchina@comcast.net)

Claire E. Lindberg  
126 Joslin Hill Road  
Waitsfield, VT 05673  
(609) 240 8672  
[Clindberg6@gmail.com](mailto:Clindberg6@gmail.com)

1<sup>st</sup> Term ends November 2026

## Appendix C

### EMERGENCY PREPAREDNESS/CONTINUITY OF OPERATIONS PLAN CVCOA 2025

1. **Potential hazards** that could create an emergency situation for CVCOA, including both internal and external threats, such as:
  - Flood
  - Ice storm/blizzard/winter storm
  - Power outage
  - Epidemic/pandemic
  - Vandalism, theft
  - Terrorism/national state of emergency
  - Fire
  - Network malfunction/virus
  - Unexpected loss of staff member
  
2. **Critical Assets** that CVCOA has, for consideration in an emergency include:
  - Staff
  - Buildings/offices – Barre, Lamoille, Randolph
  - Equipment including computers/laptops, servers, postage machine, copier/printers
  - Information on back up files (cloud and server) including client information, payroll, benefits, employee information
  - Emergency documents held on server and in Executive Director office
  - Financial files (paper) held in Barre office
  - Office supplies and forms
  - Furniture such as chairs, tables, lamps, cabinets, kitchen, desks, signs
  
3. **Other External assets** include:
  - Accounting Firm (Fothergill, Segale and Valley)
  - Board members
  - Partner agencies
  - Volunteers
  
4. **CRITICAL OPERATIONS (internal)**
  - Payroll
  - Building
  - Bills
  
5. **INTERNAL PROTOCOL IN CASE OF EMERGENCY:**
  - Notify Staff
  - Notify clients
  - Notify landlord
  - Notify IT vender

- Notify Accountants
- Notify Board of Directors
- Arrange for bill paying through accountants
- Secure Credit card/hand checks for purchases

**6. CRITICAL OPERATIONS (Programmatic):**

- Information and Assistance calls/walk-ins, appointments (daily)
- Choices for Care clients visits monthly
- Case management as needed
- Congregate meals per schedule
- Home Delivered meals
- Volunteer management
- Transportation
- Volunteer programs – RSVP, Good Neighbor, agency
- SHIP
- Family Caregiver support services and events
- Wellness Programs

**7. PROGRAM PROTOCOL IN CASE OF EMERGENCY:**

**General:** Establish alternate work sites if necessary. Arrange for phone/internet/computer. Communicate with staff and board.

**Program specific:**

- Case management: Contact Choices for Care and other vulnerable clients. Identify staff able to work and assign clients. Triage Helpline/I&A and urgent client visits based on disaster and staff availability. Persons in charge: Co-Directors of Case Management.
- Information and Assistance/Helpline: Identify staff able to work and assign clients. Triage Helpline/I&A and urgent client visits based on disaster and staff availability. Person in charge: Co-Directors of Case Management.
- Meals/Nutrition: Contact meal sites/Directors to assess capability of serving on-site meals and delivering home delivered meals. Find out what assistance is needed. Find out if clients received emergency meals. Person in Charge: Nutrition and Wellness Director.
- Transportation: Contact transportation providers to determine temporarily closed routes and/or unavailable drivers. Assess CVCOA role to assist clients. Person in charge: Co-Directors of Community and Volunteer Services.

- SHIP: Contact active or vulnerable clients. Cancel/reschedule New to Medicare clients. Activity will depend on time of year (i.e. open enrollment or not). Person in charge: SHIP Coordinator
- Family Caregiver: Contact clients and/or caregivers on respite grant program. Cancel or reschedule Powerful Tools for Caregiver classes and Memory Cafes and Memorable Times as needed. Provide support as needed for caregiver needs. Person in charge: Caregiver coordinator
- Volunteer: Contact active volunteers depending on situation. Assess if volunteers are needed to support emergency. Contact Good Neighbor volunteers/clients/RSVP volunteers. Persons in charge: Community Engagement Director and RSVP Director
- Media/Board/Donor communication: Distribute Press releases as needed, post relevant info on Website/Facebook/Front Porch Forum. Contact donors and board as needed. Provide updates and public service announcements via media list. Person in charge: Development and Communications Director
- Computer/internet: Contact RB Tech. Determine ability to work, restore server and network, determine data loss and recover data. Persons in charge: Operations Director and RB Tech. All issues of network security are delegated to RB Tech, including computer maintenance, back up, security, anti-virus. Persons in charge: Operations Director or Executive Director
- Agency Communications: CVCOA maintains an emergency phone tree in addition to emergency email and text lists. The executive director or his/her designee will make the decision to implement the phone tree based on the situation. Reasons to implement the phone tree include weather based closures, office emergency, staff death. CVCOA staff have access to the emergency phone tree and to the agency "Weather or Not" policy which delineates how weather closures will be determined. Person in charge: Executive Director or Designee.
- PERSONNEL ISSUES/PAYROLL/Financial  
Payroll is done through a third party, Accountants World, which is a cloud based service, and through Fothergill, Segale and Valley (our accountants). Hand checks may be written by the Executive Director or designated members of management team. Agency credit card may be used with permission by the Executive Director or a member of

management team. Accounting firm is located at a separate location which allows for duplication and back-up in case of emergency.

## **8. ORDER OF SUCCESSION AND DELEGATION OF AUTHORITY**

The Executive Director of CVCOA shall maintain authority unless physically or mentally unable to do so, or unless the ED is unable to be reached via phone, email or text, and there is an immediate need for decision-making. If the ED cannot be reached, and there is an immediate need for decision-making, the Board of Director's President, Vice President, Secretary and/or Treasurer shall be notified. The Co-Directors of Case Management, the Nutrition and Wellness Director, and Operations Director are authorized to make critical decision as needed in the ongoing absence of the ED.

Contact information for all staff positions is available to all staff on the Emergency Contact list, distributed regularly.

Tasks that can be delegated in case of ED absence include but are not limited to:

- Check signing/payroll authorization
- Hiring/termination of staff members

## **9. Emergency Contact Information (other than staff):**

### **a. Accounting Firm**

Fothergill, Segale and Valley, 223-6260, [mike@fsv-cpas.com](mailto:mike@fsv-cpas.com); [kerry@fsv-cpas.com](mailto:kerry@fsv-cpas.com)  
143 Barre Street, Montpelier VT 05602

### **b. Attorney**

Kristina Brines, Paul Frank and Collins, 658-2311, [kbrines@pfclaw.com](mailto:kbrines@pfclaw.com)  
1 Church Street, PO box 1307, Burlington VT 05402-1307

### **c. BANKS/Credit card**

TD Bank (Checking/HRA): 1-800-400-5163  
EastRise Credit Union: 371-5162  
NCFCU (money market: 1-800-660-3258  
Wells Fargo Investments (Investment accounts and CDs): 802-622-0800

### **d. Barre Office:**

All issues with elevators, plumbing, electrical, or other building related issues referred to the landlord, Thom Lauzon. Office: 476-8673; Cell: 793-1033;  
[tlauzon@salvadorandbabic.fom](mailto:tlauzon@salvadorandbabic.fom).

**e. Phones**

First Light, 877-877-2120, [accords@firstlight.net](mailto:accords@firstlight.net)  
150 Pioneer Drive | Williston, VT 05482

**f. Computer/internet**

RBTech, 223-4448, [rubin@rbtechvt.com](mailto:rubin@rbtechvt.com); [helpdesk@cvcoa.org](mailto:helpdesk@cvcoa.org)  
1970 Vermont Rt. 14 South, East Montpelier, VT 05651

**g. Copier Maintenance**

Conway Office Solutions, Chris Sterzinar, 448-9522; 497-7715,  
[csterzinar@conwayoffice.com](mailto:csterzinar@conwayoffice.com) 5 Green Tree Drive, S. Burlington 05403

**h. Insurance**

1) General Insurance Coverage:

All General Insurance is handled by NFP, This includes worker's comp, liability, D & O and all other business related insurance.

Dawn Fernandez, Senior Account Representative  
NFP  
681 Sabattus Street  
Lewiston, ME 04240  
Phone – (207) 502-1017  
Efax – (207) 502-1017  
[Dawn.fernandez@nfp.com](mailto:Dawn.fernandez@nfp.com)

2) Health Insurance

Blue Cross Blue Shield of Vermont  
PO Box 186, Montpelier, VT 05601-0186  
1-800-255-4550  
Group # D64048; BTA # D64048000  
Contact: Derek Obrey, Operations Manager, [obreyd@bcbsvt.com](mailto:obreyd@bcbsvt.com)

3) Dental Insurance

Delta Dental Plan of Vermont  
12 Bacon Street, Suite B, Burlington VT 05401-6140  
1-800-329-2011  
Group # 000070243 00001000  
Account manager: Tim Vartanian, [tvartanian@nedelta.com](mailto:tvartanian@nedelta.com)

4) Vision Insurance

Vision Service Plan Insurance Company (VSP)

3333 QualityDrive, Rancho Cordova, CA 95670  
1-800-216-6248  
Group # 12124644  
Account manager: John Gardner, [gardnerins802@hotmail.com](mailto:gardnerins802@hotmail.com)

i. **Landlords**

1) **Barre office**

Thomas Lauzon, 793-1033/476-8673; [tlauzon@salvadorandbabic.com](mailto:tlauzon@salvadorandbabic.com)  
125 Nelson Street, Barre 05641

2) **Lamoille Office**

Demars Properties, 888-4583  
27 Brooklyn Street, Morrisville 05661  
Jamie Wellcome

5) **Randolph office**

Merchants and Main, LLC  
2 S. Main Street  
Randolph, VT 05060  
Tim Schroeder, Property Manager  
(802) 369-0200

j. **Mediware – data**

(703) 657-1476  
NAPIS: 1-800-318-7260

k. **OFFICE LOCATIONS:**

- 1) Main Office: 59 N. Main Street, Suite 200, Barre, 05641-4121, 479-0531
- 2) Lamoille office: 109 Professional Drive, Morrisville, 05661-8524, 888-1393
- 3) Randolph office: 2 S. Main St., Randolph, VT 05060

l. **Postage:**

Pitney Bowes Purchase Power, # 29164928, serial 98828; 1-800-522-0020  
PO Box 371874, Pittsburg PA 15250-7874

m. **Retirement Companies**

- 1) TIAA: 1-888-842-7782
- 2) American Funds: 1-800-421-9900
- 3) TRowePrice: 1-800-492-7670

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**n. Rubbish Removal**

Casella Waste, 223-7045  
408 E. Montpelier Road, Montpelier VT 05602

**o. Supplies:**

WB Mason Office Supplies, client #C1338156, 888-926-2766  
68 Nesti Drive, S. Burlington 05043

**p. Heating Oil**

Alco Energy,, 223-0126  
2075 VT Rte. 14S  
East Montpelier, VT 05651

**10. CVCOA Critical partners:**

**A. Area Agencies on Aging (all AAAs have agreed to support each other in case of local emergency/inability to staff critical functions)**

- 1) **Age Well**, Jane Catton, 662-1069, 875 Roosevelt Hwy, Ste 210, Colchester, VT 05446, [jcatton@agewellvt.org](mailto:jcatton@agewellvt.org)
- 2) **Senior Solutions**, Mark Boutwell, 885-2655, 38 Pleasant Street, Springfield 05156, [mboutwell@seniorsolutionsvt.org](mailto:mboutwell@seniorsolutionsvt.org)
- 3) **Southwestern Vermont Council on Aging**, Rosemary Greene, 786-5990, 143 Maple Street, Rutland 05701, [rgreene@svcoa.net](mailto:rgreene@svcoa.net)
- 4) **Northeast Kingdom Council on Aging**, Meg Burmeister, 748-5182, 481 Summer Street, Suite 101, St. Johnsbury, 05819, [mburmeister@nekcoa.org](mailto:mburmeister@nekcoa.org)

**B. Home Health Agencies/VNAs:**

- 1) **Central Vermont Home Health and Hospice**, Sandy Rousse, 223-1878, 600 Granger Road, Barre 05641, [srousse@cvhhh.org](mailto:srousse@cvhhh.org)
- 2) **VNA-VNH**, Jeanne McLaughlin, 296-2838, 800-858-1696, 331 Olcott Drive, Suite U1, White River Junction 05001, [jmclaughlin@vnavnh.org](mailto:jmclaughlin@vnavnh.org)
- 3) **Lamoille Home Health and Hospice**, Kathy Demars, 888-4641, 54 Farr Avenue, Morrisville 05661, [kdemars@lhha.org](mailto:kdemars@lhha.org)
- 4) **Bayada**, Tamara Roy, Client Services Manager, 857-5030, 600 Blair Park Rd., Williston, VT 05495, [troy@bayada.com](mailto:troy@bayada.com).

**C. Senior Centers and Meal sites:**

- 5) **Chelsea Senior Center**, Susan Pirie, 685-2290, PO Box 44, Chelsea 05038, [chelseaseniorcenter@gmail.com](mailto:chelseaseniorcenter@gmail.com)
- 6) **City Hotel Café**, Bob Woodward, 479-9175, 14 Washington St, Barre 05641, [bob@barrehousing.org](mailto:bob@barrehousing.org)

- 7) **Mad River Valley Seniors**, Gretchan Hernandwz, 496-2543, 5308 Main Street, Waitsfield, 05673, [mrvsc@gmavt.net](mailto:mrvsc@gmavt.net)
- 8) **Meals on Wheels of Lamoille County**, Summer Daniels, 888-5011, 21 Munson Ave., PO Box 1427, Morrisville, 05661, [meals@mowlc.org](mailto:meals@mowlc.org)
- 9) **Montpelier Senior Activity Center**, Kim Myers, 262-6288, 58 Barre Street, Montpelier, VT 05602, [kmyers@montpelier-vt.org](mailto:kmyers@montpelier-vt.org)
- 10) **Northfield Senior Center**, Tim McAdoo, 485-8112, 168 Wall Street, Northfield 05663. [director@greaternorthfieldseniors.org](mailto:director@greaternorthfieldseniors.org)
- 11) **Orange East Senior Center**, Vicky Chaffee, 222-4782, 176 Waits Road, Bradford, 05033, [vchaffeeoesc@yahoo.com](mailto:vchaffeeoesc@yahoo.com)
- 12) **Quintown Senior Center**, Nicole Lambert, 767-3763, 1097 VT Rte. 100,, Hancock 05748, [quintownsc@gmail.com](mailto:quintownsc@gmail.com)
- 13) **Randolph Senior Center**, Emilie Daniel, 728-9324, 6 Hale Street, Randolph 05060, [randolphsc@gmail.com](mailto:randolphsc@gmail.com)
- 14) **South Royalton Senior Center**, Susan Pirie, 763-7386, 4266 Vt Route 14, PO Box 344, S. Royalton, 05068, [royaltonseniors@gmail.com](mailto:royaltonseniors@gmail.com)
- 15) **South Strafford Meal Site**, Susan Pirie, 765-4121, Barrett Memorial Hall, 248 VT Rte. 132S, Strafford, VT 05068
- 16) **Twin Valley Senior Center**, Denise Wheeler, 223-3322, 4583, US Route 2, Blueberry Hill, PO Box 152, East Montpelier 05651, [director@twinvalleyseniors.org](mailto:director@twinvalleyseniors.org)
- 17) **Waterbury Area Senior Center**, Char Sugai, 244-1234, 14 Stowe Street, Waterbury 05676, [charlene@wasca.org](mailto:charlene@wasca.org)

**D. Transit providers:**

- 1) **Green Mountain Transit**, Monica White, Director of Central Vermont Services 540-2468, 6088 VT Route 12, Berlin VT 05602, [mwhite@ridegmt.com](mailto:mwhite@ridegmt.com)
- 2) **Tri-Valley Transit**, Mike Reiderer, Regional Director, 728-3773, P.O. Box 365, Randolph, VT 05495
- 3) **RCT Transportation**, Caleb Grant, 748-8170 x 305, 1677 Industrial Parkway, Lyndonville 05851 or 171 Bridge St, Morrisville, 05661, [caleb@riderct.org](mailto:caleb@riderct.org)

**E. One Care**, Kiah Palumbo, Value Based Care Manager, , 760-9471, [kiah.palumbo@onecarevt.org](mailto:kiah.palumbo@onecarevt.org)

**F. HomeShare Vermont**, Amy Jelen, Program Director, 863-5625, 412 Farrell St., Ste. 300, So. Burlington, VT 05403, [amy@homesharevermont.org](mailto:amy@homesharevermont.org).

**G. SASH**, Molly Dugan, 859-8803, 412 Farrell Street, Suite 100, S. Burlington 05403, [sash@cathedralsquare.org](mailto:sash@cathedralsquare.org)

- H. State of Vermont/DAIL**, Angela Smith-Dieng, 241-0309, HC 2 South, 280 State Drive, Waterbury 05671; angela.smith-dieng@vermont.gov
- I. Capstone Community Action**, 800-639-1053, 20 Gable Place, Barre 05641