STATE PLAN ON AGING

OLDER AMERICANS ACT OF 1965, AS AMENDED

October 1, 2026, to September 30, 2029

Daniel J. McKee, Governor

Maria E. Cimini, Director

Table of Contents

Verification of Intent

This State Plan on Aging is hereby submitted for the State of Rhode Island by the Rhode Island Office of Healthy Aging for the period October 1, 2026, through September 30, 2029. The Governor of Rhode Island has designated the Office of Healthy Aging within the Department of Human Services as the sole state agency authorized to develop and administer the State Plan on Aging in accordance with all the requirements of the Older Americans Act, as amended. As the State Unit on Aging, the Office of Healthy Aging is tasked with the responsibility for the coordination of all State activities related to and administration of funds under the Older Americans Act. The State Plan on Aging puts forth the State's primary obligation for coordinating all State activities related to the Older Americans Act for the next three years, including, but not limited to, the development of comprehensive and coordinated systems for the delivery of supportive services along with all the goals, objectives, and assurances to be implemented under provisions of the Older Americans Act. The Office of Healthy Aging's mission is to enhance and promote the quality of life for older adults, adults living with disability, and their caregivers, at home and in the community. The plan is hereby approved by the Governor and the Office of Healthy Aging/State Unit on Aging Director and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary for Aging. The Rhode Island State Plan on Aging has been developed in accordance with all federal statutory and regulatory requirements and is hereby approved by the State Unit on Aging Director. The Office of Healthy Aging assures that it will comply with the specific program and administrative provisions of the Older Americans Act.

As the Single State Agency, the Office of Healthy Aging has the statutory authority to develop and administer the State Plan on Aging, in accordance with all requirements of the Act, and is primarily responsible for the development of comprehensive and coordinated systems for the delivery of services to older adults and family caregivers, and to serve as the effective and visible advocate for those it serves.

The State Plan on Aging for Federal Fiscal Years 2027 through 2029, hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

I hereby approve this Plan as His Excellency, Governor Daniel J. McKee's designee and submit it for approval to the Assistant Secretary for Aging, Administration on Aging, U.S. Department of Health and Human Services.

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Maria E. Cimini Date
Director
Rhode Island Office of Healthy Aging

Executive Summary

As the Designated State Unit on Aging, the Rhode Island Office of Healthy Aging (OHA) is charged with developing and administering a State Plan on Aging (Plan), in compliance with all federal statutory and regulatory requirements. The Plan carries out the objectives of the federal Older Americans Act, Administration for Community Living, and the State of Rhode Island. As Rhode Island's chief advocate for people over 55 years of age and family caregivers, OHA coordinates all state activities under the purview of the Older Americans Act and administers funding under Titles III and VII.

Rhode Island is committed to fostering healthy economies and vibrant neighborhoods, and we understand that achieving these goals requires thoughtful planning and a concerted effort from stakeholders. As laid out in Governor McKee's *RI 2030 Plan: Charting a Course for the Future of the Ocean State*, we are committed to easing the financial burden on Rhode Island's older adults by investing in workforce transition programs, increasing support for in-home care, and funding mental health and healthcare services to ensure they are supported and can thrive. Our commitment to health and wellness encompasses physical and behavioral health for all Rhode Islanders. Together, these efforts are designed to create a healthier Rhode Island where every individual has the opportunity to lead a safe, fulfilling life.

As with many other states, Rhode Island's population is becoming both older and more diverse. Rhode Island's older adult population is growing fast—now making up over 25% of the state's residents versus 16.8% of the national population[1]—and it's becoming more diverse, more educated, and skewing toward the younger end of the aged 60 and over cohort due to maturing baby boomers. As of 2024, Rhode Island was one of only 11 states where older adults outnumber children[2], and the Rhode Island Division of Statewide Planning identified the age 60 and older cohorts as the only ones to grow in population through 2030, while the younger age cohorts shrink.

As the population ages, older adults continue to contribute to our families and communities, and we must continue to develop and enhance supports that help older adults access the assistance needed when the time comes, ensuring that aging with dignity and maintaining independence is a priority. Recognizing an individual's cultural heritage deeply informs their aging goals, we engage different ethnic, cultural, linguistic, and faith communities in all initatives.

On March 8, 2022, Governor Daniel J. McKee appointed Maria E. Cimini as director of OHA to build upon the Office's progress and accelerate its work on behalf of older Rhode Islanders Under the director's stewardship, OHA has continued to play a critical role in advancing the well-being of its constituents and preparing the State to meet the demands of this growing and vital population. Since 2022, the State of Rhode Island's general revenue investments in OHA programs and services increased over 28%, and two additional full time equivalent positions have been allocated to OHA, bringing total staff count to 33 full time equivalents. These investments have been achieved through the support of the governor and partnership with the general assembly.

[1] https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html
[2] https://www.census.gov/newsroom/press-releases/2025/older-adults-outnumber-children.html

Thoughtful planning ensures we seize the opportunities to build upon the knowledge and experience of older adults, as well as strategically respond to support all Rhode Islanders as we grow older, to age with dignity and respect, build upon invaluable contributions by older adults, whether as workers, volunteers, caregivers or entrepreneurs.

The Office of Healthy Aging recognizes that people's needs are diverse and multi-dimensional as they age. The Plan, which sets forth a strategic framework and measurable goals, will serve as OHA's blueprint from October 1, 2026, through September 30, 2029, to strengthen organizational operations and program offerings that help those OHA serves live well and in the manner they choose. This work is anchored in a people-centered philosophy where older adults are the architects of their aging. An increasingly significant part of OHA's work happens in spaces where aging is not the primary focus, but where outcomes matter deeply for older Rhode Islanders – housing, transportation, behavioral health, workforce, and public health, to name a few. OHA ensures we and our staff are at these tables, ensuring that aging is part of every conversation, not an afterthought.

In designing Rhode Island's Plan, OHA sought to create a document that builds on best practices and what was learned during consumer, stakeholder, and key-informant listening sessions to best meet the needs of Rhode Islanders. To accomplish that goal, we have engaged a robust community input process including solicited feedback from focus groups, surveys and public comment on the plan. Through six focus groups engaging older adults and family caregivers from geographically diverse locations, and one solely focused on soliciting feedback from community partners and providers, one hundred forty (140) older adults shared their thoughts on aging in RI and what they see as the obstacles and opportunities for aging in RI.

OHA believes the best way to support people is to meet them where they are. Through 2029, the agency will build on a place-based approach to service delivery, by investing in a network of programs that offer geographic diversity, but also ensuring access to programming that meets differing mobility, communication, and cultural needs. We support people "where they are" by offering funding and support to each municipality in the state. And, we support people "where they are" by offering funding and support to organizations serving cultural communities or other demographic populations, such as the: Narragansett Indian Council, Deaf Senior Center, Progreso Latino, and Pride in Aging.

The COVID pandemic changed how Rhode Island delivers and experiences aging services. It exposed gaps in coordination, access, and connection. It also accelerated innovation. OHA carries both forward. We are building on the expansion of digital tools, remote access, and coordinated outreach that allowed services to continue during a period of physical distancing. These tools increased reach and created new entry points for many Rhode Islanders. At the same time, the pandemic reinforced what cannot be replaced. In-person connection, trusted relationships, and community presence remain essential to health, safety, and well-being. Our approach moving forward is not either/or. It is both. We will also address what did not work. COVID revealed fragmentation across systems, barriers to navigation, and the consequences of isolation. Too many people struggled to find help, even when services were available. The next phase of this work is focused on alignment.

We will strengthen coordination across agencies, providers, and community partners. We will continue to advance the Aging and Disability Resource Center as a clear and trusted entry point. And we will ensure that access to services is visible, consistent, and easy to understand.

There should be no wrong door in Rhode Island. Whether someone seeks support online, by phone, or in person, they should be met with a system that responds, connects, and follows through. This is a system

designed not only to respond in moments of crisis, but to support people in living well, staying connected, and aging with stability and purpose.

The Office of Healthy Aging's 2027 through 2029 state plan goals remain consistent from past plans, as people will always deserve to age with dignity, social connection, and in the manner of their choosing. The consistency of these goals allows for sustained, long-term progress. OHA's organizational mission and vision for a comprehensive system of home and community-based services for FFY 2027 through FFY2029 results in the following; goals:

1. Ensure older adults and their caregivers can access the information and programs required for them to lead healthy and fulfilling lives.
2. Engage older adults, family caregivers, and other community partners, utilizing various communication strategies that are accessible, linguistically appropriate, delivered via assorted mediums.
3. Ensure older adults can live safely and independently, enjoying a high quality of life while aging in place.
4. Strengthen support systems for all caregivers, both paid and unpaid.
5. Ensure the rights, safety, independence, and dignity of older adults.
6. Ensure OHA's programs and investments are in line with, and informed by, people's needs.

Context

The Rhode Island Department of Elderly Affairs was created in 1977 by Title 42 Chapter 66 of the Rhode Island General Laws. It outlined the organization and function of the Department. As of July 1, 2011, through a State reorganization, the Department of Elderly Affairs became the Division of Elderly Affairs under the Department of Human Services. In 2019, the state General Assembly approved an official name change to the Office of Healthy Aging to better reflect the goals of the Office and in response to a discomfort among older adults with the term "elderly" which no longer seemed to match the experience of aging in the twenty-first century. OHA continues to serve as the State Unit on Aging and is led by a director who is appointed by and reports to the Governor. A full-time staff of thirty-three (33) full- time equivalents ("FTE") carry out the responsibilities of the Office with an annual budget for the SFY2026 of approximately $38.9 million dollars.

OHA administers Older Americans Act funding under Titles III and VII for Senior Nutrition, Adult Protective Services/Elder Rights and Safety, Senior Centers and Supportive Services, Information, Referral and Assistance, Health Promotion, Legal Services, Caregiver Supports and Respite Services, and the Long-Term Care Ombudsman. OHA staff administer nearly 200 sub-awards and grants to community-based organizations that include nutrition providers, senior centers, regional case management agencies, and other community-based organizations that serve older Rhode Islanders. Staff are responsible for program monitoring, policy, planning and program development, providing technical assistance as well as informational resources to all community grant recipients and local municipalities in the development of local senior programming.

Our work at the Rhode Island Office of Healthy Aging (OHA) is centered around meeting the short-and long-term needs of these populations. Through protection, connection, and care, OHA works to ensure the safety of older adults, advocates for and connects to resources to have basic needs met, works with government and community agencies to develop collective solutions to challenges and amplifies the

voices of older adults as they age. Inherent in this belief is an acknowledgment that people's needs, and preferences, are diverse and multi-dimensional as they age, and that people are best served when we take a holistic approach and align efforts and resources across public and private sectors.

OHA continues its leadership and focus on enhancing partnerships, integrating programming, and maximizing available funding to strengthen supports for older adults and their caregivers. Over the first quarter of 2026, OHA convened six community focus groups, one provider focus group, and one stakeholder focus group with the Governor's Advisory Commission on Aging. Insights from residents throughout Rhode Island became the foundation of this plan, and provider and stakeholder observations brought additional insights. This new Plan provides the strategic framework for OHA's work over the next three years and will inform our decision making with state resources, federal discretionary grants, and Older Americans Act funding (Titles III and VII) across key program areas.

Research shows that most people desire to age in community whenever possible. By supporting this aim, we not only promote better health outcomes and quality of life –for older adults and their caregivers – but also help stall, if not avoid, more costly institutional care and strain on Medicare, Medicaid, and other social security programs. Success in our work would not be possible without many partners across government, community, and business. Through the 2027-2029 State Plan on Aging, OHA will continue to foster collaboration and partnership to benefit Rhode Islanders. At the same time, we will remain engaged with those we serve, refining goals and success measures as required, to ensure our work remains relevant and responsive to people's needs and preferences.

Highlights of Recent and Current Activities

- The Health and Human Services Secretariat in Rhode Island is spearheading a multi-agency effort to modernize our state's Long-Term Services and Supports (LTSS) structure. An integral component of that redesign, which includes the integration of No Wrong Door (NWD) approach, Conflict Free Case management (CFCM), and Person-Centered Options Counseling (PCOC), is the Aging and Disability Resource Center (ADRC). The ADRC has been and will continue to be, a major focus of the Office of Healthy Aging. OHA continues to support and enhance the Rhode Island ADRC, better aligning the ADRC with current vision and connecting more deeply with customers and stakeholders.
- In 2025, OHA undertook a rebranding of the ADRC – formerly known as the POINT - which clarified the mission and future direction for the ADRC and their service to older Rhode Islanders, adults living with disabilities, and family caregivers. The ADRC fielded over 20,000 inquiries, serving over 6,000 Rhode Islanders in FFY25 with information and guidance, options counseling, and application assistance.
- In 2023, OHA led an important pilot for PCOC- collaborating with the Executive Office of Health and Human Services (EOHHS), and offered decision support for consumers in need of or at risk for Medicaid LTSS. Expanding upon that work and partnership, in July 2025 OHA secured a competitive Enhancing State No Wrong Door Systems for Efficient Access to Long-Term Services and Supports two-year grant. OHA's goals under this work include: Improve user access and service coordination across multiple agencies to ensure individuals receive appropriate support regardless of the initial point of entry; develop ongoing support structure for data systems, diversify funding to establish Medicaid administrative claims; and, create coordinated, efficient training for NWD LTSS counselors. OHA looks forward to continuing this work in the second year of the two-year grant cycle.
- The partnership between the Office of Healthy Aging and the University of Rhode Island's Cyber-Seniors program has been nationally recognized as a "program of distinction" by Generations United for their work to improve the lives of children and older adults through intergenerational collaboration. The Cyber-Senior program was deployed by OHA to bridge the technology and generational gap as students help teach older adults to use technological devices. Generations United described Cyber-Seniors as part of an elite class of

intergenerational programs that demonstrate excellence in bringing together people of different ages for mutual benefit and positive impact.

- Through strong partnership with elected and executive agencies, the Office of Healthy Aging's State Health Insurance Assistance Program (SHIP) assisted many of the 20,000 Rhode Islanders who lost Medicare Advantage plan coverage at a large hospital system. OHA provided information, counseling, plan evaluation and change supports, while working with CMS to establish a special enrollment period for impacted Rhode Islanders.
- The RI Elder Rights and Safety (ERS) Unit continued to lead in the elder safety space by providing trainings and promoting awareness of elder abuse and neglect, partnering with municipalities on situation tables, and being key participants in the Rhode Island Attorney General's Multi-Disciplinary Team and the RI Coalition for Elder Justice's Self-Neglect Multi-Disciplinary Team

Collaboration with Other State Agencies

OHA continues to expand many of its long-standing partnerships with state sister agencies, primarily those seated under the Executive Office of Health and Human Services.

The success of a statewide LTSS Modernization relies not only on a strong ADRC, but also close partnership with several state agencies. The No Wrong Door (NWD) Initiative and Person-Centered Options Counseling (PCOC) teams are led by the Executive Office of Health and Human Services (EOHHS) and involve active participation of OHA, Department of Human Services (DHS), Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH). With the RI Department of Health (RIDOH), OHA continues to strengthen its participation in the Community Health Network Program, Rural Health Program, and many others, connect individuals more efficiently and effectively with community-based health and wellness programs. Through partnership with the state Department of Children, Youth and Families (DCYF) we connect with grandparent caregivers and other kinship care households.

LTSS Systems and Person-Centered Coordination of Services

Rhode Island continues to streamline and transform its LTSS system into a model that is person-centered, coordinated, data informed, easily accessible, highly visible, and committed to quality. The Rhode Island Executive Office of Health and Human Services (EOHHS) led LTSS redesign efforts include, but not limited to, the following:

- Implemented Wellsky Human Services state-wide data system, supporting CFCM, the OHA At Home Cost Share Program, Title IIIC Congregate meals and IIIE Caregiver Information and Assistance. A single state system aligning with LTSS Modernization and NWD strategic plan goals, interfacing with "RI Bridges (the State's public benefit integrated eligibility system) and the MMIS (the State's claims payment system), is required to support a full transition to a more person-centered quality driven and resilient LTSS system.
- Applied for and received NWD grant supporting ADRC and PCOC enhancement and alignment with NWD principles.
- With our NWD coordinator, OHA is enhancing access and support for PCOC developing better systematic workflows, improved training and resources for PCOC counselors, and effective response times to PCOC requests.
- The State of Rhode Island has continued to invest in State Designated Grants (SDG) supporting senior services in every municipality in the State. Funds have increased each of the past 3 years by $200,000, currently standing at $1.8 million providing direct community-based support for older adults. In 2025 OHA introduced affinity-based SDG awards for vulnerable and at-risk community groups.
- The State and OHA implemented a cloud based subaward system, EUNA (formerly eCivis), as our statewide system for managing and executing all subaward through Title III funds. The system includes

digital budgeting, invoice and grant tracking.

- OHA initiated Program Manager Cohort, hosting monthly meetings designed to bring all OHA program managers together to discuss difficulties, successes and develop effective support and training materials for long term success.

Alzheimer's Disease and Related Disorders

The RI Department of Health (RIDOH) continues to be a critical partner to the Office's work related to Alzheimer's and other dementias. This interagency partnership has collaborated on critical staff training for community partners who were conducting ACL-approved evidence-based disease prevention and health promotion programs. Through implementing the Alzheimer's Disease and Related Disorders (ADRD) 2024-2029 State Plan strategies, the RI community, workforce, health systems, and public health stakeholders have been engaged in ensuring that all Rhode Islanders have access to resources, education, and services to support those impacted by dementia and their caregivers.

Veterans' Services

Through a partnership with the Rhode Island Office of Veterans Services, OHA supports the Veterans' Café. Cafes are held once a month across the state and are a free social dining experience for Veterans and their loved ones. Local community partners, such as the Providence Veterans Affairs Medical Center and the Aging and Disability Resource Center also attend, so Veterans can make one-on-one connections, access on-the-spot claims, file for benefits – all over a nutritious meal.

Behavioral Health

In the area of behavioral health, OHA is increasing its commitment to supporting and serving the older adult population with these special needs. Specific examples include participation in the cross-agency working group for complex protective services cases, sitting on the Governor's Commission on Behavioral Health, participating in the state's behavioral health care transformation planning group, the Long-Term Care Coordinating Council Behavioral Health Workgroup, and the Olmstead work group. OHA continues to work with the State's Behavioral Health 24/7 call in center, BH Link/988, to respond to older adults with mental and behavioral health concerns. OHA continues to participate in meetings and trainings regarding the 988 line and Rhode Island's Certified Community Behavioral Health Clinics and conversations about addressing hoarding disorders. OHA was a key partner to the Governor's Overdose Taskforce as they created an ad campaign promoting resources for overdose prevention among older adults after a spike in older adult opioid use. Additionally, OHA offered a competitive grant focused on increasing awareness and support for Traumatic Brain Injury and Mental Health supports through Title IIIB funds.

Older Adults as Caregivers of Children

As OHA looks for new ways to better support older adults caring for minors, our organization will build on our partnerships with the DCYF's Kinship Advisory Council. Moving forward, OHA hopes to increase its coordination capacity to identify older adults caring for minors and connect them to our Title IIIE-funded grandparents as caregivers programs. OHA has partnered with agencies in the community with individuals having lived experience to provide ongoing support to assist families in accessing services and resources to maximize the safety and well-being of the children. The Kinship Caregiver Support Program provides access to culturally appropriate information and resources via website/print, support through statewide family events and informational meetings for networking and support, and opportunities to voice their concerns at local and statewide engagements with diverse stakeholders.

Connecting Older Adults to Additional Services

The OHA has continued to strengthen partnership with RI DHS and EOHHS. This has been critical to

ensuring information and assistance is available to low-income older adults as we face uncertainty and delays in federal funding. OHA has been convening older adult-serving community partners to ensure they are able to support their program participants through the pause in SNAP benefits in October 2025, and now through the implementation of HR1 as well as financial strain and affordability challenges experienced by those enrolled in coverage through the health exchange marketplace. With the Office being under the DHS organizationally, we are able to bring the unique needs of older adults to the decision-making tables within our state's agency overseeing public benefits and to act as a trusted resource with community partners, like senior centers, who are often counseling anxious older adults when there are benefit changes. Further leveraging the Office's placement within the Department of Human Services, two (2) eligibility technicians from DHS have been assigned to OHA to support older adult access to benefits and in-home services.

Stewardship and Oversight

According to the Rhode Island FFY2025 OAAPS report, the State provides services to an estimated 47,555 consumers, including 13,335 caregivers. A critical service in FFY2025 was nutrition services, which provided over 8,122 meals. OHA ensures holistic, accountable management of aging services in Rhode Island, and ensures that federal and state funds are used effectively to serve vulnerable older adults. OHA seeks to improve the quality of its programs in various ways. Rhode Island's compact geographic area allows for robust monitoring procedures, including monthly programmatic check-ins with service providers, client satisfaction surveys, frequent on-site visits, and on-going quality monitoring.

OHA has worked with the EOHHS to move OAA service recipient data into the state Wellsky Aging & Disability data management system, with HCBS programs going live in 2025, and IIIC and IIID going live in 2026. The data collected allows for a single participant record, including name, DOB, ZIP code, household status, as well as other key demographic details allowing for analysis and measurement of programs reaching those with greatest economic and greatest social needs.

Volunteer Management. The recruitment of volunteers to help staff programs is an important element of the OAA and various ACL programs. To support this requirement, while also intentionally building opportunities for thoughtful volunteer engagement, OHA has on-boarded a Director of Equity and Engagement whose portfolio includes enhanced recruitment, training, and retention of volunteers. Staff overseeing SHIP, Volunteer Guardianship, Senior Companion, share best practices and successes achieved within each program, and utilize a standardized plan of recruitment. Policies and procedures that had been created to provide the entire Rhode Island SMP volunteer workforce with a consistent, safe, and efficient work environment have been adapted for all our volunteers. This teams' efforts will continue to create plans of volunteer training and recognition initiatives. Volunteer recruitment will be a primary focus of the upcoming years as participants of each focus groups expressed a desire to connect to the community through volunteerism.

Technology. As part of the statewide LTSS modernization effort, the PCOC of ADRC is now fully integrated into the State's Wellsky system used in support of the NWD, with CFCM fully integrated in 2025. OHA has worked with EOHHS and other state agency partners to integrate the Nutrition, Family Caregiver, and APS programs into the Wellsky system in 2026, so that consumers of health and human services will have a single record. OHA has worked with the state technology department (ETSS) and vendor (Wellsky) to

ensure APS client records are not available to unauthorized users.

Data Collection; Program Quality. OHA has worked to build capacity and confidence of staff to better understand data submitted by our contracted partners with an eye toward both program improvement and promotion. Beginning in January 2023, Contract Clubs met to review both monthly data submissions and the annual data reporting requirements to make data collection more actionable in real time. Following the Contract Clubs, in 2025 OHA implemented a quarterly Program Managers Meeting, allowing for sharing of best practices, addressing challenges, and an opportunity to identify items that are universal across programs which may need additional attention. The Program Manager Meetings have led to changes to scopes of work in upcoming contracts, improved performance measures, and supported improvement of invoice tracking procedures. The Office is also building partnership with our state's OHHS data ecosystem to use the expertise of state colleague data analysts to better understand our data collected for program improvement and promotion.

Home- and Community-Based Services (HCBS). OHA participates in the state interagency team that is developing cross-agency operational, data collection methods, and oversight of HCBS services that will allow for standardized reporting of required sub assurances in 42 CFR 441.301 and 42 CFR 441.302. This process also includes development of a standardized critical incident management system. OHA currently provides HCBS and Critical Incident information as requested by EOHHS to meet these standards.

Consumer Input. In preparation for the State Plan on Aging, OHA's Director and Director of Equity and Engagement convened six (6) focus groups of older adults and older adult-serving individuals to have in depth conversations with older adults from various geographic communities of the state. Input was also sought of the state's Governor's Commission on Aging as well as from state leaders representing philanthropy, arts and culture, library services, housing, public officials, health providers and more. Feedback from these groups highlighted the need for greater communication and awareness of programmatic offerings, opportunities for older adults to serve their communities, and fully integrating older adults and their needs into planning efforts.

Increase the Business Acumen of Aging Network Partners. In line with our performance focus area, OHA has instituted regular program manager meetings to bring together a team of OHA staff who oversee Title III subawards to understand and improve OHA's subcontracted services with a particular focus on communication and data in order to better serve RI seniors through high quality programming. We continue to work with our partners to improve their business acumen. Strengthening capacity across our network is key to best serving our constituents.

Data & Technology – OHA works with all grantee agencies to improve their data collection and grant reporting and to help partners understand the importance of good data practices to their operations.

Goals, Strategies, and Performance Measures

Through 2029, we will continue to build on our legacy of advocacy and service to older adults in Rhode Island. Each of the core values are operationalized in the goals and objectives below.

GOAL 1: ACCESS – Ensure older adults and their caregivers can access the information and programs required for them to lead healthy and fulfilling lives.

Objective 1.1

Incorporate social determinants of health and caregiver needs into program planning for older Rhode Islanders, ensuring focus on targeting programs and services to populations with greatest economic and greatest social needs.

Strategies:

a. Partner with the RI Department of Labor and Training to educate caregivers about available benefits, such as Temporary Caregiver Insurance and coordinate outreach efforts related to that benefit.
b. Partner with the RI Office of Veterans' Services to ensure older adult Veterans and their family caregivers are informed of services available through OHA and are aware of OAA-funded services.
c. Partner with the RI Department of Health to educate aging network providers about the unique needs of older adults living with HIV/AIDS.
d. Support the Family Caregiver of Alliance to align its workplan with the identified target populations.
e. In coordination with the Rural Health Transformation Initiative, strengthen relationships with Rhode Island's federally-recognized, Narragansett Indian Council.

Objective 1.2

Strengthen and expand the Aging and Disability Resource (ADRC) by enhancing the No Wrong Door system of a centrally operated, coordinated system of information and referral and options counseling that enhances individual choice, fosters informed decision making, minimizes confusion, and promotes the states long-term system rebalancing goals

Strategies:

a. Improve data collection and reporting protocols of the ADRC to ensure consistent, robust ADRC services.
b. Establish a formal quality assurance and reporting process to track consumers, services, performance, and costs to continuously evaluate and improve ADRC operations for individuals and their families.
c. Continue to collaborate with the State's Executive Office of Health and Human Services, Department of Human Services and Department of Behavioral Health, Developmental Disabilities and Hospitals on the state-wide LTSS modernization and No Wrong Door (NWD) efforts.

Objective 1.3

Increase community awareness of programs for older adults, their caregivers, older adults with

disabilities, and professionals serving those communities.

Strategies:

a. Annually, compile and distribute a "pocket manual" listing statewide community and government resources for older adults and older adults with disabilities. The manual will be printed annually with a regularly updated electronic version available on the oha.ri.gov website. Printed versions of the manual will be available in English, Spanish, and Portuguese.
b. Quarterly *Academy Trainings* will be hosted by OHA for older adult serving professionals to have shared learning opportunities around best practice for older adults.
c. Continuing with the success of *Medicare Mondays*, OHA will host monthly Facebook Live events covering topics of interest to older adults available live but also archived for future viewing.
d. Special focus will be to build relationships with different cultural, racial, faith tradition, and LGBTQ+ communities to ensure accessible and acceptable messaging.

Objective 1.4

Strengthen the provision of health information and assistance services and promote a greater understanding of Medicare and its programs.

Strategies

a. Build upon the state-wide, centrally coordinated program of SHIP, SMP, and MIPPA services.
b. Enhance OHA's agency-wide volunteer recruitment and training plan to better support SHIP.
c. Partner with local AmeriCorps Retired Senior Volunteer Programs (RSVP), providing training and certification of RSVP volunteers as SHIP counselors.
d. Continue to provide Benefits Enrollment Centers (BEC) and Medicare-Medicaid Enrollment (MME) services in coordination with SHIP, SMP and MIPPA.
e. Provide support and training to community partners who provide these services.
f. Develop a partnership with the Rhode Island Office of Attorney General, Healthcare and Consumer Protection Units, to ensure Medicare consumers are best served by their insurance coverage and to prevent, detect, and report fraud.
g. Engage the Rhode Island Department of Labor and Training and HR departments at major state employers to ensure retiree knowledge of SHIP services.

Objective 1.5

Help older adults achieve better quality of life in their community by ensuring those who seek assistance are connected to supportive programs and services.

Strategies:

a. Increase public awareness about all programs and services available through community agencies on aging and advocacy organizations.
b. Build/strengthen relationship with organizations that connect older adults to meaningful opportunities, with a focus on affinity-, demographic- and faith-based organizations.
c. For FFY26 analyze elder abuse and self-neglect case management data to identify programs and services needed but unavailable, use those data to identify

services needed in the community and work with community partners to build those services.

Objective 1.6

Promote inclusion and well-being of all people across the network of aging services.

Strategies:

a. Help to facilitate leadership engagement within the network of aging services to ensure that training and technical assistance and information needs related to accessibility are identified within planning and service areas.
b. Collaborate with organizations serving greatest economic and greatest social needs populations to better inform the service network of access issues; share network resources and reach out to underserved populations on services available.
c. Work with the senior centers, adult day care facilities and other community organizations serving older Rhode Islanders to support culturally enriching experiences and activities, including in the arts.

GOAL 1 PERFORMANCE MEASURES:

1. Ensure information linking to RI's Temporary Caregiver Insurance program has been added to the OHA, ADRC, and Family Caregiver Alliance of RI's websites by the end of FFY27.
2. OHA will, on a quarterly basis, provide materials detailing OHA and OAA-funded services to the RI Office of Veterans Services.
3. In addition to providing funding to support the RI Office of Veterans Services Veterans' Café, OHA will ensure the ADRC has an information table at the cafés, and the ADRC and/or OHA will be a featured speaker two times annually.
4. At least twice annually, OHA will partner with the RI Department of Human Services (DHS) for coordinated outreach to older adults and caregivers at DHS regional offices in areas of greatest economic and greatest social need to inform them about available OHA and OAA-funded programs and services.
5. Ensure the ADRC has incorporated HIV/AIDS-specific care topics into their needs assessment activities by the end of FFY28.
6. Partner with RI Department of Health to organize peer-led support group for older adults living with HIV/AIDS on a bi-annual basis.
7. By the end of FFY27, publish annual ADRC data including but not limited to, number of referral contacts, person centered options counseling contacts, geographic and demographic information about older adults contacting the ADRC.
8. At least fifty percent of Academy Training topics will be generated by training participants.
9. At least one Academy Training annually will include a training about engaging and serving older adults with greatest economic and greatest social needs.
10. By FFY28 engage the Rhode Island Department of Labor and Training to identify and connect with at least four HR departments at major state employers to ensure their soon-to-be retirees are aware of SHIP counseling

GOAL 2: COMMUNICATION – Engage older adults, family caregivers, and other community partners, utilizing various communication strategies that are accessible, linguistically appropriate, and delivered via assorted mediums.

Objective 2.1

Develop and implement a robust marketing and communications plan, delivering messaging in various and appropriate mediums and methods, to promote available services and increase utilization.

Strategies:

a. Continue to improve the OHA website with a dual focus on usability of both older adults and their
caregivers who may need new supports and services and don't know where to turn and for community providers to have up-to-date information about available resources and programming. Website improvements will be made in consultation with both older adults and community providers.
b. Ensure OHA, sister-state agency websites, and consumer-facing web portals meet ADA accessibility standards.
c. Develop and implement communications and earned media strategy to promote the services of the ADRC and the telephonic, web-based, and in-person options for supports with a specific focus on media sources used by underserved and Black, Indigenous and People of Color (BIPOC) populations.
d. Increase public awareness of the ADRC, the services it provides, locations and hours of operation through the OHA Website, advertisements, and community outreach events.

Objective 2.2

Strengthen partnerships with organizations representing older adults with greatest economic and greatest social needs to conduct more effective outreach in these communities.

Strategies:

a. Engage in outreach to organizations representing diverse and underserved populations.
b. Build on relationships with organizations serving the deaf and hard of hearing, visually impaired, with limited mobility.
c. Build and/or strengthen partnerships with government agencies and local community partnerships to help educate older adults with greatest economic and greatest social needs on social programs they are eligible for.
d. Continue to implement the Benefit Enrollment Program.
e. Expand engagement with, and services to, aboriginal and tribal communities in Rhode Island.
f. Work with community partners to collect data on the needs of older adults in greatest economic and greatest social need.
g. Engage with Health Equity Zones (HEZ) to connect with individual communities.

Objective 2.3

Strengthen relationships with trusted community partners who communicate with homebound older adults.

Strategies:

a. Partner with organizations such as AARP-RI, Age-Friendly RI, Senior Agenda Coalition of RI, Village Common, Senior Companions, faith communities, and Meals on Wheels to share information with homebound older adults on a regular basis and utilize those same resource in time of emergency.
b. Promote the work of and programs of OHA to enrollees in the Special Needs

Registry.

c. Promote collaboration between OHA, Rhode Island Emergency Management, and municipal emergency management services to ensure isolated and/or homebound older adults receive wellness checks during emergencies such as blizzards and/or other events.
d. Through outreach events, the ADRC, and case managers promote enrollment in the Special Needs Registry so municipalities know where there are older adults who may need assistance in a crisis.
e. Engage with the Brown University Center on Heat, Health, and Aging Innovation and Research Solutions for Communities (CHAIRS-C) to inform weather-based emergency preparedness and the engagement of caregivers as key communication partners.

Objective 2.4

Advance greater awareness and understanding of services and programs across the state of Rhode Island.

Strategies:

a. With the ADRC, promote physical and behavioral health programming available on-line and in the community through presentations, material distribution, and participation in outreach events with senior centers, community organizations, YMCAs, state libraries, local departments of human services and other organizations frequently attended by older adults.
b. Advance efforts to reduce stigma associated with mental health disorders among older adults, and older Veterans in particular.
c. Promote ACL programs, including nutrition services and evidence-based programs, on local podcasts and through local news media.

GOAL 2 PERFORMANCE MEASURES:

1. OHA's website will be reviewed and updated at least quarterly to ensure accurate, up-to-date information is available.
2. OHA will work with the State of Rhode Island's Division of Enterprise Technology Strategy and Services to ensure OHA, sister-state agency websites, and consumer-facing web portals meet WCAG 2.2 standard at the Level AA threshold by the end of the second quarter of FFY27.
3. Each year, ensure three (3) Benefits Enrollment Center programs are held in Spanish and/or Portuguese speaking communities.
4. Participate once, annually, in the quarterly Health Equity Zone Training and Technical Assistance Program (TTAP) by providing an exhibit table and/or facilitating a workshop or information session.
5. Promote the work of and programs of OHA through an annual mailing from RIDOH to the Special Needs Registry registrants in the community to make them aware of supports.
6. Participate the RI Office of Veterans' Services *Mental Health Action Day,* hosted each May, by providing a presentation and/or promoting the event via OHA social media and email list distribution.
7. OHA director and/or staff to be a guest, at least one time annually, on the RI Department of Health's *Public Health Out Loud* podcast.

GOAL 3: AGING IN PLACE – Ensure older adults can live safely and independently, enjoying a high quality of life while aging in place.

Objective 3.1

Provide affordable home and community-based services and living options to prevent or delay institutionalization.

Strategies:

a. Through the At Home Cost-Share Program, continue to provide home and community-based services to individuals who are not Medicaid eligible, including those individuals who are 19-64 with a medical diagnosis of Alzheimer's Disease and other related dementias.
b. Pursue expansion of At Home Cost-Share Program to adults age 60-64.
c. Implement an OHA At Home IIIB Program, ensuring in-home services such as adult day and/or homecare are offered regardless of income, for those clients who do not qualify for At Home Cost Share or decline At Home Cost Share services.
d. With the RIPIN Hospital Transition program and the Hospital Association of RI, ensure hospital discharge planners are knowledgeable on programs and services available in the community which enable discharge-to-home as opposed to discharge-to-institutions.
e. Address social isolation and provide support services for low-income individuals residing in their own home through the Senior Companion Program and partner with the Village Common of RI to provide similar support to high income older adults.
f. Promote adult day program opportunities as a resource for remaining in the community to bring participation closer to pre-COVID levels.

Objective 3.2

Advance Age Friendly Communities

Strategies:

a. Support transportation options that connect older adults to health care, daily activities, and community involvement through participation in the RI Human Services Transportation Coordinating Council.
b. Encourage the promotion and development of affordable housing options, including Accessory Dwelling Units, for older adults and those who care for them.
c. Inform *Complete Streets* conversations around mobility friendly planning.
d. Support efforts for municipalities to be identified as age friendly.
e. Participate in multi-sector planning relating to aging in Rhode Island.
f. Incorporate age friendly concepts into the OHA review of municipal planning documents.

Objective 3.3

Volunteerism: Increase the availability and accessibility of volunteer opportunities and community participation for older adults, specifically across core Older Americans Act programs.

Strategies:

a. Create an office-wide volunteer recruitment, training, and recognition program covering all volunteer opportunities available through OHA.
b. Promote employment programs, including the Rhode Island Department of Labor and Training's Senior Community Service Employment Program (SCSEP).

c. Increase diversification of OHA's senior companions to better reflect population utilizing program.
d. Host annual volunteer recognition events and promote work of volunteers in marketing plans.
e. Annually, participate in a volunteer recruitment fair to recruit for all OHA programs.
f. Formalize relationships between OHA and Retired Senior Volunteer Program (RSVP) and the United Way of RI Volunteer Center to promote older adult volunteer opportunities.

Objective 3.4

Strengthen emergency preparedness for older adults in Rhode Island.

Strategies:

a. Develop and distribute emergency planning resources specific to the needs of older adults, in collaboration with Rhode Island Emergency Management.
b. Collaborate with Rhode Island Emergency Management and other emergency services providers to deliver emergency preparedness training for ADRC, senior center staff, and other providers.
c. Share best practices for assisting consumers in developing personal emergency plans.
d. Partner with Age Friendly RI and Alzheimer's Association of Rhode Island to provide age- and dementia-friendly training to emergency services providers.
e. Engage the Family Caregivers Alliance of RI to utilize caregivers and key communication partners during times of emergencies.

Objective 3.5

Strengthen food security and social supports for older adults through home delivered meals, congregate meals, supplemental foods and other nutrition supports.

Strategies:

a. Connect older adults to the range of nutrition programs that support their nutrition and adjusted for cultural considerations and preferences and medically tailored to the maximum extent practicable.
b. With the RI Community Action Association Food Access Coordinator, engage senior centers, resident services coordinators, and health equity zones to offer education of the signs and symptoms of poor nutrition and increase awareness of the health impacts of malnutrition among older adults.
c. Promote nutrition counseling services available through existing nutrition programs.
d. Work with the Hunger Elimination Task Force and Interagency Food and Nutrition Policy Advisory Council to support and inform policies that address hunger and malnutrition among older adults.
e. Support the RI Department of Human Services with their promotion of *Eat Well, Be Well*, a program that encourages SNAP participants to eat more fruits and vegetables, and the RI Department of Environmental Management and their administration of the Senior Farmers Market Nutrition Program.

GOAL 3: PERFORMANCE MEASURES

1. RI SCSEP program administrator(s) are connected with senior and community centers through annual invitation to the Senior Center Directors meeting.
2. RI Special Needs Registry enrollment is offered to all caregivers engaging with respite services and/or the Family Caregiver Association of RI.

3. In FFY28, OHA develops, in consultation with RI Emergency Management, and distributes a checklist outlining essential personal emergency plan components.
4. OHA shall provide, at least once annually, training to hospital discharge planners and social workers regarding programs and services available to older adults who wish to discharge to home.
5. In FFY 2027, OHA and RI Emergency Management Agency will deliver emergency preparedness training for ADRC, senior center staff, and other providers.
6. By FFY 2028, OHA and RI Emergency Management Agency will establish best practices for assisting consumers in developing personal emergency plans and deliver that resource to senior center partners.
7. Twice annually, support organizations such as, AARP or Age Friendly RI, by attending events advancing their efforts to create age friendly communities in Rhode Island.

GOAL 4: CAREGIVING – Strengthen support systems for all caregivers, both paid and unpaid.

Objective 4.1

Caregiver Supports: Embrace a whole-family approach, improving resources and the quality of resources

available, connect caregivers to information and training opportunities and caregiver supports.

Strategies:

a. Work with Family Caregiver Alliance RI (FCARI) to implement the goals and objectives detailed in the 2025-2029 RI State Plan for Family Caregivers to provide supports and tools to caregivers.
b. Assist caregivers and families with planning for long-term needs of care recipients through connection to community resources through the OHA website and the FCARI website.
c. Support the work of the Family Caregiver Alliance and its creation of a searchable caregiver support database.
d. In FFY27 conduct a satisfaction survey of families participating in respite services.

Objective 4.2

Create community-based caregiver support structures.

Strategies:

a. Promote awareness of Rhode Island's Temporary Caregivers Insurance (TCI), paid family leave program.
b. Build upon the success of 2025 legislation expanding paid family leave by supporting further initiatives for expansion of TCI for longer periods of time, relationships eligible, and/or employees eligible for the benefit.
c. Work with Human Resources professionals at the RI Department of Administration to help promote caregiver supports to state employees.

Objective 4.3

Utilize innovative models of respite

Strategies:

a. Strengthen coordination of the statewide respite system of services including, but not limited to, the FCARI, CareBreaks and Lifespan Respite Programs.

b. Sustain participation in the Respite Nursing Student Workforce Initiative and explore opportunities for re-implementation of in-home respite services with participating RI nursing schools.
c. Provide group respite services, utilizing the Respite Nursing Student Workforce Initiative, in communities and locations where caregivers and elders with the highest economic and highest social needs reside.
d. Promote awareness of respite services among first responders.

GOAL 4: PERFORMANCE MEASURES

1. Increase by 5% the number of people receiving Respite Nursing Student Program respite services, each year of the Respite Across the Lifespan grant cycle.
2. Throughout this State Plan cycle, increase number of BIPOC families receiving respite services by 10%.
3. In FFY27, engage the Human Resources division at the RI Department of Administration to promote caregiver supports to state employees.
4. Schedule at least one group respite activity annually in communities and locations where caregivers and elders with the highest economic and highest social needs reside.

GOAL 5: ELDER RIGHTS AND SAFETY – Ensure the rights, safety, independence, and dignity of older adults and prevent their abuse, neglect, and exploitation.

Objective 5.1

Ensure Compliance with the Adult Protective Services Final Rule federal regulations.

Strategies:

a. Collaborate with APS Technical Assistance Recourse Center (APS TARC) in conducting review of final rule and compare current state policy with federal regulations.
b. Outline statutory changes required to ensure state compliance with the final rule.

Objective 5.2

Work with Rhode Island Legal Services, Rhode Island Bar Association to promote and provide legal help and awareness of programs available to older adults with greatest social and/or greatest economic needs.

Strategies:

a. Collaborate with Rhode Island Legal Services and the RI Bar Association to expand or improve awareness of legal assistance to older adults, especially those with social and/or economic needs.
b. Continue to collaborate with RI Legal Services to conduct outreach and education events for the public.

Objective 5.2

Create collaborations, policies and procedures that strengthen protections and increase safety for older adults.

Strategies:

a. Train all APS and LTCO staff on available legal services and how to access them.
b. Working with the Rhode Island Office of Attorney General, The Elder Justice

Coalition, RI Mental Health Advocate, RI Legal Services and other professionals to understand the existing guardianship programs and areas where programs may be needed in order to better coordinate supports for older adults with greatest economic and greatest social need.

c. Increase the number of volunteers in the Volunteer Guardianship Program.
d. Maintain and strengthen relationship with the Rhode Island Office of Attorney General to support prosecution of perpetrators of elder abuse.
e. Establish a relationship with the RI Probate Judges' Association.
f. Meet monthly with the regional case manager supervisors to review data, address emerging issues, and ensure that protective and social services are delivered to victims of abuse neglect and exploitation.
g. Participate in the Rhode Island Elder Abuse Multi-Disciplinary Team to case conference around complex abuse cases to serve older adults at risk and discuss needed reforms to prevent and respond to abuse.
h. Partner with first responders and police advocates to inform OHA's education about elder abuse.

Objective 5.3

Enhance professional and public education on identifying and understanding the warning signs of abuse, neglect, and exploitation, mandatory reporting, and how to report those concerns.

Strategies:

a. Increase our outreach and education efforts to ensure Rhode Islanders know to contact APS when they have a concern about an older adult, know the signs of abuse, neglect, financial exploitation and self-neglect, and understand that all Rhode Islanders are mandatory reporters of elder abuse.
b. Provide training to community partners, including but not limited to first responders, financial institutions, health care providers, attorneys, social workers, and community case workers about abuse, neglect, exploitation, and self-neglect, how to report it to OHA, and what to expect following a report.
c. Create partnerships with domestic violence agencies to understand the intersection of and resources available to assist victims of intimate partner violence who are also older adults.
d. Ensure collaboration across OHA's APS and SMP units, along with the RI Office of Attorney General's consumer protection unit, to increase public education regarding scams targeting older adults.

GOAL 5: PERFORMANCE MEASURES:

1. Implement APS TARC federal/state comparison spreadsheet, incorporating TARC suggestions, throughout the fist quarter of this plan.
2. APS will be in compliance with federal rule by 2028 deadline.
3. OHA director and/or staff will attend and present at one Probate Judges' Association and maintain communication with association president.
4. By the end of the second quarter of FFY27, OHA will post training video(s) on OHA website, providing information how to identify and report elder abuse and exploitation.
5. OHA APS and SMP will collaborate to deliver five presentations on how to detect and address scams targeting older adults, to be presented at senior and community centers

and/or assisted living facilities.

6. Host quarterly informational sessions about the Volunteer Guardianship Program.
7. Increase the number of volunteer guardians by 10% each year of this plan period FFY27-29.
8. Host quarterly community outreach APS trainings with community partners.
9. Post selected self-neglect APS data on the OHA website with resources available to address them on a quarterly basis.
10. On a quarterly basis, share information about current scams on our social media.

GOAL 6: PROGRAMS AND INVESTMENTS INFORMED BY NEEDS OF OLDER ADULTS – Ensure OHA's programs and investments are in line with, and informed by, people's needs and hold ourselves accountable to achieving established goals.

Objective 6.1

Build and maintain relationships with older adult-serving facilities and organizations to ensure well-established engagement methods and sharing of information on consumer needs and preferences.

Strategies:

a. Participate in regular meetings of the Senior Center Directors Association, Adult Day Directors, RI Assisted Living Association, Leading Age RI, Meals on Wheels RI, and other senior-serving committees.
b. Intentionally build a diverse and robust community organization list for on-going communication.
c. Twice monthly, share notifications of important state and federal information related to seniors with older-adult serving facilities and organizations to build a reputation as a trusted and responsive resource.
d. Engage older adults and family caregivers in the community where they live, work, and recreate.

Objective 6.2

Improve collection and use of data to inform operations and policymaking by continued investment in technology and enhancing, streamlining, data collection, client management systems and processes.

Strategies:

a. In FFY2026, train community partners on use of single data base to automate, standardize and streamline all OHA data collection and reporting.
b. Review data and success measures quarterly during cross-unit meetings to continually improve.
c. Post selected data on the OHA website.

Objective 6.3

Develop professional development and stress reduction opportunities for all OHA staff.

Strategies:

a. Offer mental health trainings for all OHA staff to open conversations about mental health; to provide people with the means to create a safe, engaged, productive workplace environment.
b. Provide staff with diversity training to support their working in a diverse and inclusive workplace.
c. Offer APS staff with trainings on how to work with clients of diverse backgrounds.
d. Host all-staff trainings on a quarterly basis.

e. Offer monthly lunch and learn opportunities for staff to offer peer to peer training.
f. Establish a dedicated, distraction-free space within OHA offices for staff to decompress.

Objective 6.4

Be intentional about soliciting feedback from each other and those we serve on an ongoing basis and sharing insights with local and national partners.

Strategies:

a. For FFY27, develop and implement internal engagement strategy to promote information sharing and feedback loops to better coordinate work.
b. In FFY27 require partners to conduct annual customer satisfaction surveys.
c. Continue to host quarterly "community connection" sessions, facilities by OHA director, for community partners and older adults to provide feedback to OHA staff.

GOAL 6: PERFORMANCE MEASURES:

1. By end of FFY27 select point-in-time APS, AHS, and OAA program data will be posted on the OHA website and updated annually.
2. Continue to host quarterly community engagement sessions each year.
3. Continue annual staff training in contract management.
4. Encourage staff attendance at trainings available from sister-state agency partners, such as Department of Human Services and Department of Public Safety.
5. Throughout the year, quarterly trainings attended by at least 90% of staff.
6. Satisfaction surveys completed by all contracted partners in FFY26.

Key Topic Area: OAA Core Programs

The State of Rhode Island is designated as a single Planning and Service Area (PSA), centralizing the administration of the Older Americans Act programs under one agency, the Office of Healthy Aging (OHA), allowing for consistent, statewide coordination of services. OHA is responsible for strategic planning, funding, and monitoring for all aging-related services, making it easier for older adults and family caregivers to navigate and access aging services and supports.

Title III-B Supportive Services

Title III-B Supportive Services provides access to a range of HCBS that are person-centered and designed to help older adults access community facilities and services. Often used to fill gaps in community programs, Title III-B services include, but are not limited to: Access, In-home services, and Community Services.

Access Services

Rhode Island Aging and Disability Resource Center: OHA continues to position the Aging and Disability Resource Center as a central, trusted source for information and assistance. Through coordinated communication efforts, OHA ensures that individuals can access support through multiple entry points, including online, by phone, and in person. The goal is to reinforce a "no wrong door" approach, where every interaction leads to meaningful connection and follow-through. OHA works to provide older adults, older adults living with disabilities and their caregivers' resources needed to live with dignity,

security and attain maximum independence and quality of life. The ADRC seeks to ensure people have access to a person-centered system of health and human services and supports that sees their own goals and preferences and access to timely, relevant information and support that helps them to make informed decisions about Long-Term Services and Supports [LTSS] Options, both public and private. The ADRC has been administered by the OHA since 2005 and is a multi- agency effort, established by the OHA in collaboration with the EOHHS and other agencies under its umbrella. The ADRC is a centrally operated, coordinated system of information, referral and options counseling for all persons seeking LTSS that prioritizes individual choice, fosters informed decision-making, diminishes confusion, and promotes the State's long-term system rebalancing goals. OHA contracts with United Way of Rhode Island (UWRI) to operate the statewide ADRC network, serving as a trusted place for information and assistance and connects individuals to services and supports, based on the persons needs and preferences. The ADRC provides the five Core ADRC functions as outlined and defined by the ACL.

Case Management: Case management services are provided by OHA through partnerships with contracted community agencies. Case management agency staff assist OHA in the provision of home and community-based services through the performance of assessments, application, and enrollment assistance, and the development, implementation, and monitoring of care plans for our At Home Supports Programs. Monthly meetings are held between OHA administrators and case management agency supervisors to address: 1) specific concerns and challenges related to clients; and 2) an ongoing review of OHA policy and procedures. Case management outcomes reports will also be reviewed at these meetings for continuous improvement efforts.

OHA's case management services are designed to provide services in specific geographic regions, with each agency assigned to provide services to those living in the communities which are local to the agencies. For both Title IIIB and At Home Cost Share programs, funding is allocated to each region based on the census data tracking the proportion of older adults living in community in each of the OHA six regions as compared to the total state population of older adults living in community according to the U.S. Census Bureau.

In-Home Services

OHA At Home Cost Share: OHA has provided in-home services through the OHA At Home Cost Share Program, helping older adults (65+) and those age 19 to 64 with a diagnosis of Alzheimer's or related dementia, with home and community-based services and supports. Under this program, the State shares in the cost of in-home and/or adult day services in the community for eligible participants. A participant's share of the cost of services is based on their annual income. There is no asset limit.

OHA At Home IIIB: To ensure in-home services are offered regardless of income, as required by the Older Americans Act, OHA has implemented an At Home program for those clients who do not qualify for At Home Cost Share or decline At Home Cost Share services. Through a partnership with Catholic Social Services of RI, clients will receive information, referral, and connection to home care and/or adult day services.

Community Services

Legal Services: OHA funds the RI Bar Association (RIBA) and RI Legal Services (RILS) to provide legal information, referral and assistance to seniors, families, and caregivers. RIBA operates a lawyer referral network for older adults, which links older Rhode Islanders with attorneys who can assist with any legal matters. Initial pro-bono consultation is available to any older adult or their caregiver. On an on-going basis, the fees charged, if any, are based upon the older adult's income level. RILS assists low-income older Rhode Islanders with certain legal

issues, such as landlord-tenant disputes, foreclosures, and tax/public benefit issues.
Ocean State Center for Independent Living (OSCIL): Understanding that some older adults and older adults living with disabilities face physical challenges to remain in the community, we utilize Title IIIB funds to support a local community organization dedicated to providing advocacy for the rights and dignity of people with disabilities, emphasizing autonomy, self-determination, and full inclusion in society. Funding home modification, technology supports, and counseling services to individuals facing a new physical limitation or degenerative disease supports both their physical and emotional well-being while keeping them in the community of their choice.

In commitment to the ACL Title VI program for Native Americans, OHA will continue to engage with the one federally recognized tribe in RI, the Narragansett Indian Tribe. Approximately 7,385 Native Americans live in Rhode Island[3]. Though OHA does not receive Title VI funding for Native American programs, we continue to work with the Native American population, the Narragansett Indian Tribe, by making Title III funds available to the Tribe. Specifically, we allocate annually a portion of our Title IIIC congregate meal funding to the Narragansett Indian Tribe for its meal site. OHA maintains regular communication with our Native communities, ensuring that the Narragansett Indian Tribe is aware of the variety of programs and services that are available to the Tribe's older individuals.

In projecting plans for Title III-B services generally, OHA proposes the following strategies:

- Strengthen existing service infrastructure and improve the quality and availability of services. This may include replacing or upgrading equipment, strengthening the existing workforce or volunteer base, expanding the number of community-based partners, and serving more older adults. Engaging with communities that have not been connected to the aging services network will shape this work.
- Create new services to meet unmet needs identified by older adults and stakeholders, including those not already identified through recent OHA older adults surveys, and design new service options to address existing service gaps as appropriate.
- Expand collaboration with current partners and establish new ones to strengthen the availability of aging services statewide. This will include developing and broadening relationships with other state agencies, community agencies, and other local stakeholders.

Title III-C1 and III-C2 Senior Nutrition Program

In Rhode Island, 31% of households with at least one older adult were served by food pantries in Rhode Island in 2023[4]. The OHA has joined with both community and State-led efforts to address food security. Though neither the Hunger Elimination Task Force (HETF), convened by the RI Food Policy Council, nor the statutory Interagency Food and Nutrition Policy Advisory Council (IFNPAC) are older adult-focused, OHA informs that work and ensures the state's approach to addressing nutrition, malnutrition, hunger, food access, and food security includes seniors.

Nutrition Services authorized under Title III-C of the Older American Act (OAA) and designed to promote the general health and well-being of older individuals are funded through OHA to provide both home delivered and congregate meal sites across Rhode Island. These nutrition interventions are proposed to eliminate hunger, food insecurity and malnutrition, promote socialization including health and well-being by ensuring older adults have access to nutrition. These sites also become natural partners for programs

[3] 2020 Decennial Census, https://data.census.gov/profile/Rhode_Island?g=040XX00US44#race-and-ethnicity
[4] https://rifoodbank.org/wp-content/uploads/2025/07/2023-Status-Report-on-Hunger.pdf

focused on preventing disease and health promotion services where seniors may delay the start of adverse health conditions subsequent to poor nutritional health or sedentary behavior. OHA will continue to seek innovative ways to ensure access to nutrition and social support services and identify potential alternatives to in-person service delivery.

Meals on Wheels is a critical partner in addressing senior nutrition in Rhode Island as it is nationwide. Their *More than a Meal* model addresses senior nutrition needs while also providing a safety check and some companionship to homebound older adults. Meals on Wheels (MOW) ensures food access through the provision of nutritious meals delivered to eligible older adults. During the current state plan period, OHA worked closely with MOW as its leadership finalized their strategic plan. OHA has continued to support MOW as they have expanded their Culturally Responsive Meal Program to support healthy diets familiar to older adults. OHA has continued to support MOW as they have offered more healthy options in their Culturally Responsive Meal Program to support diets familiar to older adults. The Latin, Asian, and Kosher meals has continued to be available statewide. Since the launch of the Culturally Responsive Meal Program, they have increased meal delivery to a total of 140 clients and have delivered 29,971 culturally responsive meals. MOW has maintained a bilingual staff to carry out the functions of the Culturally Responsive Meal Program. In addition, they have a language phone line to accommodate non-English speakers. MOW has made efforts to maintain bilingual staff to carry out the functions of the Culturally Responsive Meal Program. This includes a bilingual outreach staff who is responsible for the target related to outreach events and presentations. This work is focused in BIPOC communities to reach their target of ensuring the demographics of the older adults we serve align with the demographics of the state.

Each year, in support of the USDA Senior Farmers Market Nutrition Program, OHA supports Rhode Island's Department of Environmental Management (DEM) with their efforts to distribute pre-loaded farmers market benefit cards to eligible low-income seniors. DEM utilizes the OHA-established nutrition provider and congregate meal network. Staff at congregate meal sites register eligible older adults and distribute vouchers or fresh fruits and vegetables to meet the program goals to "provide low-income seniors with access to locally grown fruits, vegetables, honey and herbs."

Congregate meal programs remain a critical component of our state response to older adult nutrition and food insecurity as well as a successful intervention to address social isolation. OHA continues to work with our congregate meal providers to encourage older adults to return to mealtimes by reviewing the best ways to serve the seniors of individual communities. OHA continues to innovate and connect more older adults to nutritious meals – especially those with significant social and economic need.

Nutrition During Emergencies

As the State Unit on Aging, OHA plays a key role in communicating critical information during emergencies and public health events. OHA works in coordination with state partners, including Rhode Island Department of Health and Rhode Island Emergency Management Agency, to ensure that timely, accurate, and accessible information reaches older adults and caregivers. This includes updates related to public health guidance, service availability, and emergency resources. As part of that work, OHA collaborates with home delivered and congregate meal providers to ensure connection to, and coordination with, state partners such as Rhode Island Emergency Management, to ensure that nutrition providers are aware of impending events so that additional meals can be provided in advance.

Commodity Supplemental Food Program

OHA administers the US Department of Agriculture's Commodity Supplemental Food Program (CSFP) for RI seniors age 60 and older in partnership with the RI Community Food Bank (RICFB). The RICFB works

with “local distribution agencies,” such as senior subsidized housing facilities and senior centers, to reach the greatest concentration of seniors. CSFP offers more than shelf stable food products. Participants are also provided with nutrition education services by the RICFB to assist them in making positive changes in food habits. The goal is that this will result in improved nutritional status and in the prevention of nutrition related disease. During FFY 2025 the CSFP provided monthly boxes of a variety of nutritious shelf-stable food to an average of 1999 low-income eligible older adults, representing a 9% increase in elders served. In FFY2026, Rhode Island’s CSFP was authorized to increase its caseload to 2019 individuals.

Malnutrition
OHA collaborates with the RI Department of Health’s (RIDOH) Registered and Licensed Dietitians to review federal nutrition standards and share dietary best practices related to older adults. RIDOH’s dietitians assist OHA with reviewing the senior nutrition program meal menus to ensure compliance with current Dietary Guidelines for Americans. They also provide educational materials about signs of malnutrition to congregate meal site volunteers.

Title III-D Preventive Health Services

Health Promotion and Healthy Living Initiatives
OHA administers a Health Promotion and Disease Prevention Program using Title IIID funds. The goal of this program is to provide evidence-based health programs.

Chronic illness management and fall prevention and are focus areas for the SUA in order to facilitate healthy aging across the state. According to data from the National Council on Aging (NCOA), nearly 95% percent of older adults have at least one chronic condition, and nearly 80% of have two or more[8]. Chronic diseases place older adults at bigger risk for early death, poor functional status, unnecessary hospitalizations, adverse drug events and nursing home admission. Evidence-based health promotion and disease prevention programs offer older adults the opportunity to develop skills to be able to manage chronic conditions, prevent falls and ease the stress of being a family caregiver. These programs allow older adults and their caregivers to make positive changes in their lives in order to maintain or improve their health and health habits. Evidence-based programs such as *A Matter of Balance, National Diabetes Prevention Program, Powerful Tools for Caregivers, Walk with Ease,* Tai Ji Quan for Better Balance, among others, can lead to positive results for older adults and their informal caregivers in the state of Rhode Island.

OHA has joined with RIDOH to take a more purposeful approach to planning, coordination, and delivery of programming. This partnership includes: joining with the RIDOH Community Health Network (CNH), supporting the marketing and outreach for the Chronic Disease Self-Management Program (CDSMP), supporting the Falls Prevention Program focus on Healthy People 2030 injury prevention objectives of reducing fatal injuries and reducing unintentional injury deaths, collaborating with the Traumatic Brain Injury (TBI) State Partnership Program to work on recommendations in the RI Traumatic Brain Injury State Action Plan to provide education training opportunities for awareness of TBI and achieving positive health outcomes for individuals living with TBI. We will use the data collected from RIDOH on falls occurring in older adults to inform programming.

Title III-E Family Caregiver Support Program

National Family Caregiver Supports (NFCG)
Respite provides a break for caregivers caring for loved ones of any age. These services strengthen family systems while protecting the health and well-being of both caregivers and care recipients. OHA allocates much of its Title IIIE National Family Caregiver funds to support the statewide respite program, *CareBreaks,* operated by our partner at Catholic Social Services (CSS). Respite recipients must meet the eligibility requirements outlined in the OAA. Respite services are provided through qualified home healthcare providers, adult day care centers, assisted living and nursing home facilities and are based on level of need.

Through State's Grandparents as Caregivers program. OHA partners with the YMCA of Greater Providence and the YMCA of Pawtucket to offer afterschool programming and summer camp scholarships at multiple location to those 18 and younger with a grandparent or older adult guardian age 55 and over seeking respite supports. To maximize the reach of these funds, OHA encourages the YMCA partners to connect eligible kinship grandparents to the Child Care Assistance Program that would provide similar resources through the Department of Human Services. In our partnership with DCYF Kinship Advisory Council, OHA hopes to expand these programs.

OHA case management agencies, the RI Alzheimer's Association and the ADRC receive NFCG funding to provide information and assistance to caregivers about the resources and services available to them, including, but not limited to, support groups, home and community-based services and respite services.

Caregiver Supports via Case Management
Family Caregiver Supports, provided via OHA's contracted case management agencies, assist family caregivers in navigating programs and services which support both the caregiver and their loved one(s). Monthly meetings are held between OHA administrators and case management agency supervisors.

Title VII Ombudsman Program

The advocacy for and promotion of rights for all older adults and adults living with disabilities, including residents living in long-term care facilities, is a critical goal of OHA. Title III and Title VII funding is provided to the Alliance for Better Long Term Care which houses the Rhode Island Long Term Care Ombudsman program (LTCOP). The LTCOP is the designated agency for local programs across the state, working to protect the rights of vulnerable older adults and improve the quality of life and care in long-term care settings. The LTCOP supports residents and their loved ones by voicing complaints and addressing concerns, upholding the goal that residents live with dignity and respect. With the inherent power imbalance between a facility resident and their caregivers the LTCOP plays a critical role and protects against abuse, providing support for those wishing to make a report and ensuring there isn't retaliation if there is a report. The Ombudsman visits all facilities statewide to ensure information about their services is made available to all residents and their families. The LTCOP partnership with the APS unit ensures that there is collaboration of services for individuals who have been identified as receiving or needing APS services, who enter or are discharged from a nursing facility or an assisted living residence. In addition, reciprocal training occurs between the APS unit staff and the LTCO staff. Ombudsmen also provide education and orientation to residents, facility staff, and community organizations on a range of topics, including residents' rights, abuse, neglect, mistreatment, and how to choose a nursing home, assisted living, or other long term care facility.

The LTCOP meets monthly with the OHA director of Elder Rights and Safety to share information, review data, collaborate on planned trainings, and ensure alignment across programs and services.

In December 2024, Kathy Heren, the State Long Term Care Ombudsman announced her retirement. Ms. Heren served as the State Long Term Care Ombudsman from 1999 through 2024. In January 2025, Lori Light was appointed State Long Term Care Ombudsman. Ms. Light is a dedicated advocate with a background in social work and over nine years of experience with the Rhode Island State Long Term Care Ombudsman Program. Ms. Light's expertise extends to non-violent crisis intervention and trauma-informed care.

Protective Services (Including OAA Title VII and IIIB)

Elder Rights and Safety (ERS)
Elder Justice is central to our work at OHA. Along with our federal and state partners, we are working to improve how cases of suspected abuse, neglect, financial exploitation and self-neglect are tracked, monitored, and reported. In addition, we are focused on strengthening prevention efforts, victim supports, and raising awareness about elder justice issues throughout Rhode Island.

OHA is required to administer a statewide system for receiving and investigating reports of abuse, neglect, financial exploitation and/or self-neglect in adults aged 60 and older who are living in the community and to provide needed protective services. To fulfill this responsibility, OHA has a centralized intake unit which is responsible for receiving reports on a 24/7 basis. All Rhode Islanders are mandated reporters. Reporting options include a elder abuse reporting hotline, staffed 24/7, at 401-462-0555. Additionally, reports can be made at all times through an online referral portal and via fax. The OHA Adult Protective Services (APS) staff are responsible for screening abuse reports for jurisdiction, conducting investigations, and connecting to appropriate resources e.g., case management or law enforcement to alleviate the abusive situation. OHA partners with regionally-assigned case management agencies to develop and implement care plans. OHA also partners with these case management agencies to conduct self-neglect investigations and care planning. The APS unit has seen an increase in reports of 10.5% from 2022-2025. In State Fiscal Year 2024, OHA was awarded two (2) additional FTEs funded with state general revenues to provide additional Adult Protective Services staff. Additionally, in CY2024, OHA implemented an Adult Protective Services Assistant Administrator position to provide additional supports to the APS team. In addition to building upon existing community partnerships for case management, the unit has significant training goals to educate the community about signs of abuse and neglect and to promote community resources in an effort to prevent self-neglect.

During the 2023-2026 State Plan period, after receiving community feedback from a variety of providers who frequently report concerns of abuse, APS launched a new, community-informed, Web Intake Form. Additionally, OHA applied for, and received, federal formula funding for RI APS clients through CRSSA and ARPA. This funding was used to enhance APS operations and strengthening community supports for APS clients.

With IIIB Funding, the OHA partnership with RI Legal Services assists individuals identified as having APS needs with landlord-tenant disputes, eviction, and foreclosures.

Case management services are provided for OHA by contracted community agencies. Case management agency staff assist OHA in the implementation and oversight of adult protective services designed to keep individuals at risk of or are experiencing abuse, neglect, exploitation, and self- neglect, safe in the

community. OHA's four case management agencies, cover the six regions of the state to provide APS case management. APS case managers are first responders to our self-neglect reports and may also be secondary responders for investigation referrals and are an integral component of the APS services OHA provides. Case managers provide assistance in securing health and supportive services, safe living accommodations and legal intervention. Monthly meetings are held between OHA administrators and case management agency supervisors to address: 1) specific concerns and challenges related to protective services; and 2) an ongoing review of OHA policy and procedures for Adult Protective Services. New case management outcomes reports are reviewed at these meetings for continuous improvement efforts.

OHA provides urgent placement services to individuals who may need a short- term emergency placement in a nursing facility or an assisted residence due to abuse, neglect, self- neglect or loss of caregiver.

With Title III B and E funding, OHA partners with United Way of Rhode Island (UWRI), Rhode Island's 211 vendor, to accept APS referrals afterhours. The Afterhours program serves as the APS hotline between the hours of 4pm and 8:30am M-F and 24 hours on weekends and state holidays.

The OHA partnership with St. Elizabeth's Community, the Haven, provides safe shelter placement and safety planning to secure a temporary refuge for a safe return to the community or entry into a long-term care setting.

The RI Attorney General's (RIAG) Office has a Special Victims Unit (SVU) for elder abuse and exploitation. The SVU handles cases involving domestic violence, sexual assault, child abuse, child molestation and elder abuse. The APS unit works collaboratively with the RIAG SVU and refers appropriate cases for investigation. In addition, the SVU offers preventative education to older adults through community outreach at locations throughout the state. OHA APS participates in the SVU trainings and has provided APS training in those sessions.

A Multi-Disciplinary Team (MDT) was created to provide participants with an efficient, expedient forum for high-risk cases of abuse, neglect, and exploitation of at-risk older adults, with a multidisciplinary team of professionals able to make decisions and act in a timely manner to better protect the victims and contain the offenders. The MDT brings together various community leaders representing: Adult Protective Services-OHA, Criminal Justice entities (e.g., law enforcement, Attorney General's Office), banking and /or financial services, Rhode Island Legal Services, senior centers, domestic violence prevention and response organizations, case management agencies, Veterans' services, Long Term Care Ombudsman, BHDDH, and health care providers, to develop and sustain a coordinated, comprehensive response to victims of abuse, neglect and/or exploitation. The primary goal of the collaborative is to actively respond to and improve the safety of services for and support victims (and potential victims) who are at-risk adults. The MDT meets regularly on a pre-determined schedule. Meetings include the presentation and discussion of new complex cases and/or review any follow-up of cases discussed at previous meetings. The MDT develops and coordinates action plans as appropriate. The MDT works to improve communication between agencies, identify gaps in services, establish protocols on improving the needs of the elders, and assist in implementing new legislation. Meetings also include training and discussion of procedural and team development matters.

Volunteer Guardianship Program connects elders who are unable to make healthcare decisions for themselves, with vetted and trained volunteers who, through the Probate process, become designated as Good Samaritan Guardians. R eferrals are primarily received from nursing homes and hospitals for clients and/or patients who may need a guardian to make health care decisions.

Key Topic Area: Examining Greatest Economic Need and Greatest Social Need

While developing the 2026-2029 State Plan on Aging, OHA paid particular attention to defining greatest economic needs and greatest social need of older Rhode Islanders. Having hosted consumer focus groups, OHA also engaged the Governor's Advisory Commission on Aging[5], a group made up of older adult consumers, community stakeholders, and state legislators, to discuss defining those older Rhode Islanders in greatest economic and social need.

Greatest Social Need

The Office of Healthy Aging defines Greatest Social Need in line with the OAA as noneconomic factors or living circumstances that restrict an older adult's ability to perform routine daily tasks and threaten their capacity to live independently or engage fully in community life.

Non-economic factors include physical or mental disabilities, language barriers, and various forms of social, cultural, or geographic isolation.

- Social isolation may involve loneliness, limited social networks, or disconnection from the community.
- Cultural isolation may result from immigration status, language barriers, or limited cultural integration.
- Geographic isolation refers to living in rural, remote, or underserved areas with limited access to services and supports.

Circumstances that contribute to these types of isolation may include racial or ethnic status; Native American identity; religious affiliation; sexual orientation, gender identity; HIV status; chronic conditions; housing instability; food insecurity; limited transportation; utility assistance needs; interpersonal safety concerns; and rural location.

Social need may also be linked to unstable or inadequate housing, homelessness, food insecurity, limited transportation, or difficulty accessing essential services.

Populations experiencing greatest social need may include older adults living with functional impairments, sensory loss, or serious health conditions, as well as caregivers supporting individuals with dementia, chronic illness, or disabilities. Individuals from historically marginalized communities, including those who are LGBTQIA+, Medicaid members, people with limited English proficiency, rural residents, and those living with HIV or Alzheimer's disease or related dementias, may face additional barriers due to systemic inequities. This list is not exhaustive, and others may experience similar challenges that qualify as greatest social need.

Greatest Economic Need

OHA defines the Greatest Economic Need as the need resulting both from income levels below the federal poverty level as well as from an income level between 100-350% of the federal poverty level.

The term "Greatest Economic Need" refers to needs resulting from financial incomes between 100% and

[5] https://webserver.rilegislature.gov//Statutes/TITLE42/42-66/42-66-7.htm

350% of the federal poverty level. According to Federal Poverty Guidelines, the poverty threshold is defined as $15,960 for a one-person household and $21,640 for a two-person household. About 25% of older households in Rhode Island are living on less than $25,000 annually. Individuals living below the federal poverty level will always be prioritized for supports. Those individuals living in poverty, however, have access to several means tested programs available from federal and state resources to meet their basic needs. The RI Economic Progress Institute, through its biennial RI Standard of Need, indicates that even incomes above 100% of the FPL fall short of Rhode Island's true cost of living. The 2024 RI Standard of Need estimates that a single Rhode Islander needs $48,824 pre-tax income (nearly 350% FPL) to meet their regular monthly expenses. (RISN_2024_15_web-with-Table-1-correction-—-FINAL.pdf) Economic security for older adults factors significantly in the ability to meet basic needs and age in place with dignity. For these reasons, and many more, it is crucial that the Older Americans Act programs prohibit means testing; this eliminates administrative barriers, reduces the stigma of asking for help, and ensures that older adults facing sudden crises – whether financial of non-financial like isolation or physical frailty – can get immediate assistance. This definition of greatest economic need doesn't introduce means testing while also maximizing all community and government resources supporting older adults.

Prioritizing services for older adults in greatest need

In pursuit of the OAA mandate to advocate for and address the financial and social needs of vulnerable older adults in Rhode Island, OHA and our community partners are committed to identifying vulnerable populations and providing services that help individuals, particularly those who are isolated, remain in the setting of their choice. Assessing the needs of low-income and underserved older adults and their caregivers is essential to the development of programs and services that are both effective and responsive, and ensures alignment with the mission, design, and priorities of the aging network.

OHA is dedicated to designing and implementing initiatives that prioritize individuals with the greatest economic and social needs. This commitment begins with the continued use of resources such as the Healthy Aging Data Report, the OHA Older Adult Survey, and other verified data sources. Additionally, lived experiences, as shared with OHA by consumers, caregivers, and service providers helps to identify the needs of older adults and their caregivers. The findings from these activities inform OHA's work throughout the three-year planning cycle, guiding the refinement of operations, budgets, and program administration. The Office of Healthy Aging (OHA) recognizes that access to services begins with awareness. Communication and outreach are essential to ensuring that older adults caregivers, and underserved populations know what supports are available and how to access them. OHA is committed to delivering clear, consistent, and accessible information across multiple platforms and through trusted community partners.

OHA is guided by four fundamental methods that support targeting preferences under the OAA:

- A commitment to Voluntary Contribution policies
- Expansive outreach practices
- Special outreach to isolated populations
- A commitment to a No Wrong Door philosophy

Voluntary Contribution Policy: In the delivery of services and programs, OHA its community partners delivering OAA programming are committed to the policy that Title III services are provided without the use of any means test. Through policy review, assessment of collection practices, and monitoring procedures, OHA supports the rules on voluntary contributions. As a fundamental core of the OAA, the network is made aware of the regulations on this matter, and OHA and providers do not means test for any service under Title III or deny services to any individual who is unable or chooses not to contribute to the cost of the service. In both policy

and practice, the voluntary contribution tenet upholds the OAA's principle that any older adult aged 60 or older is eligible for services. Without the pressure to pay a fee or make a contribution, older adults and their caregivers are relieved of potential discomfort and can make decisions based on need, choosing options that offer the best opportunities for community living.

Outreach: The network's efforts to reach out to diverse populations are a hallmark of its commitment to targeting services to older adults with the greatest economic need and older individuals with the greatest social need. In preparation for the development of the State Plans, OHA provided expansive outreach and participation opportunities for OAA-targeted populations as part of the OHA focus groups and Older Adult Survey. OHA and community partners use personal contact through community based organization and case management connections, home-delivered meal networks (surveys and conversations), congregate community meal sites, religious organizations, and housing facilities.
OHA uses a coordinated, multi-channel approach to reach Rhode Islanders where they are.This includes:

- Maintaining and improving user-centered digital platforms, including the agency website and online resource directories
- Leveraging social media, email campaigns, and public information efforts to share timely and relevant information
- Providing printed materials and in-person outreach for individuals who may have limited digital access or a preference for non-digital communication methods
- All communications are designed to be clear, accurate, and actionable.

Isolated Populations: OHA and community providers are adept at maintaining connections with and developing unique opportunities to serve older adults and their family caregivers. Approximately 34% of adults aged 65 and older in Rhode Island report feeling some degree of loneliness, with factors like retirement, loss of loved ones, and health declines contributing to social isolation, according to American's Health Rankings[6]. Additionally, in Rhode Island, nearly 34% of older females live alone according to the HousingWorksRI. OHA prioritizes outreach to individuals and communities that have been historically underserved or face barriers to accessing services. Strategies include:

- Partnering with community-based organizations that serve diverse populations
- Expanding language access and culturally responsive communications
- Tailoring outreach efforts to reach individuals living with disabilities, limited English proficiency, and those in rural or isolated communities
- Using trusted messengers and community networks to increase awareness and engagement
- These efforts ensure that communication is not only broad, but targeted and effective.

Additional mechanisms to reach isolated older adults include increased use of technology, including training opportunities; use of social media, websites, and other online platforms to share information and services; targeting mental health needs to reduce isolation; assistive technology; and friendly visiting programs. Isolated older adult populations, due to economic, cultural, mobility and access barriers, health disparities, and rurality, are those in need of connection, programs, and services that align with the aging network's goal to serve individuals with the greatest economic and social needs in their communities.

No Wrong Door (NWD): OHA continues to position the Aging and Disability Resource Center as a central, trusted source for information and assistance. Through coordinated communication efforts, OHA ensures that individuals can access support through multiple entry points, including online, by phone, and in person. The goal

[6] https://www.americashealthrankings.org/explore/measures/isolationrisk_sr_b/idl_sr_b/RI

is to reinforce a “no wrong door” approach, where every interaction leads to meaningful connection and follow-through. In delivering on the NWD philosophy, the ADRC receives referrals from MyOptionsRI.gov, connecting older adults and family caregivers to aging and disability services. With four simple ways to connect—by telephone, online referral completion, walk-in, and community-based counseling sessions—the system links older adults, individuals living with disabilities, and their caregivers to the agencies and organizations best suited to meet their needs. The NWD approach streamlines access by reducing the need for multiple referrals and offering a clearer path to programs and services.

OHA is committed to advancing access across all programs, services, and operations. This work is grounded in ensuring that older adults, adults living with disabilities, caregivers, and underserved populations have access to the supports they need to live with health, stability, and connection. OHA continues to align its policies, practices, and partnerships with federal and state priorities that emphasize reaching individuals and communities that have been historically underserved, marginalized, or disproportionately impacted by health and social inequities.

Key Topic Area: Expanding Access to Home- and Community-Based Services (HCBS)

Home and community-based services may feel clinical or like a friendly visit – both may be necessary to support
someone’s medical and emotional well-being and may look like personal care supports or companionship.

Though a program of the National Corporation for Service, the Senior Companion program builds relationship between low-income seniors still active in the community and low-income seniors who are home bound. In recent years we have intentionally increased the participation of Latinos in the Senior Companion program. We are excited to continue to build geographic presence of this important program that promotes socialization among homebound elders. Formal and informal community social supports have been identified as an important component to community living which our State Plan on Aging embraces wholeheartedly.

Under the *Medicaid State Plan and the 1115 Waiver* the state is authorized to provide an extensive array of home and community- based services. The EOHHS is the Single State Medicaid Agency that has the responsibility for oversight of the Medicaid State Plan and III5 Waiver. Currently, the LTSS services are coordinated through four State Agencies, The EOHHS, BHDDH, DHS, OHA, and their contracted providers, to assist individuals in gaining access to HCBS.

Through the State’s No-Wrong-Door (NWD) system, Person-Centered Options Counseling is provided to all people who are inquiring about, or are in need of, LTSS – both public and private. HCBS options can be obtained through the ADRC or Rhode Island’s MyOptions website, www.MyOptions.ri.gov. Through the website a self -assessment can be completed which is forwarded systematically to the ADRC for follow-up.

The OHA At-Home Supports Unit manages both State-funded and Medicaid-funded LTSS support programs. OHA works collaboratively with other State agencies that provide LTSS to ensure individuals are receiving the right services, in the right place, at the right time.

Non-Medicaid LTSS- The At Home Cost-Share Program provides home care, adult day care, and case

management services to individuals *who are not Medicaid eligible* and therefore not eligible to receive

Medicaid-funded Long-Term Services and Supports (LTSS). This program is known as a Cost Not Otherwise Matchable Program (CNOM) which is funded with State General Revenue and is matched by Medicaid.

OHA contracts with four case management agencies that cover six regions of the state. Referrals for HCBS (At Home Cost-Share or Medicaid programs) that come through the NWD process to OHA are referred to the appropriate case management agency in the region the client resides. The agency assists the individual in gaining access to LTSS and provides on-going case management to individuals enrolled in either the Medicaid or Non-Medicaid LTSS Programs.

The ADRC plays an essential role in securing opportunity for older individuals to receive LTSS services in their homes and communities by providing person-centered options counseling, information and referral for all persons seeing LTSS that improves individual choice, fosters informed decision-making, diminishes confusion, and promotes the states long term system rebalancing goals.

In addition, the ADRC is provides transition support services by establishing processes between and among the major pathways that people travel from one setting to another and for identifying individuals and their caregivers who may need transition support services.

Key Topic Area: Caregiving

Enhancing services and supports for caregivers is central to the mission of OHA and recognizing their needs is at the forefront of the planning and programming we provide. Statewide, there are many efforts to support both formal and informal caregivers.

The RI Executive Office of Health and Human Services has identified support for the health and human services workforce as one of its five core priorities. Their commitment to creating robust structures for formal caregiving includes collaborating with healthcare and education providers, payors, policymakers, labor and community partners and others to identify and address our state's significant healthcare workforce challenges through an ongoing health workforce planning process. OHA continues to participate and inform this process.

With the RAISE Family Caregiver's Act as a guide, OHA works with community partners to raise awareness of family caregivers and challenges they face by ensuring caregivers receive resources and services they need as they provide care to families in the community.

OHA participates in partner learning collaborative meetings/webinars and conferences hosted by Access to Respite Care and Help (ARCH) National Respite Network and Resource Center. The Network has aligned their strategic goals with the RAISE national strategy to better support partner agencies in providing caregivers programs and resources.

As part of an ongoing collaboration, OHA collaborates with the Kinship Advisory Council hosted by DCYF. While OHA is not a defined member, partnership with DCYF is essential to ensuring supports are available to older adults acting as caregivers to children. The Kinship Advisory Council advises DCYF's Child Well-Being Advisory Committee, establishing a comprehensive advisory structure that empowers the voices of those served by DCYF, placing them in positions to inform agency policy and direction.

Discretionary Grants and Other Programs

The Administration for Community Living (ACL) issues discretionary grants and other funding sources to provide a fuller offering of programs and opportunities to promote community living. ACL discretionary grants are primarily directed at expanding opportunities and support for older adults to age in the community of their choice. The following discretionary grants provide opportunities to develop person-centered programs and services for older adults and their caregivers.

The Catholic Social Services of Rhode Island (CSSRI) administers the *CareBreaks* respite program that is funded by OHA through a combination of Older Americans Act National Family Caregiver Program funds and state general revenue funds from the Rhode Island General Assembly, and a discretionary federal grant. The CareBreaks program provided respite breaks to over 350 families annually by helping the family to find and pay for someone to step in and fill the caregiver's shoes, either on a one time or regular basis.

OHA will continue to provide support to the population of individuals with a diagnosis of Alzheimer's disease or related dementia and their healthcare providers through a collaboration with the Rhode Island Department of Health's (RIDOH) Alzheimer's Disease and Related Disorders (ADRD) Program. To sustain the ADRD efforts, OHA will support RIDOH in delivery of educational resources and support for family caregivers, including programs designed to support people living with symptoms in the early stages of ADRD; conducting training for health professionals and support programs for patients and families as well as providing innovative education and certification for direct care workers; providing information and referral to services via the state's central Aging and Disability Resource Center (ADRC).

Lifespan Respite Grant

Under an ACL Lifespan Respite grant, OHA works to strengthen Family Caregiver Alliance of RI (FCARI). After developing the first State Plan on Caregiving[7] the FCARI built a coalition of state agencies and community partners serving individuals from across the lifespan to better coordinate caregiver supports. FCARI has worked with OHA to develop and release the 2025-2028 State Plan on Caregiving[8], recently released at the Family Caregiver Recognition Brunch honoring, supporting, and providing resources to family caregivers across the state. Housed at United Way of Rhode Island, the FCARI works to advocate for the implementation of the Rhode Island State Plan for Caregiver Support and is guided by the mission to provide support for all Rhode Island caregivers and those for whom they care, through partnerships, advocacy, and inclusion. The Alliance provides support, links to resources and networking opportunities for family caregivers, and improves awareness about respite services and access to respite services, including the *CareBreaks,* program, in coordination with our Title III caregiving efforts. Through implementation of the plan, the Office of Healthy Aging and FCARI are working together on the list of objectives, including: providing voice for and equitable, inclusive supports and resources for RI caregivers.

Also under the Lifespan Respite funding from ACL, OHA has developed and grown a Nursing Student Respite Workforce Initiative. This partnership has volunteer nursing students from, the University of Rhode Island (URI), New England Institute of Technology (NEIT), and the Community College of Rhode Island (CCRI), and Johnson and Wales University (JWU), providing needed respite services to families in need. The volunteer nursing student respite initiatives offer student nurses training, clinical experience and course credit while being matched with low to moderate income families who have limited access to

[7] https://www.unitedwayri.org/wp-content/uploads/2023/11/2021-2023-RI-State-Plan-Caregiving.pdf
[8] https://publuu.com/flip-book/1033742/2437951/page/14

subsidized respite care. The nursing program workforce development initiative has been expanded to include all the higher education nursing programs in the state. Long-term, the goal for sustainability is that each nursing program can continue this initiative at little to no cost. Other partners in the grant are Heathcentric Advisors (the State's CMS-designated quality improvement organization), Catholic Social Services of RI, and the ADRC. Working together we have built the program to both to scale and achieve long-term sustainability of Lifespan respite services in the State. Rhode Island's respite services are recognized nationwide and support caregivers across the lifespan, including an increasing number of grandparents who are raising grandchildren.

Elder Justice

As noted above, OHA applied for, and received, federal formula funding for RI Adult Protective Services through CRSSA and ARPA. This funding is being used to enhance APS operations (including the APS workforce) and strengthening community supports for APS clients.

Our goal is to ensure that older Rhode Islanders who are at risk of abuse, neglect, exploitation, and/or self-neglect are provided with protective services to support their independence, health, and safety in the community. Through increased partnership with Rhode Island Legal Services and the Rhode Island Bar Association to promote and provide legal help to older adults with social and/or economic needs. Through annual APS conferences we brought together older adult-serving community partners to raise awareness about elder abuse, neglect, exploitation, and self-neglect detection and prevention, and mandatory reporting laws.

Medicare Information and Assistance and Awareness (MIAA)

For many years the state of Rhode Island provided SHIP, SMP, and MIPPA supports through regional *Integrated Partner* contracts that coupled those Medicare-support services with regional ADRC activities. Through the work of the State's LTSS modernization efforts and the restructuring of the ADRC within that larger effort, we have re-envisioned that important work and have re-created the structure. Under the new structure, eleven (11) MIAA partners, with centralized administrative support from OHA staff, will provide:

- Un-biased one-on-one counseling, education, and assistance that empowers them to make informed health insurance decisions.
- Awareness of health care fraud, errors, and abuse.
- One-on-one assistance to help them apply for benefit programs that help lower the cost of the Medicare premiums and deductibles.

The federally funded State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP) Program, and the Medicare for Patients and Providers Act (MIPPA) staff and volunteers receive extensive and ongoing training in order to serve as SHIP, SMP and MIPPA counselors.

OHA received great community feedback to a monthly Facebook Live Event series called "Medicare Mondays". These events began during the Open Enrollment period of 2022. Due to the positive feedback OHA is conducting these events once a month, every third Monday throughout the entire year. *Medicare Monday* topics have included topics such as Medicare, Medicare fraud, and Medicate assistance programs.

SHIP

The national State Health Insurance Assistance Program (SHIP) offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed

decisions about their care and benefits. OHA has ensured that the SHIP Counselors have the information, training, and the tools that are required to help Medicare beneficiaries. Through the trainings conducted, SHIP counselors have been able to help Medicare- beneficiaries to understand their health care options, including enrollment assistance into the Medicare Premium Payment Program (MMP), which is RI's Medicare Savings Program (MSP). OHA staff support SHIP through volunteer recruitment, creation of informational materials, outreach events, and staffing a toll-free SHIP line where Medicare beneficiaries get answers to their health coverage questions.

SMP

When older adults fall victim to Medicare fraud it can jeopardize their personal and economic security and the integrity of the program. Senior Medicare Patrol (SMP) empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. A key component of the program is volunteer participation. OHA recruits, trains, and supports volunteers who assist Medicare beneficiaries in prevention, detection, and reporting techniques.

SMP staff and volunteers, outreach to Medicare beneficiaries in their communities through group presentations, exhibiting at community events, answering calls to SMP helplines, and meeting individually with clients. Their main goal is to teach Medicare beneficiaries how to protect their personal identity; identify and report errors on their health care bills, and identify deceptive health care practices, such as illegal marketing, providing unnecessary or inappropriate services, and charging for services that were never provided and report suspected Medicare fraud and abuse.

OHA established a work plan to execute and produce positive results for supporting Medicare beneficiaries. The SMP work plan entails increased statewide capacity; improved beneficiary education and inquiry resolution; improved efficiency while enhancing operational and quality results, and targeted training and education to better serve evolving priority populations.

MIPPA

Medicare Improvement for Patients and Providers (MIPPA) provides one-on-one assistance to eligible Medicare beneficiaries to help them apply for benefit programs that help lower the costs of their Medicare premiums and deductibles. These programs consist of Low-Income Subsidy (LIS) program and Medicare Premium Payment Program (MPP). The program has four (4) levels of benefits: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), and Qualified Working Disabled Individual (QDWI). MIPPA also educates about Medicare Preventive Services, which provide exams and screenings such as the "Welcome to Medicare", yearly "Wellness" visits, flu shots, cardiovascular screenings, and more.

OHA utilizes data provide by the federal government to locate low-income Medicare beneficiaries statewide. Based on this data, OHA distributes MIPPA funds to each regional partner agency according to the percentage of low-income beneficiaries located in the area.

OTHER PROGRAMS

For a description of all OHA programs including those not outlined above, please see Appendix E. These programs create a system of supports and services critical to older adults, as well as their families and caregivers, enabling them to live healthful and happy lives.

Appendix A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2020

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; 12 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. 17

(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

Appendix B

Information Requirements

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

(1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and

(2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

"Greatest economic need" means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

"*Greatest social need*" means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

(1) identify and consider populations in greatest economic need and greatest social need;

(2) describe how they target the identified the populations for service provision;

(3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;

(4) establish methods for serving the prioritized populations; and

(5) use data to evaluate whether and how the prioritized populations are being served.

Response: The staff of the of Office of Healthy Aging keep older Rhode Islanders at greatest economic and social need at the forefront of the work serving older adults directly as well as in the expectations set with community partners sub-awarded to do the work of the Older Americans Act in community spaces. Consistently, our partners have demonstrated their capacity to serve those with the greatest economic and social needs. Greatest economic need is defined as older adults with incomes below the federal poverty level as well as those with incomes up to 350% of the federal poverty level. Targeting individuals with incomes between 100-350% FPL brings attention to a "missing middle". Those are older adults who are ineligible for Medicaid and other means-tested, public benefits for low-income individuals, yet they don't have sufficient income and resources to afford private pay resources for an extended period. Greatest social need is defined as those who are physically or mentally frail, including those with dementia, at risk of institutionalization without services as well as those older adults age 85+, individuals with limited English proficiency, and those who live in Rhode Island's rural areas. OHA's scopes of work set expectations that agencies will conduct outreach in geographic communities and with organizations serving individuals with greatest social need to ensure the target population is aware of available services as well as setting expectations that staff are properly trained to serve the special needs of those older adults. During monthly meetings between OHA-program managers and sub-awarded community partners, successes and challenges related to engaging those at greatest social risk are a regular agenda item to ensure focus on these areas. OHA contracts many of its Title IIIB, IIIC, IIID, and IIIE services to community partners; through those partnerships, services are delivered by trusted neighborhood service providers that have deep ties in underserved, low-income communities. In addition to partnering with those organizations, OHA ensures service delivery is prioritized to those most at risk by requiring scopes of work include outreach, data reporting includes demographic information, and the application for funds include explicit plans for reaching those populations, utilizing language related to inclusivity and that budgets reflect such efforts through translation and outreach. OHA supports Rhode Island's Department of Environmental Management (DEM) with efforts to distribute farmers market vouchers to eligible low-income seniors. Historically, OHA, through the Title IIID program, has given priority to serving elders living in medically underserved areas of the State or who are of greatest economic need. This State Plan on Aging coincides with the federal Rural Health Transformation Initiative. The new partnerships offer great opportunity for expanded connections to organizations serving rural residents. OHA focuses meal delivery to medically underserved communities in Rhode Island by targeting service-delivery to specific areas of the state

where the identified populations reside.

OHA requires SMP sub-grantee agencies to develop relationships in linguistically diverse communities, with established organizations, to share the SMP message and to overcome cultural and language barriers to recruit and train senior volunteers to educate and assist their peers in their communities.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

Response: The Office of Healthy Aging engages with the Native Americans living in the state of Rhode Island through nutrition and health & wellness funding from Title III. Additionally, OHA directs some state funds to the Narragansett Indian Tribe. For many years, OHA has received state designated grants for senior services supports that have been distributed exclusively by municipality. In 2023, recognizing that some older adults are better served by individuals of their same cultural community, a portion of those funds began to be distributed by demographics. The state plan on aging identified Native Americans as a target population for greater outreach, so we directed state funds to the Tribe to serve elders as they saw fit.

Activities to Increase Access and Coordination for Native American Older Adults

OAA 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.

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide

outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

Response: Approximately 7,385 Native Americans live in Rhode Island[1], and nearly 570 Native Americans residing in Rhode Island are age 55 or older[2]. OHA receives no Title VI funding for Native American programs. OHA seeks to reach out to our State's federally recognized Native American tribe, the Narragansett Indian Tribe, by making Title III funds available to the Tribe. Specifically, OHA allocates annually a portion of our Title IIIC congregate meal funding to the Narragansett Indian Tribe for its meal site. In addition, OHA distributes, by competitive bid, Title IIIB funds which may be used for a variety of supportive services for older individuals and adults with disabilities, empowering them to remain independent and self-sufficient. Pursuant to the terms of the Request for Proposals, Tribal organizations are eligible and invited to apply for these funds. OHA also reaches out to the Narragansett Indian Tribe to ensure awareness of funding opportunities for which it is eligible to apply, as well as the variety of programs and services available to the Tribe's older individuals. Most recently, for example, OHA connected with the Narragansett Indian Tribe to offer financial support to their congregate meal site in support of their distribution of the USDA Senior Farmers Market Nutrition Program. OHA invites the Narragansett Tribe to all community professional development opportunities.

[1] U.S. Census Bureau. 2020: DEC Redistricting Data (PL94-171)
[2] U.S. Census Bureau. 2021: American Community Survey (Sex by Age (American Indian and Alaska Native Alone)

Low Income Minority Older Adults

OAA 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.

Response: Please see Appendix I for our Demographic Analysis. As described in the section related to Greatest Economic and Greatest Social Need, OHA prioritizes sub-awarding funds to community partners with demonstrated ties to low-income and minority communities. Expectations of such engagement are explicitly set in all scopes of work. Each agreement OHA enters with community partners requires those partners to identify their capacity to offer interpretation and requires use of funds for translation of materials. Demographic information is collected for program participants to ensure engagement across cultural communities. When partners need support engaging with a new population, OHA facilitates connections between and among

organizations serving low-income communities or partners with ties to Southeast Asian, Latino, or other ethnic communities.

Rural Areas – Hold Harmless [9]

OAA 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.

RESPONSE: N/A. Under definitions of both the USDA Economic Research Service and the Office of Management and Budget, Rhode Island has no rural areas.

Rural Areas – Needs and Fund Allocations

OAA 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.

RESPONSE: N/A. Under definitions of both the USDA Economic Research Service and the Office of Management and Budget, Rhode Island has no rural areas.

Assistive Technology

OAA 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;

RESPONSE: As a single state area on aging OHA will partner with RI Council on Assistive Technology (RICAT). RICAT consists of a group of citizens that provide advice to the Rhode Island Assistive Technology Access Partnership (ATAP). The ATAP is a group of agencies that work together to help people receive information about AT. The Office of Healthy Aging staff promotes the work of RICAT and ATAP and connects them to other older-adult serving organizations through community professional development

[9] Historically, per federal agency definition, Rhode Island has no communities deemed rural. For the purposes of the Rural Health Transformation Project, the RI EOHHS has worked with CMS to have eighteen (18) municipalities categorized as rural. During this State Plan cycle OHA will develop structures to integrate those newly identified rural communities into its work.

opportunities convened by OHA such as senior centers, case management agencies, and other state agencies serving older adults.

Minimum Proportion of Funds

OAA 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.)*

RESPONSE:

Access and Assistance Services – (Title IIIB Funds) list - 35%
Legal Assistance – (Title IIIB Funds) list – 3.5%
In-Home Services – (Title IIIB Funds) – **7%**

OHA In-Home Supports Program
OHA has an At-Home Supports Unit that manages both State-funded and Medicaid-funded in-home supports programs.
The At Home Cost-Share Program provides home care, adult day care, and case management services to individuals who are not Medicaid eligible and therefore not eligible to receive Medicaid-funded Long-Term Services and Supports (LTSS).
Using Title IIIB funds, the At Home Cost Share program offers comparable case management and home care services to a greater number of older adults who do not meet the CNOM eligibility criteria, thus ensuring we are serving those with the greatest social and economic needs without means testing.

Assessment of Statewide Service Delivery Model

OAA 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

RESPONSE: The Office of Healthy Aging consults the projections of the RI Division of Statewide Planning when determining allocation of funds and placement of services with community agencies. The thirty-year projection from 2010 estimated the only age cohorts of Rhode Islanders expected to grow during that period were those age 60+. Within the State of Rhode Island, these data are used to make budgetary requests to maintain service levels among a growing population. As RFPs are developed in upcoming years those projections will inform the geographic areas of service and age cohorts to address.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to complement the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services;

(B) To older individuals who have an occasional need for such meal; and/or

(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and

(5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

RESPONSE: N/A Rhode Island has not elected to do this.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

RESPONSE: OHA operates a Long-Term Care Ombudsman Program, meeting the requirements of Title VII of the Older Americans Act and applicable state law. Given the size of the State, Rhode Island has a single, statewide Ombudsman office with no local or regional offices. OHA contracts with and houses the program at a non-profit organization. OHA has strengthened its Title VII Ombudsman program through the adoption of regulations that address conflicts of interest and other areas of concern.

The State will use funds made available under subtitle A of Title VII for each Title VII 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 subtitle A, to carry out each of the vulnerable elder rights protection activities described in the chapter.

Rhode Island has no local Ombudsman entities.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

RESPONSE: OHA operates a Protective Services Program for older adults. This program is described in more detail on page 24 of the State Plan Narrative.

Please see discussion of OHA's Protective Services Program on page 24 of the State Plan Narrative. In addition, OHA operates this program in accordance with Title VII of the Older Americans Act, as well as RI General Laws Sections 42-66-8 through 42-66-11.

OHA receives reports of abuse on its dedicated Web Intake form, through phone calls, faxes, and walk-ins. All information gathered in the course of receiving reports and making referrals is confidential, except for situations where disclosure is permitted by law. Only OHA Elder Rights & Safety staff are permitted to have access to OHA's protective services records, and only to the extent needed to perform their assigned duties.

The OHA Elder Rights & Safety unit is prohibited by law from providing services or assistance to an alleged victim without his/her consent. The Unit conducts ongoing public outreach to educate people about elder abuse and self-neglect, and the services provided by OHA. Presentations are often made to companies, church groups, community agencies, etc. During this State Plan period, the RI Elder Justice Coalition (RIEJC) was formed. The RIEJC is a coalition of service providers, the RI Office of Attorney General Elder Justice Unit, advocacy organizations, financial institutions and more. OHA ERS leadership are members of the Coalition. Through this organization, OHA has been able to inform community trainings and public awareness campaigns convened by community partners. This ensures appropriate and accurate messaging while allowing ERS staff to oversee timely response to Adult Protective Services needs.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

RESPONSE: Monitoring of OAA assurances occurs through three distinct oversight measures. Most of the work of the Older Americans Act programming in Rhode Island is sub-awarded by OHA to community partners. The expectations of prioritization, program fidelity and integrity are outlined in those contractual agreements. All sub-awards have monthly reporting requirements and monthly oversight meetings with the OHA staff member acting as the program manager. (Program managers are assigned contracts by key area, e.g. one program manager oversees all nutrition-related sub-awards and another program manager oversees all caregiver sub-awards.) Program managers, in turn, share highlights, successes, and challenges with their supervisors who are members of the OHA leadership team. On a monthly basis the OHA leadership team discusses work happening in the community, prioritizing opportunities to enhance coordination, and adapting to new federal requirements or community trends. Finally, the Commission on Aging, a statutorily required commission with appointments made by the Governor, provides oversight of this plan. The Commission informs the development of the state plan, and monitors and supports its implementation.

State Plans Informed by and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

RESPONSE: N/A

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

RESPONSE:

Public input for the creation of the State Plan on Aging included the paper and electronic surveys and focus groups referenced in the appendix. Governor's Commission on Aging membership has been reconfigured to have representation of individuals with personal and/or professional expertise in the topic areas of the State Plan on Aging to inform the work on an on-going basis.

Program Development and Coordination Activities **(Optional, only for States that elect to pursue this activity)**

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

(1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;

(2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;

(3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and

(4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

RESPONSE: N/A did not elect

Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

RESPONSE: OHA operates a Legal Assistance Development Program. The Legal Assistance Developer coordinates with the Title IIIB program manager for the grant awards with Rhode Island Legal Services and with the Rhode Island Bar Association. The Legal Assistance Developer also responds to inquiries received by the agency that relate to legal issues and concerns and helps individuals to obtain legal assistance. The Legal Assistance Developer also reviews proposed state legislation that may affect older Rhode Islanders. The Legal Assistance Developer assists with the drafting and amending of OHA program regulations, looking out for elder rights in the process and conducts public hearings with respect thereto.

Emergency Preparedness Plans – Coordination and Development

OAA 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.

RESPONSE: OHA has a responsibility to ensure that older Rhode Islanders and adults living with disabilities have adequate access to available state and community emergency preparedness, response and recovery services. To fulfill this responsibility, OHA participates in statewide collaborative planning and response efforts in cooperation with the Executive Office of Health & Human Services and the Rhode Island Emergency Management Agency (RIEMA). During a disaster, the OHA deputy director staffs an Emergency Services Function (ESF) chair at the State Emergency Operations Center, ensuring coordination of emergency, human, and social services for older adults.

Older Rhode Islanders and adults living with disabilities are especially vulnerable to consequences from a catastrophic disaster or other emergency. Strategies to address this vulnerability include disaster and/or evacuation protocols, sheltering, food, water, sanitation and medication needs, among others. RIEMA works closely with civic, health, federal, state and municipal governments and emergency preparedness officers to ensure that the needs of this population are met. OHA will continue to collaborate with RIEMA and other state and local agencies to ensure that appropriate support is provided to these special populations during an emergency.

In order to help vulnerable community living adults to receive needed supports during an emergency, such as people who use ventilators or other life support systems, and people with mobility or other disabilities, the State maintains a Special Needs Emergency Registry (RISNER), administered by the Rhode Island Department of Health (RIDOH). Enrolling in the Special Needs Emergency Registry lets police, fire and other first responders better prepare for, and respond to the needs of vulnerable populations during a hurricane, storm or other emergency. OHA promotes enrollment in RISNER to older adults and caregivers who participate in OHA programs.

The information submitted to RISNER is shared with local and state first responders and emergency management officials. RIDOH and RIEMA work with E-911 to notify first responders when they are responding to a household that may have someone enrolled in the Registry residing at that location. This notification allows first responders additional time to consider how to best respond to that incident. Strict confidentiality is always maintained and only those that have a reason to access the information are authorized to do so.

The OHA Continuity of Operations Plan (COOP) is designed to ensure that the essential functions of OHA continue to operate, and that vital programs and services also continue to be provided to elders and adults with disabilities in the event of a natural, human, technological, national security emergency or pandemic. The OHA COOP includes procedures for continuing the essential functions of the agency, identifies key leadership staff with delegated authority and those individuals in orders of succession, addresses the issue of an alternate facility and/or virtual office, securing of vital documents and records and seeks to address the need for training and exercises to ensure that OHA staff understand the COOP and the role(s) each is to play in the event the emergency plan is activated. OHA works closely with RIEMA, the leading agency for development and deployment of COOP's governing state agencies.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA 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.

RESPONSE: See response above

Appendix C

INTRASTATE FUNDING FORMULA/FUNDS DISTRIBUTION PLAN REQUIREMENTS

For States with AAAs, each new State Plan submission must include a copy of the State's current IFF and

must include the required information set forth in this attachment.

For single PSA States, each new State Plan submission must include a copy of the State's current funds distribution plan and must include the required information set forth in this attachment.

Note: ACL will thoroughly review all IFFs and funds distribution plans. If any required information is not included in the current IFF or funds distribution plan, as applicable, or if any corrections or changes are needed to the current IFF or funds distribution plan, please consult with your Regional Office as to how to proceed in order to properly make any needed additions, changes or corrections. Failure to follow the required process for such additions, changes or corrections may result in a delay in the State Plan approval process.

Requirements Applicable to IFF Revisions:

OAA, Sec. 305(a)(2)(C)

"States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account-

(i) the geographical distribution of older individuals in the State; and

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."

OAA, Sec. 305(d)

(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.

All IFFs must contain the following:

- A descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic need and greatest social need, including addressing the populations identified pursuant to 45 CFR § 1321.27(d)(1).
- A list of the data used by PSA.
- A descriptive statement of each factor (i.e. 60+ living alone – number of people who are 60 and older that live alone) and weight/percentage used for each factor (i.e. 60+ living alone = 5%).
- Allocations of funds by PSA based on the IFF segmented by Part of Title III (e.g., chart of PSA X, IIIB Supportive Services, $900,000).
- States must provide the source of the data used to run in the IFF. States must use the "best available data." In most cases, the best available data is the most current US Census. A State also may use more recent US Census estimates from the American Community Survey; other more recent data of

equivalent quality available in the State also may be considered.

• A numerical/mathematical statement of the formula is required for Parts B, C-1, C-2, D and E. Definitions of the terms used in the numerical/mathematical statement are required.

• A separate descriptive and numerical/mathematical statement may be provided for Title III Part D – Evidence Based Disease Prevention and Health Promotion Services, to target the medically underserved and which there are a large number of older individuals who have the greatest economic need for such services, per Section 362 of the OAA. If a separate formula is used for Part D, a separate descriptive and numerical/mathematical statement is required.

• A statement explaining how Nutrition Services Incentive Program (NSIP) funds are distributed.

• States may use a base amount in their IFFs to ensure viable funding across the entire State.

• Statement that discloses if, prior to distribution under the IFF to the AAAs, funds are deducted from Title III funds for: State Plan Administration, Area Plan Administration, disaster set-aside funds as set forth in 45 CFR § 1321.99, and/or Long-Term Care Ombudsman allocations.

• The IFF should include information on how the formula affects funding to each PSA.

Please see 45 CFR § 1321.49 for more information. Note: If any required information is not included in a current IFF or if any corrections or changes are needed to a current IFF, please consult with your Regional Administrator as to how to proceed in order to properly make any needed additions, changes or corrections. Failure to follow the required process for such additions, changes or corrections may result in a delay in the State Plan approval process.

Requirements Applicable to Single Planning and Service Area States

Per 45 CFR § 1321.51(b), as part of their State Plan submission, single PSA States must provide a funds distribution plan which includes:

(1) A descriptive statement as to how the SUA determines the geographical distribution of the Title III and NSIP funding;

RESPONSE: OHA ensures that home-delivered meals, funded with Title III and NSIP, are delivered to all thirty-nine (39) municipalities throughout the state through expectations set forth in subaward agreements. Forty-five (45) congregate meals sites, funded with Title III and NSIP, are served in twenty-nine (29) of the thirty-nine (39) municipalities throughout the state. All Rhode Islanders age 60 and older are able to access free transportation to a meal site, whether or not in their city of residence, through the Elderly Transportation Program. Meal sites are hosted at senior centers, community centers, housing developments, and on Narragansett Indian Tribal land. Congregate meals are served in each of the state's five (5) counties.

(2) How the SUA targets the funding to reach individuals with greatest economic need and greatest social need, with particular attention to low-income minority older individuals;

RESPONSE: As outlined in the State Plan on Aging, OHA prioritizes funding to serve older adults who are low-income, with limited English proficiency, and adults over 85 years old. As a single state planning agency efforts are made to serve Rhode Island's older adults in every community. Four communities in Rhode Island have the lowest median incomes, largest percent of older adults with incomes below the federal poverty level, and the greatest percent of older adult speaking languages other than English at home. Those communities are Central Falls, Pawtucket, Providence, and Woonsocket. Each

of those communities host multiple Title III-funded congregate meal sites, host evidenced-based health programs and have on-site SHIP counselors. Additionally, OHA funds after-school and summer camp programming for grandparents as caregivers in both Providence and Pawtucket.

(3) At the option of the SUA, a numerical/mathematical statement as a part of their funds distribution plan; and

RESPONSE: N/A OHA does not take up this option

(4) Justification if the SUA determines it meets requirements to provide services directly where:

(i) As set forth in OAA section 307(a)(8)(A), no supportive services, except as set forth in paragraph (B) below, nutrition services, disease prevention and health promotion, or family caregiver services will be directly provided by the SUA, unless, in the judgment of the SUA:

(A) Provision of such services by the SUA is necessary to assure an adequate supply of such services;

(B) Such services are directly related to such SUA's administrative functions; or

(C) Such services may be provided more economically, and with comparable quality, by such State agency.

(ii) The SUA may directly provide case management, information and assistance services, and outreach.

(iii) Approval of the SUA to provide direct services may only be granted for a maximum of the State Plan period. For each time that approval is granted to a State agency to provide direct services, the State agency must demonstrate the SUA's efforts to identify service providers prior to being granted a subsequent approval.

(c) Single PSA States must adhere to use of the funds distribution plan for Title III and NSIP funds within the State.

RESPONSE: N/A OHA does not provide services directly.

Note: If any required information is not included in the current funds distribution plan, or if any corrections or changes are needed to the current funds distribution plan, please consult with your Regional Administrator as to how to proceed in order to properly make any needed additions, changes or corrections. Failure to follow the required process for such additions, changes or corrections may result in a delay in the State Plan approval process.

Setting Aside Funds to Address Disasters

New 45 CFR §§ 1321.99 and 1321.101 allow SUAs to set aside funds for disaster relief. When implementing this authority, a SUA may set aside funds, up to five percent of their total Title III allocations, provided that these funds are specified as being allowed to be withheld for this purpose in the SUA's approved IFF or funds distribution plan, as applicable, or with prior approval from the ASA. If funds are set aside for this purpose, the SUA must have policies and procedures in place to award the funds through the IFF or funds distribution plan if the funds are not awarded within 30 days of the end of the fiscal year in which the funds were received. Other terms and conditions apply to this authority granted to SUAs. See 45 CFR § 1321.99 and § 1321.101 for more information.

RESPONSE: N/A OHA is not electing to set aside funds to address disasters.

Revised IFFs/Funds Distribution Plans during this State Plan cycle

Any revisions to the IFF/Funds Distribution Plan must be clearly indicated and take into consideration the statutory and regulatory requirements listed in this attachment. Any change to IFF/Funds Distribution Plan factors or weights requires approval by the ASA. States must submit IFF/Funds Distribution Plan revisions that do not coincide with a new State Plan submittal as a State Plan amendment.

Public Comment Period: SUAs should be aware that, absent a waiver from the ASA, 45 CFR § 1321.49 requires that proposed IFF/Funds Distribution Plan revisions be available for a minimum of thirty (30) calendar days for public review and comment.

State Plan Amendments:

A. Subject to prior approval by the ASA, a State must amend the State Plan whenever necessary to reflect:

(1) New or revised statutes or regulations as determined by the ASA;

(2) An addition, deletion, or change to a State's goal, assurance, or information requirement statement;

(3) A change in the State's IFF or funds distribution plan for Title III funds, as set forth in 45 CFR § 1321.49 or § 1321.51;

(4) A request to waive State Plan requirements as set forth in section 316 of the OAA, or as required by guidance as set forth by the ASA; or

(5) Other changes as required by guidance as set forth by the ASA.

Absent a waiver from the ASA, 45 CFR § 1321.29 requires that proposed State Plan amendments that require the approval of the ASA must be available for a minimum of thirty (30) calendar days for public review and comment. State Plan amendment submissions should demonstrate compliance with this requirement. 41 Each State Plan amendment which requires approval of the ASA as set forth above shall be signed by the Governor, or the Governor's designee, and submitted to the ASA to be considered for approval at least 90 calendar days before the proposed effective date of the plan or plan amendment.

Each such amendment shall be submitted to the ASA to be considered for approval via the applicable Regional Administrator. The State shall submit a draft of the amendment to the appropriate ACL Regional Office at least 120 calendar days before the proposed effective date of plan amendment, The SUA shall work with the ACL Regional Office in reviewing the plan amendment for compliance.

B. The action(s) listed in (1) through (6) below do not require prior approval of the ASA. A State must amend the State Plan and notify the ASA, via the applicable Regional Administrator, of an amendment **not** requiring prior approval whenever necessary and within 30 days of the action(s) listed in (1) through (6) below:

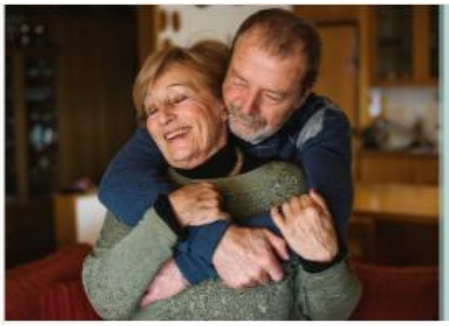
(1) A significant change in a State law, organization, policy, or SUA operation;
(2) A change in the name or organizational placement of the SUA;
(3) Distribution of State Plan administration funds for demonstration projects;
(4) A change in PSA designation, as set forth in 45 CFR § 1321.13;
(5) A change in AAA designation, as set forth in 45 CFR § 1321.19; or
(6) Exercising of major disaster declaration flexibilities, as set forth in 45 CFR § 1321.101.

See 45 CFR § 1321.29 and § 1321.31 for more information regarding requirements with respect to State Plan amendments.

Appendix D
Summary of Public Outreach

Throughout February, 2026, six focus groups were held to get feedback from older adults across the state of RI. The notes from those focus groups were summarized and shared with two additional focus groups: the Governor's Commission on Aging and a convening of local leaders in the non-profit, higher education, state government, philanthropic and legislative communities. Facets of all conversations contributed to the goals, priorities and objectives within this state plan.

Below is an example of a flyer circulated widely in places older adults congregate as well as distributed on social media. Following is a summary of the focus group input.



RHODE ISLAND OFFICE OF HealthyAging

State Plan on Aging Focus Group Meeting

Co-creating the future of aging in Rhode Island

Join the Rhode Island Office of Healthy Aging for a facilitated community focus group to share insights, aspirations, and priorities that will inform the Rhode Island State plan on Aging.

Date	Day	Time	Location
2/2/2026	Monday	1:00pm-2:30pm	**West Warwick Senior Center** 145 Washington St, West Warwick, RI 02893
2/5/2026	Thursday	11:00am-12:30pm	**Smithfield Senior Center** 1 William J Hawkins Jr Trail, Greenville, RI 02828
2/9/2026	Monday	9:30-11:00am	**East Providence Senior Center** 610 Waterman Ave, East Providence, RI 02914
2/18/2026	Wednesday	12:00-1:30pm	**Aging Well, Inc.** 84 Social St, Woonsocket, RI 02895
2/19/2026	Thursday	12:00pm-1:30pm	**Middletown Senior Center** 670 Green End Ave, Middletown, RI 02842
2/20/2026	Friday	1:00pm-2:30pm	**Westerly Senior Center** 39 State St, Westerly, RI 02891



Hosted by the Rhode Island Office of Healthy Aging

Scan the QR code below or email: oha.info@oha.ri.gov to register

HealthyAging

This project is supported, in part by grant number 90LRLI0052, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

Rhode Island State Plan on Aging: Statewide Community Listening Sessions

Strategic Synthesis for Leadership, Rhode Island Office of Healthy Aging, March 2026

Introduction

Listening to the Lived Experience of Aging in Rhode Island

Throughout February 2026, the Rhode Island Office of Healthy Aging convened a series of community listening sessions with older adults and caregivers across the state to inform the development of the next Rhode Island State Plan on Aging. Sessions were held in:

- West Warwick
- Smithfield
- East Providence
- Woonsocket
- Middletown
- Westerly

Participants included older adults, caregivers, volunteers, and community members engaged in local senior centers and community programs. Conversations were structured around four domains that shape the experience of aging:

1. Health and Wellness
2. Independence and Daily Living Supports
3. Justice and Protection
4. Connection, Engagement, and Purpose

While participants discussed specific programs and services, the deeper conversation revealed something more important: how the systems designed to support aging are experienced in everyday life.

Across all sessions, the same underlying message emerged: Older adults want to remain connected, independent, and engaged in their communities but the systems meant to support them are often fragmented, difficult to navigate, and unevenly accessible.
Several issues surfaced consistently across every region:

- Transportation barriers
- Housing affordability
- Access to healthcare providers
- Social isolation
- Lack of clear communication about available services

Together, these issues form the foundation for the themes outlined herein.

Theme 1:Health and Wellness

Access, Coordination, and the Human Experience of Care

Participants consistently described challenges accessing healthcare services and navigating the broader health system.

Limited Provider Availability

A shortage of healthcare providers was raised in nearly every community.

Participants reported difficulty accessing:

- Primary care providers
- Mental health professionals
- Dental providers
- Specialists

Several noted that when physicians retire or leave RI, patients often struggle to find replacements. Other participants described insurance coverage that technically provides access to care but does not translate into available local providers.

Fragmentation of Care

Participants described a healthcare system that feels increasingly fragmented.

Concerns included:

- Multiple specialists who treat individual conditions without coordinating care
- Difficulty navigating referrals
- Lack of integrated care planning

Many participants expressed a desire for whole-person care approaches and improved coordination among providers.

Communication and Accessibility

Communication barriers within healthcare systems were frequently cited.

Examples included:

- Automated phone systems that make it difficult to reach a real person
- Staff who do not know patients personally
- Lack of follow-up communication

Participants emphasized that older adults often leave medical appointments without fully understanding next steps.

Mental Health and Emotional Transitions

Mental health emerged as a significant but under-addressed issue.

Participants described the emotional impact of major life transitions such as:

- Retirement
- Loss of spouses and friends
- Relocation
- Loss of identity associated with work or caregiving roles

Grief support services were identified as particularly limited.

Many participants also noted persistent stigma around mental health and the perception that depression is sometimes dismissed as a normal part of aging.

Technology as Both Tool and Barrier

Technology-based systems are increasingly central to healthcare access. However, participants reported that digital platforms can create additional barriers.

Concerns included:

- Difficulty navigating patient portals
- Lack of ongoing technology training
- Rapidly changing digital platforms

Participants emphasized that technology should enhance access to services—not replace human support.

Theme 2: Independence and Daily Living Supports

Aging in Place Requires Infrastructure

Participants expressed strong interest in remaining in their homes and communities as they age. However, several practical barriers make independence increasingly difficult.

Transportation as a Foundational Issue

Transportation was the most frequently cited barrier across all sessions.

Participants reported challenges such as:

- Difficulty scheduling rides
- Long wait times for transportation services
- Inconsistent ride availability
- Limited transportation options at night

Transportation barriers affect access to essential activities including:

- Medical appointments
- Grocery shopping
- Social activities
- Legal services

Participants emphasized that transportation challenges often trigger a cascade of isolation and declining health.

Housing Affordability and Availability

Housing costs were another major concern.

Participants described:

- Rising rents
- Long waiting lists for subsidized housing
- Limited transitional housing options

Several participants emphasized the need for “middle housing” models that provide options between independent homeownership and institutional care.

Home Maintenance and Safety

Participants identified numerous small supports that make aging in place possible.

Examples included:

- Snow removal
- Home repairs

- Safety modifications such as grab bars and ramps

Participants often did not know where to access funding or services for these supports.

Caregiver Support

Caregivers play a critical role in supporting older adults.

However, participants described several gaps:

- Limited respite services
- High cost of adult day programs
- Lack of awareness of caregiver resources

Participants also noted that family members often struggle to navigate care decisions without professional guidance.

Theme 3: Justice and Protection

Navigating Legal Systems and Ensuring Safety

Participants raised concerns about legal protection, financial planning, and personal safety.

Access to Legal Services

Participants reported difficulty accessing affordable legal assistance.

Common needs included:

- Wills and trusts
- Powers of attorney
- Healthcare proxies
- Financial planning related to long-term care

Participants suggested expanding partnerships with law schools and legal aid organizations.

Financial Exploitation and Scams

Scams targeting older adults were widely discussed.

Participants emphasized the need for:

- Public education campaigns
- Accessible resources for reporting scams
- Outreach in multiple languages

Many participants noted that scams increasingly occur through digital platforms.

Guardianship and Decision-Making

Participants raised difficult questions about how to support individuals who lose decision-making capacity.

Concerns included:

- Limited guardianship resources
- Lack of support for individuals without family
- Difficulty intervening when someone refuses assistance

Participants emphasized that systems must balance autonomy with safety.

Safety and Abuse Prevention

Participants acknowledged that elder abuse remains underreported.

Concerns included:

- Limited awareness of ombudsman services
- Housing safety issues
- Lack of after-hours support in residential communities

Some communities reported creating informal support systems to address safety concerns.

Theme 4:Connection, Engagement, and Purpose

Aging Well Requires Community

Participants repeatedly emphasized that aging well requires opportunities for connection, contribution, and purpose.

Social Isolation

Social isolation emerged as a major concern across communities.

Participants described:

- Reduced interaction with family members
- Loss of social networks
- Limited opportunities to build new relationships

Isolation was frequently linked to declining mental health.

Senior Centers as Community Hubs

Senior centers were widely recognized as vital community spaces.

Participants valued:

- Social programming
- Educational opportunities
- Physical activity classes
- Cultural events

However, barriers remain.

Participants cited:

- Transportation limitations
- Program costs
- Persistent stigma associated with senior centers

Participants recommended greater investment in senior centers as community anchors.

Intergenerational Opportunities

Participants expressed strong interest in intergenerational programs.

Examples included:

- Technology assistance from students
- Mentoring relationships
- Shared cultural programs
- School-based partnerships

Participants noted that funding often determines whether these programs continue.

Volunteerism and Civic Engagement

Many older adults expressed a strong desire to contribute to their communities.
However, participants reported difficulty finding volunteer opportunities.
Participants recommended:

- Centralized volunteer information systems
- Partnerships with organizations such as United Way
- Expansion of AmeriCorps and Senior Companion programs

Cross-Cutting Insights

What We Heard Across Every Community

Several insights appeared consistently across all sessions.

Communication and Awareness

Many participants were unaware of services already available to them.
Participants recommended:

- Stronger outreach campaigns
- Information distributed through multiple channels
- Partnerships with faith organizations and local media

Digital communication alone was viewed as insufficient.

Human Navigation

Participants repeatedly emphasized the importance of human assistance when accessing services.

Participants expressed a desire for:

- Social workers at senior centers
- Community navigators
- Centralized resource coordination

Technology Balance

Participants acknowledged the value of technology but emphasized that systems must remain accessible to individuals who do not use digital tools.

Appendix E
Geographic boundaries

Include the identification of the geographic boundaries of each PSA, as well as of AAAs designated for each PSA, if applicable.

Rhode Island has a single state unit on aging service area. The State Plan on Aging supports older adults throughout the entire state.

Appendix F

OHA PROGRAMS SUMMARY – STATE COMMISSION INVOLVEMENT

Through the development and promotion policies and programs that support the dignity and independence of older adults, the Office of Healthy Aging is the state agency charged with supporting nearly one in four Rhode Islanders, as almost a quarter of the state population is age sixty and older. The Office's programs and partnerships focus on protection, connection, and caring, while keeping the voices and desires of older adults themselves at the forefront of decision making. With the agency's placement within state government, and the Director serving as a member of Governor McKee's Cabinet, OHA leadership inform statewide planning priorities to ensure older adults are considered in all components of statewide planning. Because aging is multidisciplinary, OHA plays an important role convening leaders from different industries to create new, innovative approaches to engaging older adults. Below is an accounting of what we *do*. These are the programs conceived of, funded, implemented and/or administered by the Office of Healthy Aging.

Information and Assistance
Since 2005, OHA has overseen Rhode Island's Aging and Disability Resource Center (ADRC). Until 2024, the ADRC was known locally as The POINT. During the creation of the 2023-2026 State Plan on Aging a regular comment heard in focus groups with older adults was they didn't know what The POINT was. In 2024, after engaging a consultant, the State of RI rebranded The POINT as the "Aging and Disability Resource Center (ADRC)". The rebranding, and accompanying promotional campaign, has proven clearer for older adults and their caregivers. Funding for the ADRC has been funded through Title IIIB of the Older Americans Act. In 2024 the State allocated general revenue to the ADRC and in 2025, as part of a competitive RFP process, funds from SHIP, SMP, MIPPA, BEC, and MME were integrated with the IIIB funds to bolster support for the state's preeminent resource for older adults.

The ADRC is available 24/7 by phone and, in calendar year 2025, had 25,605 unique contacts via phone call. Phone calls are the primary connection point with the ADRC. Additionally, individuals seeking support can access the resources of the ADRC through the web-based, MyOptionsRI, in person at the ADRC walk-in office within its host agency, the United Way of RI, or at one of the several weekly community connections where staff from the ADRC visit senior centers, community centers, health clinics, libraries, and other locations in each community of the state. The ADRC staff provide information and referral services, person centered options counseling, application assistance, and transition support – all with the goal of helping older Rhode Islanders age where and how they wish.

OHA continues to publish its very popular "pocket manual" on annual basis. The printed booklet lists services throughout the state to support aging in community including, nutrition, housing, health centers, behavioral health counseling, senior centers, and more. The manuals are printed in English, Spanish, and Portuguese. The manual is also available on the OHA website where it is updated monthly as new programs become available and contact information changes.

State Health Insurance Assistance Program (SHIP)
OHA manages the Rhode Island State Health Insurance Assistance Program (SHIP), which provides one-on-one, personalized counseling about Medicare benefits and services. SHIP counselors and volunteers are available to answer questions and assist with Medicare-related questions. SHIP services include community outreach, information, education, and enrollment assistance.

Medicare beneficiaries are referred by SHIP counselors and volunteers to other programs and services, as needed. Throughout calendar year 2025, Rhode Island SHIP counselors and volunteers assisted 5,684 individual beneficiaries. During the same time period, 300 outreach events were held. Through these events, counselors reviewed current plans with beneficiaries –while providing enrollment assistance for those electing to change their Medicare Advantage and Prescription Drug Plans (Medicare Parts C and D, respectively).

SHIP counselors have assisted Medicare Advantage participants whose care has been disrupted when health insurance companies and health care providers have contract changes during their coverage period. Those impacted Medicare participants get support from SHIP counselors during the Special Enrollment Periods approved by CMS.

Medicare Improvements for Patients and Providers Act (MIPPA)
OHA oversees the Medicare Improvements for Patients and Providers Act program (MIPPA).
This program is established through a grant from the U.S. Department of Health and Human Services, Administration for Community Living. OHA collaborates with its integrated partners to accomplish the goals of the MIPPA grant, including outreach and enrollment assistance to Rhode Island's low-income Medicare

beneficiaries who may be eligible for two primary Medicare cost sharing programs: the Medicare Premium Payment Program (MPP) and the Low-Income Subsidy Program (LIS). OHA and its partners also coordinate outreach events to locate and educate Medicare beneficiaries, their families, and caregivers on the availability and benefits of these programs.

MPP is a R.I. Medicaid program, providing financial assistance for Medicare Parts A and B premiums, deductibles, co-insurance and co-payments to eligible beneficiaries. LIS is a federal Social Security Administration program that provides financial assistance to Medicare beneficiaries for Part D premiums, deductibles, co-insurance and co-payments. Both programs use income and resource guidelines as determined by the federal government and the state Medicaid Program.

Medicare-Medicaid Enrollment Supports
The Medicare-Medicaid Enrollment Supports (MME) program provides one-on-one options counseling to beneficiaries who are dually eligible for both Medicare and Medicaid. Services are provided by OHA's partner, the United Way of Rhode Island, through the Aging and Disability Resource Center. MME is made possible through a Centers for Medicare and Medicaid Services (CMS) grant. Available options include, but are not limited to, Rhode Island's Medicare-Medicaid Plan (capitated model), fee-for-service, and special needs plans.

Outreach events and presentations are coordinated and implemented by specially trained MME Counselors, who are also certified SHIP Counselors

Senior Companion Program
Senior Companion volunteers are people age 55 and older who provide companionship for frail older adults in the home, at day centers, or other community sites. Companions assist with daily tasks, helping those served to remain living in the community for longer. Companions may provide transportation to medical appointments, shopping assistance, meal preparation, and advocacy. They also provide respite to caregivers of frail elders. By remaining active and contributing to their communities, Companions benefit from the program along with the clients they serve.

In an average week, 37 Senior Companions visit with more than 245 seniors. Volunteers have dedicated countless hours of friendship, compassion and much-needed human interaction to those in need of a helping hand. In the past year, Companions have provided over 47,000 of companionship and dedicated service to their clients.

Volunteer Guardianship Program
Established in 2001, the Volunteer Guardianship Program (VGP) connects elders who are unable to make healthcare decisions on their own – and who live in the community or in long-term-care settings –with volunteer guardians.

In May 2026, sixty-five (65) volunteers acted as guardians for one hundred twenty-eight (128) wards. The number of individuals needing medical decision making has increased by 46% since the last State Plan on Aging in 2023. OHA has sought and received additional state funds in SFY27 to support greater volunteer outreach to respond to rising need.

Respite Care
CareBreaks, funded by OHA and operated by Catholic Social Services of Rhode Island, is the state's primary respite program. Through *CareBreaks*, families can access safe, affordable, temporary care for their loved ones,

providing a needed break from caregiving duties. Services are coordinated through qualified home healthcare providers and are based on level of need.

Since 2003, OHA has also provided respite services to grandparents and older adult caregivers of youth age 18 and under through ACL's National Family Caregiver Program. The grandparents respite program partners with community providers to offer after-school and summer-break programming.

Additionally, since 2008, Rhode Island has been a recipient of ACL's Lifespan Respite Care discretionary grant funding. Through this funding, OHA launched the Nursing Student Respite Workforce Initiative, training and pairing local nursing students with families in need of respite care. OHA now partners with four of Rhode Island's six nursing programs as part of this effort, with curriculum and program support provided by academic staff.

Home and Community Care

OHA Home and Community Care programs are designed to assist functionally impaired seniors and adults with disabilities to meet a wide variety of medical, environmental and social needs. Based on eligibility, Home and Community Care programs may provide home health aide services, adult day services, Meals on Wheels home delivered meals, Senior Companion services, personal emergency response system, minor home modifications, and minor assistive devices or assisted living services. Programs offered share a common goal: for seniors and adults with disabilities to retain their independence by receiving services that allow them to live safely in their own home.

OHA works with a network of regional case management agencies and other senior organizations to assess individual and caregiver needs, develop person-centered care plans and provide ongoing support and advocacy for the individual receiving services and their caregivers.

Rhode Island Pharmaceutical Assistance to the Elderly

Established in 1985, the Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program provides financial assistance to eligible seniors for a variety of generic medications. To qualify for the program, applicants must be Rhode Island residents age 65 years or older, or residents between the ages of 55 and 64, who receive Social Security Disability (SSDI) payments. Applicants must meet specific income guidelines and be enrolled in a Medicare Part D plan. Applicants cannot be enrolled in LIS. Eligible RIPAE members can purchase medications covered by RIPAE at the RIPAE discounted price during the deductible phase of their Medicare Part D plan. Eligible RIPAE beneficiaries also receive a once per calendar year Special Enrollment Period (SEP) outside of the Annual Election Period if enrollment in to a new Part D plan provides a better benefit for the beneficiary.

RIPAE eligibility is based on four tiers of allowable income. Members that fall into the lowest income group also receive auxiliary benefits, including a monthly telephone bill discount, free entry into state beaches, a discount on their cable bill when an extended cable plan is purchased, and extra time to have emissions testing performed on a vehicle.

Senior Medicare Patrol

Through the Senior Medicare Patrol (SMP) program, OHA and its partners assist Medicare beneficiaries, their families and caregivers in preventing, detecting and reporting cases of fraud or abuse.

Each year, Medicare and Medicaid errors, fraud, waste, and abuse cost taxpayers and the healthcare industry billions of dollars. Fraudulent claims mean less money is available for affordable healthcare, which is central to living well.

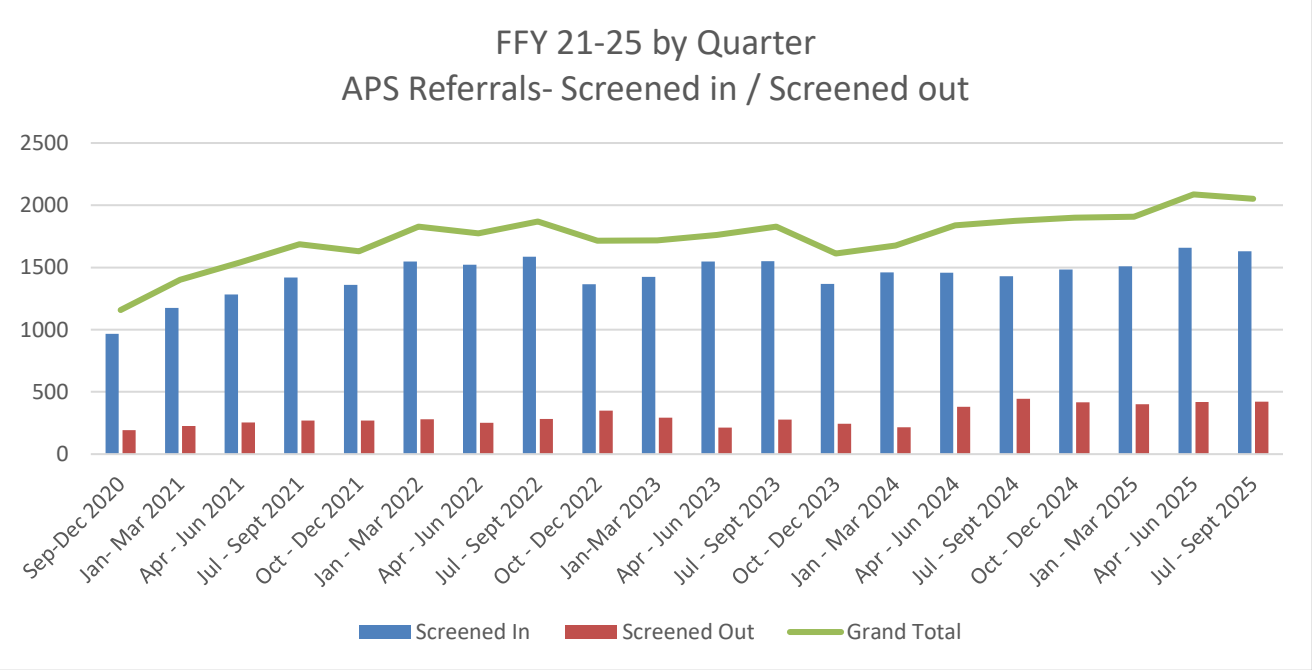
Through SMP, fraud alerts are routinely distributed to notify beneficiaries of the latest healthcare scams. In 2025, 35 SMP volunteers provided over 2,873 hours of service to more than 7,000 members of the community.

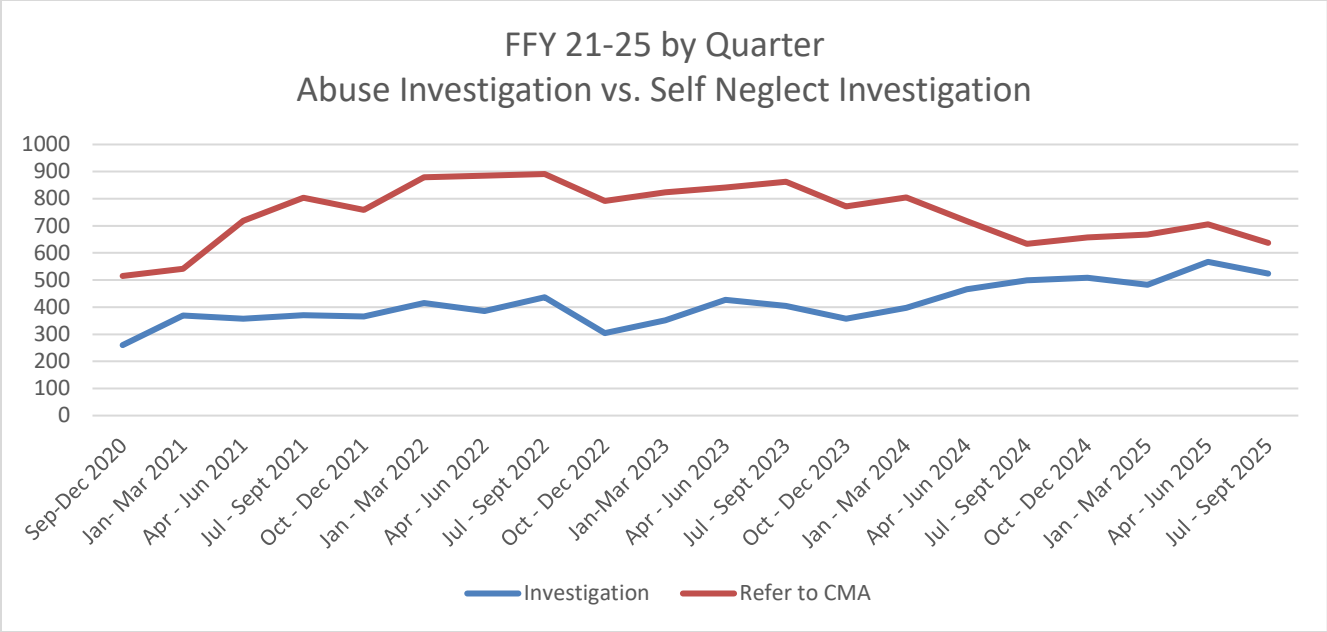
Adult Protective Services

The OHA Elder Rights & Safety Unit is responsible for receiving and investigating reports of elder abuse, neglect, financial exploitation and self-neglect of Rhode Islanders age 60 and older. Excluding self-neglect, acts of alleged abuse include those by a family member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation, or abandonment.

Reports of elder abuse and self-neglect have been rising for four consecutive federal fiscal years. Reasons for the increase may be attributed to greater public awareness of signs of elders at risk, the introduction of an on-line abuse reporting portal, and a growing older adult population.

Reports of abuse are referred by screeners to OHA investigators. Reports of self-neglect are referred by screeners to contracted community case management agencies (CMAs).





After Hours Emergency Response

The After-Hours Emergency Response Program for Elders in Crisis was established by OHA in 2006 to address the need for a comprehensive response to elders in crisis after OHA's normal business hours and on holidays and weekends. When a call is made to the assessment team at the After-Hours Emergency Response Program telephone line, the call will be screened and if necessary, a clinical assessment and/or intervention will be conducted either by phone or in person. The assessment team will also take routine reports, such as allegations of financial exploitation or reports of elder self-neglect. All reports are forwarded to OHA the next business day for screening and potential intake.

Legal Services Developer

Rhode Island's Legal Services Developer provides legal information, referral and assistance to elders, families and caregivers. The Developer liaises with OHA grantees –the Rhode Island Bar Association (RIBA) and Rhode Island Legal Services (RILS). RIBA runs a lawyer referral network for the elderly, which links older Rhode Islanders with attorneys who can assist with any legal matters. The fees charged, if any, are based upon the elder's income level.

RILS assists low-income older Rhode Islanders with certain legal issues, such as landlord-tenant, foreclosures, and tax/public benefit issues. RILS and OHA collaborate on outreach and education activities.

Elder Justice

In 2018, OHA received an elder justice innovation grant to enhance operations and services under the Elder Rights & Safety (ERS) unit. The grant, totaling $977,008, has been used to:

- Deploy a new technology platform for tracking, monitoring, and reporting investigations of abuse, neglect, and exploitation, self-neglect and early intervention;
- Strengthen behavioral healthcare supports for clients;
- Strengthen training for ERS staff;

- Fund members of the RI Elder Justice Coalition offer community trainings about signs of abuse,
- Fund promotional campaigns about resources available to prevent or mitigate self-neglect, and
- Hold the state's first summit on elder rights and safety.

Long-Term Care Ombudsman
Federal law holds OHA responsible for assuring the provision of long-term care ombudsperson (LTCO) services to investigate complaints lodged by elders and/or their advocates against long-term-care facilities. OHA meets this responsibility through contracting for ombudsman services with the Rhode Island Alliance for Better Long Term Care.

In 2025 the Long Term Care Ombudsman investigated over 2,000 complaints. Additionally, the five ombudsman staff visited 143 facilities and met with over 1200 residents. Ombudsman also supported resident family councils and conducted training sessions for facility staff on residents' rights and good practices to promote individualized, quality care.

Transportation
The Executive Office of Health & Human Services contracts with a transportation broker to provide transportation for Non-Emergency Medical Transportation (NEMT), and the Non-Medicaid Elderly Transportation Program (ETP). ETP is for individuals age 60 years and older who are not Medicaid eligible and who are not getting transportation from the RIPTA Ride Program or from the Americans with Disabilities Act (ADA) Program.

The ETP Program provides transportation to and from medical appointments, adult day care, meal sites, dialysis/cancer treatment and the Insight Program. In state fiscal year 2024, there were nearly 160,000 trips provided to older adults who were not eligible for Medicaid ensuring their access to health care and congregate meals at no cost.

Community Designated Grants
At the onset of each state fiscal year, the Rhode Island Governor and General Assembly allocate general revenue funding to support community/senior centers throughout the state. Between 2024 and 2026, the total funding for this rose from $1.4 to $1.8 million. OHA, tasked with administering these designated grants, allocates funding to each Rhode Island municipality based on its relative percentage of the overall population of adults age 65 and older. This formula utilizes the most recent data available from the American Community Survey, put out by U.S. Census Bureau on an annual basis. In 2024, OHA began using 2.5% of these funds to make grants to organizations serving older adults from demographic or cultural communities aligning with the communities of greatest social need.

In SFY26 OHA made fifty-nine (59) awards to RI municipal and non-profit senior centers from this fund.

Alzheimer's Disease Supportive Services
OHA partners with the R.I. Chapter of the Alzheimer's Association (RIAA) to provide caregiver support programs –funded, in part by Title IIIB and Title IIIE. Programming includes a telephone helpline, outreach to hard-to-reach caregivers, a state-wide caregiver conference –as well as education opportunities and support groups.

Senior Nutrition
Rhode Island's "Ocean State Senior Dining Program" consists of one statewide provider of home delivered meals, Meals on Wheels of Rhode Island (MOWRI) and six congregate meal providers, with more than 50 locations statewide. Meal site locations include senior centers, elderly housing complexes, and community

centers. Provider partners include Blackstone Health Inc., East Bay Community Action Program, Meals on Wheels of Rhode Island, Narragansett Indian Tribe, Senior Services, Inc., and Westbay Community Action, Inc.

Food insecurity rates in Rhode Island are higher than national averages, reinforcing the importance of safety-net food and nutrition programs in the state. Last year, Rhode Island's congregate meal program served 257,668 meals to nearly 6,000 older Rhode Islanders, while the home-delivered program served over 270,000 meals (Title III only).

Commodity Supplemental Food Program

The Commodity Supplemental Food program (CSFP) is the only USDA nutrition program that provides monthly food assistance specifically targeted at low-income seniors. The CSFP is designated to meet the unique nutritional needs of seniors by supplementing diets with a monthly package of healthy, nutritious food provided by the USDA. The CSFP food package will include foods such as: Cereal, Fruit Juice, Protein Items, Shelf Stable Milk, Peanut Butter, Pasta, Cheese, and Canned Fruits and Vegetables. Foods offered have less sodium, less sugar, less fat, and more whole grains. CSFP serves individuals age 60 and over with income at or less than 130% of the Poverty Income Guidelines. OHA initially received a CSFP caseload assignment in 2015 and contracts with the Rhode Island Community Food Bank for the CSFP statewide project. USDA approved a small increase to the CSFP caseload in January 2026. Rhode Island's caseload increased from 1,999 to 2,019.

Senior Farmers Market Nutrition Program

Fewer than one-third of senior citizens in the United States eat the recommended amount of fruits and vegetables, which are vital to preventing and treating health problems. The Senior Farmers Market Nutrition Program provides eligible Rhode Island seniors access to healthful RI-grown foods provided by local farmers. Seniors receive a benefit card preloaded with $50 that can be used at eligible farmers markets and farm stands in exchange for local produce, herbs, and honey. SFMNP Benefit Cards are usually distributed from senior centers throughout the state beginning in early June and can be used through November of the same year.

DigiAge

At least one quarter of older Rhode Islanders aren't digitally connected, so OHA launched the digiAGE collaborative in 2021. Through a partnership of industry, government, and community, digiAGE is bridging this digital divide for older adults, linking them to the technology and virtual opportunities that underpin modern life and help keep us all connected. Services offered include: device access, internet connectivity, training programs, and online content.

Academy Trainings

Quarterly, OHA hosts Academy Trainings, bringing together providers and community agencies that serve older adults for a three-hour training and information session. Presentations by OHA staff, sister-state agency staff, federal agencies, non-profit organizations, and community providers are offered, allowing for those individuals working with older adults in Rhode Island to stay educated and informed on new programs, initiatives, and other changes to programs and services. OHA consistently partners with Medicaid, Social Security Administration, Medicare, Veterans organizations, and others.

Family Caregiver Alliance of RI

OHA formed the Family Caregiver Alliance of RI (FCARI) in 2017, funded by the Lifespan Respite Grant, and housed the program at the United Way of RI. FCARI advocates alongside family caregivers to expand access to supports and improve the well-being of those caring for older adults, those living with disabilities, and children with complex medical needs. The Alliance includes 23 community partners and advocates, representing caregivers across the lifespan – from working and spousal caregivers to those supporting Veterans, children and

older adults. FCARI works to advance the goals outlined in the National Strategy for Supporting Family Caregivers, serving as a statewide community hub for information, awareness, outreach, engagement, and policy advocacy.

Elder Abuse Multi-Disciplinary Team (MDT)
The Rhode Island MDT is convened by the RI Office of Attorney General, and is comprised of various professionals from key programs and services that are skilled and equipped to assist with complex elder abuse cases. The MDT facilitates case consultations, providing the referring professional with recommendations guiding elder abuse detection, prevention, assessment, and response related to a victim or an at-risk older adult. These consultations may include one or more suggestions, e.g., recommendations for supportive services, investigation strategies to stop exploitation/abuse; connect referring professional with other MDT members or specialist from a range of disciplines.

State Commissions with OHA Involvement

Interagency Council on Homelessness – Appointed Member

The Interagency Council on Homelessness (ICH) coordinates Rhode Island's statewide efforts to prevent and end homelessness by strengthening coordination among state agencies, community-based and faith-based organizations, volunteer groups, advocacy organizations, and businesses. The council identifies gaps in housing and support services that contribute to homelessness and promotes solutions to address them. It also works to reduce the number of individuals and families entering the homeless emergency response system through proactive, preventative strategies. In addition, the council aligns policies and programs across government to maximize resources, remove barriers to support, and provide recommendations for responding to the needs of people experiencing homelessness.

Interagency Council on Housing Production and Prevention – Appointed Member

The Interagency Council on Housing Production and Preservation (ICHPP) coordinates collaboration across state departments and agencies to advance the development and preservation of housing at all affordability levels and across housing types. The council works to reduce barriers to housing development, streamline production processes, and align state policies and programs to address Rhode Island's short- and long-term housing needs in support of the state housing plan. It also promotes strategies to maintain and rehabilitate existing housing stock, particularly affordable housing, supports initiatives that ensure safe and healthy living environments, and helps project and plan for future housing needs. In addition, the council identifies ways to strengthen economic and community development through housing opportunities and expand homeownership, particularly for first-generation homebuyers.

Interagency Food and Nutrition Policy Council – Statutory Member

The Interagency Food and Nutrition Policy Advisory Council (IFNPAC) was created to find ways to overcome regulatory and policy barriers toward developing a strong, sustainable food economy and healthful nutrition practices. The council examines issues regarding the identification and development of solutions to regulatory and policy barriers to developing a strong sustainable food economy and healthful nutrition practice while collaborating with other task forces, committees, or organizations that are pursuing initiatives.

Special Legislative Commission to Study and Provide Recommendations Pertaining to Services and Coordination of State Programs Related to Older Adult Rhode Islanders – Appointed Member

Established by House Resolution H 5224 in 2023, this legislative commission is to make a comprehensive study of key statistics and information about services for older adults in Rhode Island, including, examining strengths, vulnerabilities, demographics, of older adults and provide recommendation to institute, integrate, collaborate, and implement initiatives promoting independent living.

Special Legislative Commission to Study and Provide Recommendations for the Creation of a Statewide Whole-Home Repairs Program – Appointed Member

Established by House Resolution H6427 in 2025, the purpose of this legislative commission is to make a comprehensive study and provide recommendations for the creation of a statewide whole-home repairs program.

Human Services Transportation Coordinating Council – Member

Since 2018, the Transportation Coordinating Council has met to promote independence through enhanced statewide mobility, while fostering collaboration between public, private, and non-profit sector partners by gathering and sharing information, supporting transportation initiatives, and advocating for positive change. The Council creates and supports the implementation of the Public Transit-Human Services Transportation Coordinated Plan.

Long Term Care Coordinating Council – Statutory Member

The Long Term Care Coordinating Council works to preserve seniors' quality of life in all settings. LTCCC develops and coordinates state policy concerning all forms of long-term health care for the elderly and adults with chronic disabilities and illnesses. Members include representatives from healthcare organizations from across the state.

Advisory Council on Alzheimer's Disease Research and Treatment – Member

The Advisory Council on Alzheimer's Disease Research and Treatment Council consists of dedicated researchers, advocates, clinicians, and caregivers.
The Advisory Council is tasked with a range of responsibilities, including:

- Issuing information and recommendations on Alzheimer's disease policy;
- Evaluating state-funded efforts in Alzheimer's disease research, clinical care, institutional, home-based, and community-based programs;
- Recommending amendments to the State Plan for Alzheimer's Disease and Related Disorders;
- Coordinating training on Alzheimer's disease and dementia for licensed physicians and nurses;
- Coordinating healthcare facility operational plans for the recognition and management of patients with Alzheimer's disease or dementia.

Rural Health Transformation Program – Member

On July 4, 2025, H.R. 1 was signed into law, establishing the federal $50 billion Rural Health Transformation Program (RHTP) to improve rural healthcare across all fifty states. The program provides federal funding from

federal fiscal years 2026-2030 to improve access, quality, and sustainability of rural healthcare. The program is administered at the federal level by the Centers for Medicare & Medicaid Services (CMS).

Health Care Systems Planning Cabinet – Appointed Member

On February 23, 2024, Governor Dan McKee signed an Executive Order establishing a State Health Care System Planning (HCSP) Cabinet that will take a unified, interdepartmental approach to evaluating and proposing recommendations for Rhode Island's health care system. The work of the Cabinet developed goals and now develops objectives related to:

1. Ensure Access to affordable, quality and easy to navigate comprehensive care
2. Ensure solvency of the health care system
3. Ensure health equity and reduce disparities in access and outcomes
4. Foster an integrated delivery system that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care
5. Strengthen preventative, primary physical & behavioral health care services to maintain appropriate utilization and promote efficiencies
6. Invest in efforts to address the social factors that impact health.

Governor's Council on Behavioral Health – Ex-Officio Member

The Rhode Island Governor's Council on Behavioral Health is the State's behavioral health planning council. It was established by both federal and State law to review and evaluate the needs and problems associated with Rhode Island's services for individuals with mental health and substance use disorders.
The Council promotes and monitors the development, coordination, and integration of state-wide behavioral health services. The Council also serves in an advisory capacity to the Governor and the General Assembly.

Olmstead Advisory Coalition - Member

The Olmstead plan commission created and oversees implementation of the "Integration for All" plan for people vulnerable to unnecessary institutionalization in RI to establish, maintain and periodically update a continuum of care that allows all Rhode Islanders to receive adequate services and supports in the least restrictive environment.

Governor's Commission on Disabilities – Member
The Commission on disabilities works in cooperation with the National Council on Disability and other interested federal, state, and local agencies, organizations, and employers in:

(1) Promoting on behalf of the people with disabilities and assuring, on behalf of the state, that people with disabilities are afforded the opportunities to exercise all of the rights and responsibilities accorded to citizens of this state;

(2) Arousing community interest in the concerns of people with disabilities through the utilization of whatever community and state resources the commission may deem necessary to accomplish the maximum in independent living and human development;

(3) Coordinating compliance with federal and state laws protecting the rights of individuals with disabilities by state agencies;

(4) Providing technical assistance to public and private agencies, businesses, and citizens in complying with federal and state laws protecting the rights of individuals with disabilities; and

(5) From time to time, but not less than once a year, to report to the legislature and the governor, describing the investigations, proceedings, and hearings the commission has conducted and their outcome, the decisions it has rendered, and the other work performed by it, and make recommendations for further legislation concerning abuses and discrimination based on disability that may be desirable.

State Overdose Task Force – Attendee

The Governor's Overdose Task Force is a statewide coalition of professionals and community members with the goal of preventing overdoses and saving lives. The Governor's Task Force has a strategic plan to end the overdose crisis – changing lives by ensuring racial equity, uplifting community voices, using data to drive change, and building connections to care. The Task Force is committed to addressing the root causes of overdose, including the socioeconomic factors that influence health.

Appendix G
Recent Accomplishments

Rhode Island is committed to honoring the lives and contributions of older Rhode Islanders by ensuring access to critical care and services. The Office of Healthy Aging remains committed to meeting the twenty-first century needs of this rapidly expanding and changing demographic. We recognize and celebrate older residents, and prioritize health and wellness, promote economic opportunities, and ensure caregivers are recognized and valued. At the Office of Healthy Aging, we envision a future where all Rhode Islanders lead lives that are healthy, financially secure, socially connected, and purposeful from birth throughout retirement, regardless of socioeconomic status. OHA has worked with partners to ensure that Rhode Island is integrating the longevity lens across the work of government agencies, promoting coordinated responses which help to shape how public services are planned and delivered.

Access

Rhode Island continues to support and enhance the Rhode Island Aging and Disability Resource Center (ADRC) to better align with current vision and connect more deeply with customers and stakeholders. In 2025, a rebranding clarified the mission and future direction for the ADRC and their service to older Rhode Islanders, adults living with disabilities, and family caregivers. The ADRC fielded over 20,000 inquiries, serving over 6,000 Rhode Islanders in FFY25 with information and guidance, options counseling, and application assistance.

In 2024, the National Council on Aging awarded a highly competitive grant to OHA's Benefits Enrollment Center (BEC), the statewide resource providing enrollment assistance to Rhode Island Medicare beneficiaries for other social service programs. The grant is implementing and expanding equity-based practices, ensuring older adults in communities receive services equitably.

Rhode Island launched a Rhode Island Alzheimer's Disease and Related Disorders (ADRD) 2024-2029 State

Plan, with support from the Rhode Island Department of Health, in February 2024. This ambitious plan details 36 strategic recommendations on how to improve the quality of life and accessibility of care for Rhode Islanders with dementia and their caregivers by the end of this decade.

In 2024 and 2025, Rhode Island increased support for Meals on Wheels of Rhode Island, adding a total of $150,000 in additional state general revenues for meal delivery to Rhode Island seniors.

Through strong partnership with elected and executive agencies, the Office of Healthy Aging's State Health Insurance Assistance Program (SHIP) assisted many of the 20,000 Rhode Islanders who lost Medicare Advantage plan coverage at a large hospital system in 2025. OHA provided information, counseling, plan evaluation and change supports, while working with CMS to establish a special enrollment period for impacted Rhode Islanders.

Promoting Engagement and Connections

OHA provides grants to cities and towns for senior services and supports, distributed proportionally based upon the percentage of the older adult population residing in each municipality. In each of the last five state budget years, the funding has increased from $800,000 annually to $1,800,000 in SFY2028. Beginning in 2024, OHA moved to allocate a portion of that funding to organizations serving culturally, socially, and geographically diverse populations. Those organizations receiving funding are:

- Pride in Aging
- Veterans' Cafe
- Narragansett Indian Tribe Elder Services
- Southern RI Volunteers
- Progreso Latino
- Minority Elder Task Force
- Ocean State Center for Independent Living (OSCIL)

The 2025-2028 Rhode Island State Plan for Family Caregivers was released, providing a valuable update, continuation, and enhancement of the 2021-2023 Rhode Island State Plan for Family Caregivers.

Beginning in 2023 and continuing through the present, the Family Caregiver Alliance of Rhode Island has hosted an annual conference featuring educational panels, data updates, and a caregiver resource fair.

With forty percent of Rhode Islanders aged 65 and older living alone, the risk of isolation and the associated health disparities, are significant for the older population. Isolation significantly increases the risk of premature death from all causes, a risk rivaling smoking, obesity and physical inactivity; increases the risk of dementia by 50%; 29% increases the risk of heart disease by 29% and risk of stroke by 32%. Isolation also results in higher rates of depression, anxiety and suicide. For these reasons, and more, OHA launched the digiAge initiative in 2021 to bridge the digital divide for older Rhode Islanders through coordinated investments in smart devices, training, online content, and internet connectivity. Through 2024, more than 450 iPads, 150 hotspots, and 10,000 online classes have been delivered to older Rhode Islanders.

The partnership between the Office of Healthy Aging and the University of Rhode Island's Cyber-Seniors program was nationally recognized as a "program of distinction" by Generations United in 2025 for their work to improve the lives of children and older adults through intergenerational collaboration. The Cyber-

Senior program was deployed by OHA to bridge the technology and generational gap as students help teach older adults to use technological devices. Generations United described Cyber-Seniors as part of an elite class of intergenerational programs that demonstrate excellence in bringing together people of different ages for mutual benefit and positive impact.

Through a partnership with the Rhode Island Office of Veterans Services (RIVETS) launched in 2024, OHA funds the Veteran Café – a monthly congregate meal of Veterans and their companions providing a healthy meal along with opportunities for social and educational engagement. The health impacts of loneliness is comparable to smoking 15 cigarettes a day, so efforts like the Veteran Café are invaluable to improving the lives of Rhode Island's older service members.

Ensuring Safety

Between 2020-2023 self-neglect referrals increased by 40%. OHA leadership sought additional support to respond to the larger number of referrals of older adults at risk, and sought to mitigate the growth. In SFY24, the State budget authorized two additional full-time equivalent staff (FTEs) for OHA to receive and respond to referrals. OHA subawards investigations of self-neglect referrals to community case management agencies. Beginning in 2024, OHA has partnered with the Rhode Island Department of Human Services to secure additional funding – via Social Services Block Grant funding – to support APS case management services. In an attempt to reduce instances of self-neglect, OHA allocated Elder Justice funds to a statewide promotional campaign educating Rhode Islanders about the Aging and Disability Resource Center. The logic behind the campaign was that if more Rhode Islanders knew there were services available and where to turn for services, there may be fewer instances of self-neglect. Referrals for self-neglect have been decreasing since the last quarter of 2024.

Appendix H
Resource Allocation

The Resource Allocation Plan reflects estimated receipts and expenditures for SFY2027. The federal estimates were determined using FFY26 funding levels including pending transfer requests and anticipated spend down; state estimates are based on the SFY27 Enacted budget for July 1, 2026 - June 30, 2027.
Since the last State Plan, OHA's state resources have increased while the federal resources have reduced as CARES, ARPA, and other pandemic era awards ended.

FEDERAL FUNDS	
Title III	
IIIB Supportive Services	2,657,260
IIIC-1 Congregate Meals	2,430,242
IIIC-2 Home Delivered Meals	1,555,380
IIID Preventive Health	129,612

IIIE Family Caregiver	963,993
Total Title III	**$7,736,487**
Title VII	
Title VII Ombudsman	108,241
Title VII Elder Abuse Prevention	23,607
Total Title VII	**131,848**
Other Federal Funds	
Benefits Enrollment Center - NCOA	92,637
BHDDH Elder Liaison - Behavioral Health Link	37,407
CNOM – Case Management In-Home	1,452,195
CNOM – Co-Pay Day Care Medicaid Match	5,214,505
CNOM – Co-Pay Home Care	560,572
CNOM- Elderly Transportation	440,529
Commodity Supplemental Food Program	207,295
Elder Justice Act	121,786
Elderly Transportation- Title XX	252,152
Health Information and Counseling	311,563
Medicaid - Administrative Match	596,661
MIPPA ADRC	14,040
MIPPA Medicare Enrollment Assistance	38,293
MIPPA SHIP	31,013
No Wrong Door	154,745
OAA - Nutrition Services Incentive Program	241,208
OHA- Social Services Block Grant	300,000
R.I. Respite Across the Lifespan	401,273
Senior Companion Program	502,033
Total Other Federal Funds	**$11,299,401**
STATE FUNDS	
OHA Administrative Services	2,277,516
ADRC-State Match	250,000
Care and Safety of the Elderly	2,000
CNOM - Co-Pay Day Care	1,063,918
CNOM - Co-Pay Home Care	3,802,143
CNOM Case Mgt. In Home Services	425,096

CNOM- Elderly Transportation	322,557
Community Agency - Legislative Grant	2,955,000
Community Agency Grants	93,058
Elderly Transportation- State	3,904,819
Hospital Transition Services	500,000
In-Home Services for Elderly	18,164
Medicaid Administration - State Share	516,651
Ombudsman	86,750
Protective Services	974,224
Senior Companion Program Match	99,829
Total State Funds	**$17,291,725**
RESTRICTED RECEIPTS	
Indirect Cost Rate Recovery	263,379
RI Pharmaceutical Assistance to the Elderly (RIPAE)	3,400
Senior Companion Program Fundraising	200
Total Restricted Receipts	**$266,979**
OTHER FUNDS	
Intermodal Surface Transportation Fund	4,651,722
Total Other Funds	**$4,651,722**
Total All Funds	**$42,071,769****

APPENDIX I

Demographic Information

Older Rhode Islanders by Municipality

	Total population of city/town	Total Population age 60+	Total Population age 65 +	% Age 65-74 (of those 65+)	% Age 75-84 (of those 65+)	% Age 85+ (of those 65+)
Barrington	17,121	3,843	2,664	54%	36%	10%
Bristol	22,420	6,158	4,623	54%	26%	20%
Burrillville	16,205	3,870	2,693	58%	29%	13%
Central Falls	22,359	3,299	1,909	61%	29%	10%
Charlestown	7,998	2,998	2,092	63%	29%	8%
Coventry	35,656	8,754	6,361	53%	32%	15%
Cranston	82,691	20,468	13,642	57%	26%	17%
Cumberland	36,276	8,964	6,420	59%	28%	13%
East Greenwich	14,285	3,505	2,329	54%	27%	19%
East Providence	47,012	13,698	9,871	55%	28%	17%
Exeter	6,952	1,606	1,198	64%	28%	8%
Foster	4,491	1,132	800	65%	31%	4%
Glocester	10,039	2,493	1,653	72%	20%	8%
Hopkinton	8,402	2,466	1,484	64%	26%	10%
Jamestown	5,554	2,389	1,836	66%	30%	4%
Johnston	29,545	9,175	6,263	55%	31%	14%
Lincoln	22,476	6,248	4,799	50%	34%	16%
Little Compton	3,622	1,739	1,302	51%	35%	14%
Middletown	17,009	5,140	3,840	55%	31%	14%
Narragansett	14,623	4,610	3,490	56%	33%	11%
Newport	25,087	6,514	5,092	57%	30%	13%
New Shoreham	962	386	337	57%	26%	17%
North Kingstown	27,719	8,384	5,766	61%	31%	8%
North Providence	33,945	8,599	6,569	61%	28%	11%
North Smithfield	12,535	3,678	2,775	60%	21%	19%
Pawtucket	75,176	14,532	9,825	59%	27%	14%
Portsmouth	17,846	5,733	4,460	57%	33%	10%
Providence	189,715	32,086	22,479	57%	28%	15%
Richmond	8,077	1,843	1,134	65%	26%	9%
Scituate	10,404	3,416	2,401	77%	17%	6%
Smithfield	22,086	6,599	4,826	45%	41%	14%
South Kingstown	31,928	9,014	7,074	56%	33%	11%
Tiverton	16,324	5,273	3,891	55%	32%	13%
Warren	11,117	3,790	2,861	61%	23%	16%
Warwick	82,783	24,433	17,673	60%	27%	13%
Westerly	23,337	8,100	5,884	60%	27%	13%
West Greenwich	6,535	1,967	1,159	67%	27%	6%
West Warwick	30,909	7,719	5,647	62%	27%	11%
Woonsocket	43,029	9,210	6,256	59%	30%	11%
STATEWIDE	1,094,250	273,831	195,378	58%	29%	13%

Ethnicity and language

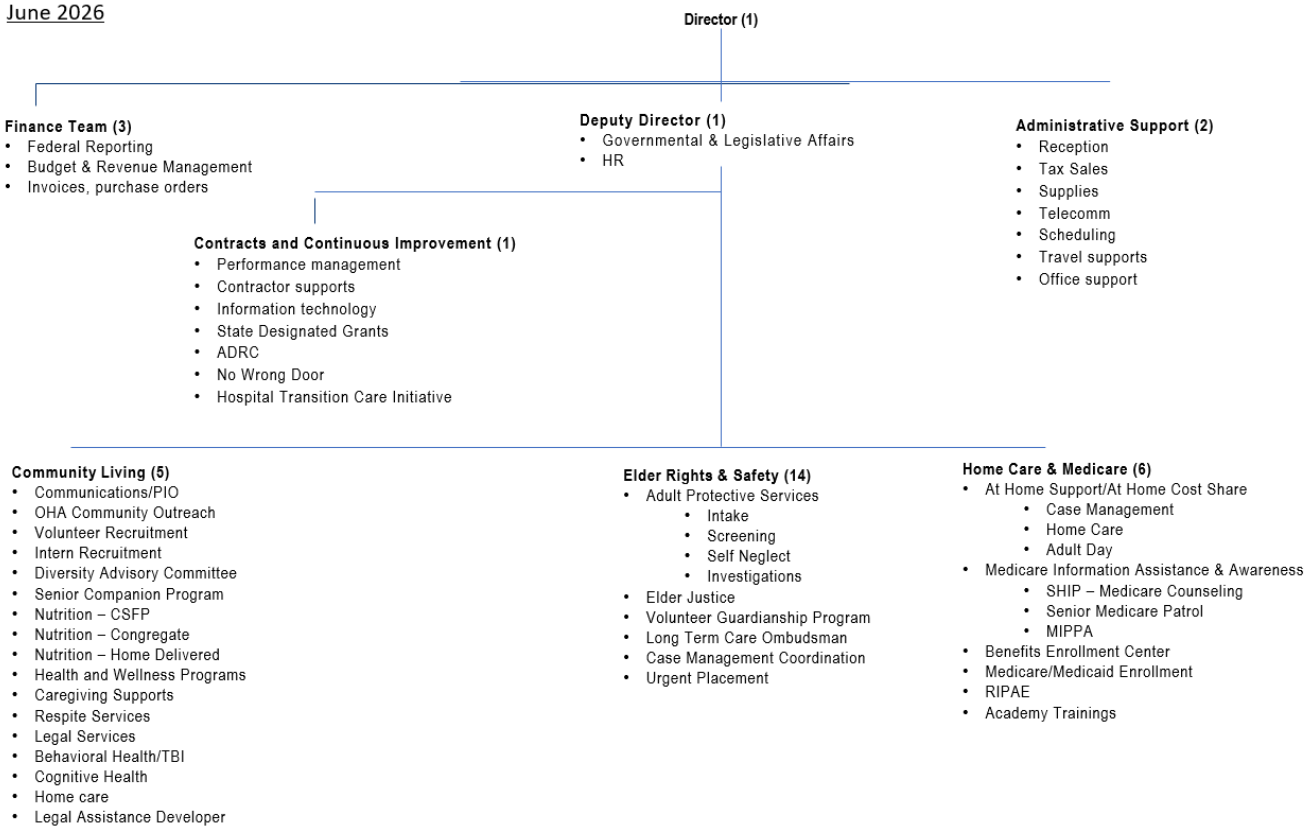
	White	Black/African American	Asian/Pacific Islander	Hispanic/Latino	Other races	% of people who speak only English at home
Barrington	98%	0%	1%	1%	1%	96%
Bristol	97%	1%	1%	1%	2%	80%
Burrillville	96%	0%	3%	0%	1%	94%
Central Falls	52%	0%	1%	41%	47%	31%
Charlestown	97%	0%	0%	1%	3%	97%
Coventry	97%	0%	0%	2%	3%	94%
Cranston	88%	2%	4%	7%	5%	79%
Cumberland	95%	0%	2%	2%	2%	81%
East Greenwich	90%	2%	7%	0%	1%	86%
East Providence	87%	6%	0%	1%	7%	80%
Exeter	100%	0%	0%	1%	0%	96%
Foster	100%	0%	0%	0%	0%	98%
Glocester	100%	0%	0%	0%	0%	99%
Hopkinton	92%	0%	4%	1%	4%	94%
Jamestown	100%	0%	0%	0%	0%	94%
Johnston	95%	2%	1%	3%	3%	88%
Lincoln	94%	1%	4%	1%	1%	79%
Little Compton	100%	0%	0%	0%	0%	98%
Middletown	90%	6%	2%	2%	2%	86%
Narragansett	98%	0%	0%	1%	2%	97%
Newport	88%	6%	1%	3%	5%	93%
New Shoreham	100%	0%	0%	0%	0%	100%
North Kingstown	96%	1%	3%	0%	0%	95%
North Providence	86%	6%	0%	8%	9%	82%
North Smithfield	98%	1%	0%	1%	1%	91%
Pawtucket	77%	5%	1%	9%	18%	67%
Portsmouth	98%	1%	0%	1%	1%	96%
Providence	62%	12%	4%	28%	22%	59%
Richmond	100%	0%	0%	0%	0%	95%
Scituate	95%	0%	4%	0%	1%	91%
Smithfield	99%	0%	0%	1%	1%	94%
South Kingstown	95%	1%	2%	1%	3%	96%
Tiverton	97%	2%	1%	1%	1%	93%
Warren	97%	1%	1%	1%	2%	75%
Warwick	94%	1%	1%	2%	4%	94%
West Greenwich	87%	0%	0%	0%	13%	83%
West Warwick	94%	1%	2%	2%	3%	90%
Westerly	95%	1%	2%	2%	3%	92%
Woonsocket	85%	5%	4%	6%	7%	69%
STATEWIDE	89%	3%	2%	6%	7%	83%

Older Rhode Islander Income by Municipality

	Median household income	< $19,999	$20,000-$49,999	$50,000-$99,999	$100,000+	below the federal poverty line in last year
Barrington	$ 84,444	12%	21%	25%	43%	12%
Bristol	$ 79,808	12%	20%	34%	34%	4%
Burrillville	$ 55,163	20%	29%	31%	21%	11%
Central Falls	$ 27,292	42%	34%	15%	10%	20%
Charlestown	$ 89,318	4%	23%	28%	45%	3%
Coventry	$ 55,479	13%	33%	33%	22%	6%
Cranston	$ 54,910	20%	27%	26%	28%	13%
Cumberland	$ 55,313	23%	23%	24%	31%	7%
East Greenwich	$ 97,083	9%	24%	18%	49%	5%
East Providence	$ 39,596	22%	36%	26%	17%	12%
Exeter	$ 78,714	10%	9%	36%	45%	8%
Foster	$ 62,019	18%	15%	45%	23%	6%
Glocester	$ 64,492	15%	28%	26%	31%	8%
Hopkinton	$ 49,006	15%	37%	31%	18%	7%
Jamestown	$ 96,953	11%	21%	18%	50%	3%
Johnston	$ 60,283	17%	25%	32%	26%	9%
Lincoln	$ 68,796	15%	26%	23%	37%	8%
Little Compton	$ 112,419	3%	9%	30%	59%	2%
Middletown	$ 57,961	17%	28%	26%	29%	13%
Narragansett	$ 89,671	8%	19%	32%	41%	6%
Newport	$ 80,321	16%	17%	25%	41%	10%
New Shoreham	$ 51,607	20%	26%	24%	30%	15%
North Kingstown	$ 81,174	12%	19%	28%	41%	7%
N. Providence	$ 48,367	23%	30%	27%	20%	14%
North Smithfield	$ 47,880	17%	38%	20%	25%	8%
Pawtucket	$ 38,248	27%	35%	23%	14%	16%
Portsmouth	$ 80,600	10%	19%	34%	26%	6%
Providence	$ 36,234	32%	27%	17%	24%	21%
Richmond	$ 82,434	3%	18%	46%	34%	1%
Scituate	$ 101,745	4%	17%	27%	52%	4%
Smithfield	$ 54,563	12%	33%	32%	23%	7%
South Kingstown	$ 91,633	10%	17%	26%	47%	4%
Tiverton	$ 66,124	13%	24%	36%	26%	7%
Warren	$ 59,858	25%	20%	28%	27%	15%
Warwick	$ 48,839	21%	30%	27%	22%	10%
Westerly	$ 76,587	10%	22%	31%	37%	6%
West Greenwich	$ 70,000	3%	25%	48%	24%	2%
West Warwick	$ 46,302	17%	38%	23%	23%	10%
Woonsocket	$ 33,610	32%	32%	21%	15%	16%
Rhode Island	$ 56,242	19%	27%	26%	28%	11%

Organizational Chart by Service/Program

Programmatic Coverage and FTE count
June 2026



Paperwork Reduction Act Public Burden Statement

According to the Paperwork Reduction Act of 1995 5 CFR § 1320.8(b)(3), no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0083). Public reporting burden for this collection of information is estimated to average 80 hours per response, including time for gathering, maintaining the

data needed, completing, and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefits under the Older Americans Act (P.L. 116-131). Information collected is planned for use by ACL to conduct federal oversight of Aging Programs. ACL uses information collected to monitor federal funds. Data will be kept private to the extent allowed by law. There are no assurances of confidentiality. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201-0008, Attention Adam Mosey adam.mosey@acl.hhs.gov and reference the OMB Control Number 0985-0083. Note: Please do not return the completed information collection to this address.