

**The Williamsburg Community Action Plan On Aging:
2010-2020
APPENDICES**



A Report to the Senior Services Coalition

Williamsburg, Virginia

APPENDIX A: FORUM ONE MINUTES

**Community Action Plan On Aging
Community Forum: October 16, 2008
Williamsburg United Methodist Church**

Focus: Retirees

Panelists Representing Retirees:

Rev. Tom Mainor, Retired Minister

Ms. Joann Maslin, Retired Educational Gerontologist

Ms. Ursula Murden, Founder and Former Director, Historic Triangle Senior Center

Moderator: Mr. Dave Murray, No Wrong Door Program Director

Rev. Tom Mainor, Panelist

Issue 1. Building housing patterns so that you could have all types of families living in one community. In the 1970s the idea was to focus these intergenerational communities around a square.

Issue 2. Business in health and end of life decisions. There is a need for a resource to discuss with others about information in order to make critical life and health decisions.

Issue 3. Seniors are busy and are doing good things in the communities. Maintaining support via sustained communication.

Ms. Joann Maslin, Panelist

Draws attention to the community who works together to take care of older parents.

Issue 1: Getting neighborhoods to work with older communities. How to organize neighborhoods to take care of older neighbors. Working with intergenerational programs.

Issue 2. Liked the Beacon Hill project

Ms. Ursula Murden, Panelist

Issue 1. Need to fund quality not just keeping them alive. There is a quality for people who can afford it but those with limited income cannot afford quality programs.

Issue 2: Publicity about services

Issue 3: Create a village in Williamsburg

Issue 4: Intergenerational visitation in terms of homebound and nursing homes

Issue 5: Affordable housing, close to grocery stores and parks

Comments from Community Members

- Lisa Gibson (Executive Director, Historic Triangle Senior Center) - Working on accreditation of senior center. Senior center has a waiting list for field trips and has a number of volunteers.
- Need to look at **isolation of seniors**
- **Addiction to medication for seniors**- is increasingly becoming a huge problem. Wants to see validation through research or surveys if this is true or not to see how it affects our community.
- Lack of **affordable places for seniors**. Balancing cost of living in terms of housing and health care.
- Need for Transportation: Too difficult to get transportation, need more individuals to volunteer
- Take into consideration that there are neighborhoods where we could create these **intergenerational communities**.
- Peter Walentisch (Director of Social Services, City of Williamsburg) - need to **work with community support**. Neighborhood support does not cost money but is an effective tool to use
- We need a short timeline and it is time for action, believes we are at that point to start taking action.
- We **don't have coordination or medical gatekeepers** to help others. Some Religious communities are strong
- Rick Jackson (Hampton Newport News CSB) - doesn't want to leave out **mental health**. Anxiety and Depression are prevalent in older adults; don't forget it in the plan
- Gap in communication and getting the word out. What is the best way to get to seniors through church or call-in numbers? We **need to find the best way to reach people**. Some elderly people do not go to church or rarely leave their

homes. Find the best way to connect neighborhoods, churches, publicity to pull all services together and get the word out.

- **Neighborhood response team**-divided into sectors all across the city and those teams can go door to door to find out who lives in the neighborhood. People in the community need to know of special needs of seniors in case of emergency. Might help create a **single information system**: a directory of peninsula senior citizen resources on the web. Limitations: does not aid seniors without internet and access to libraries. People can call the senior center and staff will look up information for them.
- **Sheriff's Department** might be able to play a role in community development.
- Keep in mind Williamsburg probably has services but we need to link programs, communication, and collaboration.
- Stress community ownership in at least one element of the plan.

APPENDIX B: FORUM TWO MINUTES

**Community Action Plan On Aging
Community Forum: 10/29/08
Williamsburg Regional Library Auditorium**

Focus: Area Planning Commissions

Panelists Representing Planning Commissions:

**Ms. Elaine McBeth, City of Williamsburg Planning Commission 2nd Vice-Chair;
Associate Director, Public Policy Program, College of William & Mary
Mr. Jack Fraley, James City County Planning Commission Chair, Steering
Committee of James City County Comprehensive Plan; Basketball Coach,
Walsingham Academy**

Moderator: Dr. Alastair Connell, Retired Physician

McBeth:

- City: hospital – concerned about medical services available for citizens
- Accessibility – transportation & safety
 - Accessibility – build new sidewalks, bus system
 - Safety – building another fire station soon
 - Housing – expansion of facility that would provide housing from green space by library?
 - Don't need as much parking with all the seniors

Fraley:

- In the midst of Comprehensive Plan Update
- Needs for seniors in JCC
- 65+ group is expected to be largest group in JCC by 2020
- Started to work on health care (affordability, availability, transportation, Medicare and reimbursement – moreso a challenge for specialists), housing, services
- EMPLOYMENT – more and more seniors are looking for jobs. How do we identify those? How do we promote their skills?
 - There's a lot of brainpower – it's a resource
- New section of Comprehensive Plan – "Population Needs" – part will be focusing on needs of seniors
- Need comprehensive approach, not just a focus for seniors.

Moderator:

Response – one of the most important things about senior health is senior activity – without employment, it's hard to maintain health

Q: Lives in JCC, has read that 14,000 new dwellings have been approved. If true, what's the percentage of those dwellings that would be set aside to accommodate our seniors?

A:

- Fraley: 12-14,000 units either starting to be built or not yet underway but planned in JCC. Doesn't mean that they would be built though. Don't know how much is dedicated to seniors. A number have been approved for age-restricted building. We've just completed an apartment for seniors. Single biggest concern we've heard from citizens (phone and mail survey) – impact of growth in JCC

Q: Problem finding doctors who accept Medicare – very slow and discouraging

A:

- McBeth: Survey came out saying there were enough slots, but it's not seen in action
- Fraley: need political activism through organizations
- Moderator: not enough American physicians going into general medicine or internal medicine – because colleges are charging too much. Going into general medicine – make less income, so medical student enter specialty programs where pay is greater.

Q:

- Lives in Williamsburg.
- **Dismissive attitude toward seniors.**
- **One area that seniors need to be respected – their civil rights**
- Inclusion: recreation, having all places accessible
- Sustainability issues – work, financial, medical, nutrition, housing, transportation
- Respectful access to any environment to which a senior moves
- Cultural piece – we are always looking for places to put seniors, rather than opportunities to be involved with seniors and interact with them
- We need to actualize seniors and get them to their full potential

A:

- Fraley: age-restrictive housing – how about integrating seniors throughout a community instead of isolating them to one community? Supports the concept of

seniors being integrated with younger people. Need bus stops in areas where seniors inhabit.

- All new age-restricted communities – need public transportation. Can do this by changing zoning.

Q: Research?

A:

- McBeth: Williamsburg has mixed generation downtown neighborhoods. College students live in them too. For example, with Tropical Storm Hannah – many college students went around asking if anyone needed help. Having an integrated community really provides a more vibrant community where people can stay happy
- We already have many services in place, we just have to make them more accessible.
- Need to evaluate intergenerational neighborhoods – maybe that's where one of our solutions is
- College students – many are civic-minded. We need to capitalize on it
- Livable community for all – how are we all impacted and how can we all benefit from working together?
- Religious communities – how can we be more supportive?

Q: Lives in mixed community

- Problem – **know lots of people but don't know younger people who she can hire people to do work for her (ex: carrying in flower pots, raking). Where could she find help?** Willing to pay. Called but nobody answers. Even at church, can't find young people who are willing to work

A:

- McBeth: College – Volunteer Services – can take those kinds of calls
- Lots of orgs on campus (ex: crew team will come out and do yard work)
- Fraley: will be an item raised in Comprehensive Plan

Q: Concerned about individuals who can't live at home anymore – with **limited incomes, can't afford it. If communities are looking to approve new facilities, there needs to be recognition that some cannot pay monthly fees. Auxiliary grants** should be accepted.

A:

- Fraley: has been identified under housing umbrella. Board of Supervisors approved Continuing Care Retirement Community by Realtech. Realtech proffered 3 beds for the JCC social services to use at very minimal rates. It's a first in the Commonwealth. It's a start. We need to build on that. Maybe going in through our zoning regulations and requiring it.

Q: Average social security check is not very much. How do we provide?

A: SSI isn't much, and Medicare premiums are going up

Q:

Social services employee-

- Linda has pointed out one of the largest problems – affordable assisted living
- Auxiliary grant – if you make over \$1100 per month you will not qualify
- New Riverside facility – is that including a nursing home? There's a **shortage of nursing home beds in this area**

A:

- McBeth – nursing home plans approved 2 years ago. Before there's a hospital, there will be another nursing home out there
- We've approved a plan for a nursing home through the city

Q: Mental health system doesn't have a facility that will take younger AND older psychiatric patients

A:

F: Will push hard to expand availability for those who need it

Q: Until the amount of money for auxiliary grants is raised, there will not be enough beds. Facilities are not going take the little amount of money those grants provide.

Q: Example: someone's living in a living facility and can private pay. When they run out of money, they're out. At their most vulnerable time, they might not be able to get the help they need. If the facility will not accept the auxiliary grant, what happens to that person?

Q:Board Chair, Faith in Action:

- Need thorough transportation system that helps everyone

- Number of seniors moving into adult children's homes has increased by 67%
- Need to get transportation system to take people where they need to go
- Get requests from gated communities, apartments, trailer parks – seniors with needs reside throughout the community
- Many volunteers are seniors helping other seniors
- If we don't have good transportation within next 10 years – the senior volunteer base will be receivers, and we don't see much help after this base can no longer volunteer

A:

McBeth:

- Meeting needs of "old old" by using "young old" – will this approach sustain itself?
- Transportation – no one in the City is happy about our transportation. Bus comes around every hour. Residents report they need it to come every 15-20 min.
- Lots of money to be had, but until we get there, we don't have good transportation system

Fraley:

- Sunday service will be implemented
- Most frequent travel lines – every 30 min
- Seniors can get card to get discounted fare
- Would like to see promoted – a high speed rail system. We have that capability.
- Steering committee of Comprehensive Plan is discussing these matters
- Dealing with report of citizens and their needs right now

Comments: Ask someone in that planning to take care of those in Eastern State

Healthy community indicators needed

- From Senior Helpers:
New business, provide around 4 hrs a day going into seniors' homes to take care of them. Transport to medical appointments. Do with minimal fee.
- Financial challenges for many trying to afford this type of care.

A:

Fraley:

- In JCC Comprehensive Plan will be working hard in economic development
- We need to bring in more business and diversify from retail and tourism
- Strong desire to be more business-friendly in County Government

APPENDIX C: FORUM THREE MINUTES

**Community Action Plan On Aging
Community Forum: 10/29/08
Colonial Manor**

Focus: Housing/Building Communities

Panelists Representing Housing Market:

Alexander T. Hamilton – York County Planning Commission Chair; Virginia State Police, LMS Administrator/Training Manager I

Frank Hughes – Williamsburg Area Association of Realtors, President; Prudential-McCardle Realty, Realtor

James Janicki – Riverside Lifelong Health & Aging-Related Services Division, Senior Director of Marketing

Moderator: Alastair Connell, Retired Physician

Moderator opening comment: major advances have been made by the civic planners, environmental engineers, and the people that have kept our air, water, and environment clean

- Standards of healthcare have become decreasingly important
- 2 trillion spent for healthcare services – but a bulk of it is for “repair” services and not preventative care

Hamilton – York County Planning Commission standpoint

- Recent comprehensive plan – key piece: find areas and promote senior housing
- We’ve been raised to be independent and not be a burden on our families – it’s a critical piece
- An aging population is still productive – shouldn’t be forgotten
- Planning Commission is looking for areas that can promote this kind of independence
- Upper County – senior projects have been approved – 459 age-restrictive units (condos, single apartments, family detached units)

Hughes – Williamsburg Area Association of Realtors

- Stages of housing: apartment → small house → bigger house for kids → bigger house → downsize because kids leave

- If thinking about downsizing, first thing to do is to find a realtor. Realtors stand by a code of ethics. SRE designation – senior real estate specialist
- Should interview 3 realtors to see how well you can work with them – they should provide you counsel and options, talk to you about financing (it makes no difference how old you are to get a mortgage), talk about reverse mortgages, available properties – what’s right for you
- Should talk to you about how they’re going to market for selling your property
- It’s the best time to purchase a home now. tremendous incentives today
- Not a better time to market a home than Christmas time
- Limiting the size – 25-30% reduction would be normal
- Choosing the right location is critical – what’s the right location for you? Are the amenities there that you need? Hospital? Shopping?
- Role of technology
- Taxes
- Integration in Charlottesville plan
- We don’t have a generation gap unless we create one.

Janicki – Riverside Lifelong Health and Aging-Related Services Division

- Riverside covers the full continuum of services
- Riverside is looking to build another hospital in Williamsburg
- Going to be building a new care residence at Quarterpath – culture change type of facility – rather than building traditional nursing homes, Riverside will create individual homes with 20 residents per home, individual rooms, living room, kitchen, universal health worker. Residents can live the life they want to live. Moved 120 beds from nursing home in Newport News for this. Going to start by building 3 of these homes.
- Interesting program in NY: Door tags saying “I’m okay” – checked every morning
- Volunteer program for something like this would be good
- Patriot’s Colony – residents represent 40 different states
- These people who come here have the means to come

Q: Between 10,000-14,000 new dwellings approved. We don’t even know what the correct number is. If that’s true, along with the bad economy, there’s a plethora of empty buildings right here in our community. Main St. & New Town – 7 vacant stores in New Town – says to community “maybe we overbuilt.” Can we comment on if we have a proper balance with what we have now or how can we spend our money better?

A:

Hughes –

- Planners didn't anticipate these economic conditions
- There's a pent up demand to move to Williamsburg
- 5 other popular areas: FL, CA, OH, Las Vegas, Detroit
- When housing situation corrects itself, believe it's close to that (by next summer)
- Don't believe that we were overbuilt when conditions return back to normal. If we had normal conditions and normal influx, it wouldn't be overbuilding

Hamilton –

- Economic development people are going out to find businesses who do want to come into York County. They just have to find the right locations. We'll see these vacant spots becoming active. Everything is going to be alright.
- 82,000 projected population by 2025
- Military population is looking to increase – bringing units in
- Northern part of county has quite a bit of land that isn't touched at this point.

Janicki –

- We can build brand new cheaper than you can resell in most cases.
- These locations, retail and whatnot will fill up. It's just a matter of time

Q: Heard that build out is at 62000 – size of Newport News. Scared of overcrowding

A:

Hamilton – James City County, Williamsburg, and York County will do comprehensive plans at the same time – have to manage how we grow.

Q: There's a lot of the aging population that lives on fixed or low or even middle income that can't afford the situations described. What are your reactions? Independent housing, assisted living facilities, nursing homes; there's a great need for affordable housing in this area. Don't see where that is in the plan for the city or the county.

A:

Janicki –

- Have to look to private partnership
- PACE – people living below 200% of poverty level – Medicare and Medicaid provide services
- These people don't have the resources

- PACE in Richmond – program where people can come to during the day to get their healthcare services and needs met
- Apartments will be set up for low-income housing, and PACE will be giving services to that population
- Now assisted living is a private pay business. It's expensive. Medicaid is continuing to go down (1.4% decrease for next year for nursing homes) while cost of healthcare is going up 7%

Hughes –

- From a housing standpoint, realtors are extremely concerned about affordable housing. We want to make sure housing is available for firemen, police officers, teachers
- We'll continue to push affordable housing across the state
- We don't have an answer, but we're working toward an answer

Comment: Thinks it's possible to have an affordable community with good services. We are a private enterprise, but we provide services for a low price. It all depends on how investments are made.

Q:

- **Majority of the population cannot afford to go into upper scale communities. There's a place for those, but that's not the majority. \$1100 a month will be reimbursed to facilities**
- **Many residents can't afford living in good communities**
- **Medicaid facilities are poorly staffed, poor living environments**
- **We have to look at what the bottom line is – who can afford it?**
- **Having nice places costs money**
- **Where's the money going to come from**
- **The VA – serve and receive discounts through programs honored at assisted living facilities**

A:

Hamilton –

- Every county talks about affordable housing – they haven't even addressed affordable senior housing yet
- We need people to come out and tell us at our meetings what we need to do
- The county is not going to do a whole lot if there's not a lot of pressure on them
- Come talk to Planning Commission, come talk to Board of Supervisors
- There is always money some place, just have to find it

Q: Possibility of developing mixed income neighborhoods?

A:

Hamilton –

- Mixed use – depends on developer. New housing doesn't exist in this county
- Land can be provided, but the economics has to be taken into consideration – developer will always try to make a profit

Q: What is the name of the new facility at Quarterpath? And what is the timeline?

A:

Janicki –

- No name yet. Timeline – expect to be in the ground by 2009 and open by 2010

Q: Are any of the units, rooms, beds being considered for people of modest means (e.g., have enough for 6 months at private pay rate but will run out of money after)? What will happen then?

A:

Janicki –

- There will be a private pay factor to that. Not sure if it will accept Medicaid
- Riverside has 9 nursing homes, 7 accept Medicaid
- This is a long-term plan. This is a new model of care – will use what we learn to tweak other nursing homes and other facilities
- The point isn't going to provide affordable housing, just reinvent care
- Have not heard any plans at all for mixed-income projects

Comment: Dominion Village used to be for mixed income people and it was of acceptable quality (e.g., private pay and also auxiliary grants) – then 5 Star bought them and quality is questionable

Q:

- **We must look at the issue of housing for older Americans as a civil right, a human right**

- **When will human need no longer be a justification for profit?**
- **We've got to look at not just waiting for people to come tell you [at meetings] their needs**
- **Bothers me when affordable housing is said to be for teachers, firefighters, and cops. Those people who provide should be at the top of the pay scale. We have to find a way to spread the wealth**

Q: What is the role of the private sector in the development of a plan and the implementation of the plan?

A:

Hughes –

- No one entity is going to do it by themselves. The public and private sector must come together
- It involves everybody. Need to attend meetings and voice concerns. It's going to take the private sector, the public sector, and everyone else to make something happen.

Hamilton-

- We can't control what the private sector is going to do, but we can ask. We have to be creative. We have to show the private sector what the benefit of a private-public sector partnership is. We have to all work together for affordable housing. Pressure is how these counties operate.

Janicki –

- Riverside is a nonprofit org. For Riverside, money equals mission
- Ex: PACE program – providing for people who have no other alternative. 9% higher Medicaid population in our nursing homes than other nursing facilities.

Hughes –

- Public sector is not to blame, private sector is not to blame, the public is not to blame. By coming together, we can resolve issues without pointing the finger

APPENDIX D: KEY POINTS FROM THREE COMMUNITY FORUMS

Forum #1 (retirees)

- **Housing: Designing/retrofitting neighborhoods to be age-friendly**
 - Community building
 - Aging in Place
 - Role of neighborhoods, neighborhood response team
 - Intergenerational neighborhoods, “Village” model
 - Affordability
 - Accessible to service and goods
- **Awareness of Resources: Continue to educate community about available resources**
 - Helping seniors make informed decisions about healthcare and end-of-life issues
 - Comprehensive and compassionate approach
 - E.g., Parish nurses, senior center, and skilled home healthcare
- **Vulnerable Seniors**
 - Mental Health needs (e.g., addiction, depression)
 - Caregivers involved from a distance
 - Companionship and visitation programs
 - Accessible transportation?
- **Role of Seniors: Value critical role of all seniors**
 - Quality of Life

Forum #2 (Planning Commission)

- **Seniors as a Resource**
 - Employment opportunities
 - Inclusive, rather than exclusive, approach
 - Opportunities to interact with seniors
 - Comprehensive plans including sections on population needs and seniors
- **Housing**
 - Intergenerational neighborhoods
 - Mixed housing units
 - Affordability
 - Long-term care facilities
 - Availability of beds in dementia units
- **Vulnerable Seniors**
 - Low-income
 - Shortage of psychiatric beds
- **Transportation**
 - Increased coordination
 - Bus stops at each age-restricted community

- Accessing Resources
 - Affordable healthcare
 - Available physicians
 - Religious communities as a resource
 - Finding reliable, affordable help around house

Forum #3 (housing)

- Housing
 - Mixed housing units
 - Affordability: how do we increase low income housing units?
 - Long-term care facilities
 - Consider how PACE model might be expanded
- Accessible Services
- Seniors as a Resource
 - Inclusive, rather than exclusive, approach
 - Opportunities to interact with seniors

APPENDIX E: FINAL COMMUNITY FORUM MINUTES

Community Action Plan On Aging
Community Forum: 1/22/09
Williamsburg United Methodist Church

Panelists:

Awareness of and Access to Resources: Mr. Dave Murray, No Wrong Door Project Director

Vulnerable Seniors: Ms. Kendall Ferguson, York County Social Services, Social Work Supervisor; Mr. Craig Connors, Riverside Health System, PACE Director, **Housing:** Ms. Anita Taylor, James City County Office of Housing and Community Development, Family Self Sufficiency Coordinator; Ms. Tressell Carter, James City County Office of Neighborhood Connections, Director

Seniors as a Resource: Panelists, Forum Attendees

Moderator: Dr. Lou Rossiter, College of William & Mary Schroeder Center for Healthcare Policy, Director

Awareness of and Access to Resources

Murray described the No Wrong Door Project and the PADRN.org website, by showing a series of slides that explain how one moves through the website to access information about area services.

Vulnerable Seniors

Ferguson:

- Screen for care
- Has home-based care program, contact home-health agencies and pay for companion services
- New program: adult foster home program – State Dept of Social Services is pushing for program because of limited auxiliary grant in facilities
- Helps client remain in the community
- Majority of referrals come from community, some are anonymous, take concerns seriously and discuss options with clients to see what's best for them and what their wishes are
- Churches are important in providing assistance to clients

Connors:

- Need something in plan that addresses continuity of care – communication and coordination between care providers

- Especially true of those who are vulnerable
- No shared incentives, no shared information. Vulnerable seniors fall through the cracks
- How to accomplish:
- Easy way – RN/nurse case manager – coordinates all care needed
- How is information shared?

Comment:

- ER rooms should be more actively involved. Very high risk that people going in there don't have that knowledge. Need to find out medications they're taking through their doctors.
- Need to find out what pharmacy one uses. Should advise to use one, not several
- Pharmacies responsible to educate doctors about side effects

Comment:

- Consumer Rep for VHI (Virginia Health Information) – as he aged he kept going to different doctors.
- Found AHIMA (American Health Information Management Association) – put in all information and take it to doctors – (www.ahima.org)
- Should take responsibility for yourself and others in your church or community or else we'll never get the information computerized
- If we get it all on hard copy we could convert it quickly

Comment:

- Human service records should be shared

Comment:

- We have a strong core of volunteers going to seniors' homes.
- Maybe volunteer roles need to be broader
- Additional volunteer training
- Accountability for volunteers

Comment:

- Cell phones can store personal information (e.g., blood type)

Housing

Taylor:

- Has programs with sliding scale based on income
- Emergency housing repair – helps with health and safety issues (e.g., plumbing, heating, roofing)
- Indoor plumbing program
- Accessibility type programs (e.g., ramps, redoing bathrooms)
- Encourage community members to visit new senior apartment complex: Parker View Apartments
- Has program to help subsidize rent
- 1st time homebuyers program

Carter:

- Provide training for homeowners' associations
- Help on creating neighborhood plans
- Asset mapping – what's accessible around the community
- Colonial Heritage offers a worthy example with a "neighbor to neighbor program"

Moderator: What should we be doing about housing?

Question: Is part of the problem that these residents have to sell their house first?

A: Shocked that Parker View is not completely rented. There's a lot of interest but within the last 5-6 months things have slowed down w/ housing industry

Comment:

Credit requirements for Parker View. Could that be the issue?

Comment:

- We need to include concepts for housing in the Comprehensive Plan
- JCC/Williamsburg/York starting to work together on Comprehensive Plan
- Need to look into senior communities, not just houses.
- Backup generation needed to offer support and care

Comment:

We have to look at how we're going to put services in the home

Comment:

Need to create awareness and educate community so they know of available services

Comment:

In Boston – School-aged children and college students were involved in the Beacon Hill Model

Comment:

The higher the price of the land, the harder it is to offer programs dependent on land/space

Comment:

Keep people active and in the spirit of neighborhood supports.

OTHER COMMENTS AND SUGGESTIONS

Suggestion: Re-evaluate the purpose and benefit of health fairs; perhaps call them something different so that community members are encouraged and want to attend. Otherwise, it becomes a gathering of providers.

Comment:

Should we put money aside to help those with mental disorders?

Comment:

Can we explore food chains to provide food home delivery?

APPENDIX F: CONTACTS MADE WITH LOCAL AGENCIES AND VARIOUS ORGANIZATIONS AND AGENCIES INVOLVED IN COMMUNITY PLANS ON AGING¹

Date	Source	Title/Organization	Purpose
12/07	Mia Oberlink	Senior Research Associate, Home Care Policy and Research, New York	Learn about New York initiatives, including study of Naturally Occurring Retirement Communities and Project 2015; and Portland, Oregon's Plan
9/08	John Martin	Director, Southeastern Institute for Research; Co-Founder, Older Dominion Partnership	Participate in Older Dominion Partnership
9/08, 10/08, 11/08	Karen Beiber	Viable Futures Planner, Jefferson Area Board for Aging	Discuss Charlottesville 2020 plan
9/08, 10/08	Katy Boone	Public Health Planner, Carver County, MN	Learn more about Carver County, MN Plan on Aging
10/08	Sharron Cornelius	Executive Director, United Way of Greater Williamsburg	Learn more about United Way's Report on Community Priorities
10/08	Joann Maslin	Retired educational gerontologist	Discuss Forum #1
10/08	Ursula Murden	Founder and former director of Historic Triangle Senior Center	Discuss Forum #1
10/08	Rev. Tom Mainor	Retired minister	Discuss Forum #1
10/08	Cynthia Banks	Director, LA County Community and Senior Services	Learn more about LA County/City Plan
10/08, 11/08, 1/09	Eric Shaver	President, Board of Directors, Williamsburg Area Faith in Action	Learn more about the transportation needs for medical specialist appointments, and how the organization can be a partner in the CAPOA
11/08	Joan Bender	Quality Assurance Analyst, Peninsula Agency on Aging; Colonial Heritage Neighborhood Block Program	Learn about neighborhood support program
10/08	Elaine McBeth	2 nd Vice-Chair, City of Williamsburg Planning Commission; Associate Director, Public Policy Program, College of William & Mary	Discuss Forum #2; how CAPOA fits with City of Williamsburg Planning Commission goals

¹ This list identifies many of the individuals and agencies that were contacted as the CAPOA was being drafted. It is not an exhaustive list but rather demonstrates the breadth of contacts made to determine the viability of and support for a Community Action Plan On Aging in Williamsburg.

Community Action Plan On Aging

10/08	Jack Fraley	Chair, James City County Planning Commission; Chair, Steering Committee of James City County Comprehensive Plan; Basketball Coach, Walsingham Academy	Discuss Forum #2; how CAPOA fits with James City County Planning Commission goals
10/08, 1/09	Charles Frazier	Vice President for Clinical Innovation, Riverside Health System	Discuss role of Riverside physicians in the CAPOA
10/08, 1/09	Robert Leek	Account Executive, Sentara Healthcare	Discuss role of Sentara physicians in the CAPOA
10/08	Mary Martha Stewart	Associate Director, Catholic Charities	Discuss Catholic Charities aging-related initiatives and how the agency can be a partner in the CAPOA
10/08	Jerry Passmore	Director, Department on Aging, Orange County, NC	Learn more about Orange County Master Plan on Aging
10/08	Cathie Berger	Executive Director, Aging Services, Atlanta Regional Commission	Learn more about the Atlanta Regional Commission Master Plan
10/08	Alexander T. Hamilton	Chair, York County Planning Commission; LMS Administrator/Training Manager I, Virginia State Police,	Discuss Forum #3; how CAPOA first with York County Planning Commission goals
10/08	Frank Hughes	President, Williamsburg Area Association of Realtors; Realtor, Prudential-McCardle Realty	Discuss Forum #3; how the Williamsburg Area Association of Realtors is handling senior housing needs
10/08	James Janicki	Senior Director of Marketing, Riverside Lifelong Health & Aging-Related Services Division	Discuss Forum #3; how Riverside Health System is addressing senior housing needs
10/08, 11/08	Alastair Connell	Retired physician; Adjunct Professor of Kinesiology, College of William & Mary	Discuss Forum #2 and #3; what housing options are most cost-effective
10/08	Maureen Kelly	President and CEO, West Central Florida Area Agency on Aging, Inc.	Gather information about Florida Master Plan on Aging 2007-2009, and Florida State Plan on Aging 2005-2008
10/08	Robert Singley	President, RJS & Associates Builders	Discuss Forum #3; role of developers in the CAPOA
11/08	Lisa Gibson	Executive Director, Historic Triangle Senior Center	Discuss ways the Senior Center can partner in the CAPOA

Community Action Plan On Aging

12/08	Bill Peterson	Policy Analyst, Virginia Department for the Aging	Discuss state reports "Impact of an Aging Population on State Agency Services"
12/08	Michael Wilson	Former Program Director, Department of Aging & Disability Services, Aging Texas Well	Learn about Aging Texas Well initiative
12/08	Jan Wassel	Associate Professor of Gerontology, University of North Carolina – Greensboro	Learn more about Orange County Master Plan on Aging
12/08	Erica Wood	Chair, Commission on Long-Term Care Residences, Arlington Agency on Aging	Learn more about Arlington in 2030 Plan
12/08	Nancy Carman	Director of Marketing Services, New Life Management and Development, Inc.	Discuss her book <i>Re-Creating Neighborhoods for Successful Aging</i>
1/09	Rick Hanson	Director, James City County Housing and Redevelopment Authority	Discuss how the agency can be a partner in the CAPOA
1/09	Anita Taylor	Family Self Sufficiency Coordinator, James City County Housing and Redevelopment Authority	Discuss Forum #4; housing options and home repair programs
1/09	Lana Wingate	Geriatric Care Manager, Care Options for the Elderly and Disabled	Discuss role of parish nurses in local community and within state
1/09	Tressell Carter	Director, James City County Neighborhood Connections	Discuss Forum #4; how Neighborhood Connections is identifying and supporting neighborhoods that sponsor care programs
1/09	Kendall Ferguson	Social Work Supervisor, York County	Discuss Forum #4; the types of home and community-based care programs available
1/09	Craig Connors	Director, Riverside PACE	Discuss Forum #4; the clients served through PACE and the role of a continuum of care
10/08, 1/09	Dave Murray	Project Director, No Wrong Door Initiative	Discuss Forum #1, #4; how the PARDN site will assist with information and referral
1/09	Douglas Panto	Williamsburg Branch Coordinator, Alzheimer's Association – SE VA Chapter	Discuss available beds in dementia units and psychiatric facilities for those with memory loss
1/09	Robert Hershberger	Executive Vice President, Greater Williamsburg Chamber and Tourism Alliance	Discuss Forum #4
1/09	Annie Magnant	President, Arthritis Foundation	Discuss Forum #4

Community Action Plan On Aging

1/09	Josephine Shatzel	Former Board of Directors Member, Historic Triangle Senior Center	Discuss interest in CAPOA and how Senior Center might partner in the CAPOA
1/09	Susan Voigt	President, Board of Directors, Christopher Wren Association	Discuss how the organization can be a partner in the CAPOA
1/09	Sharon Ayres	Senior Citizens Advocate, City of Newport News	Learn about the Newport News Strategic Plan on Aging and her role as Advocate
1/09	Donn Turner	Reverse Mortgage Consultant, Metlife	Discuss ways he can serve as potential partner with housing priority area
1/09	Jim Joseph	Chair, City of Williamsburg Neighborhood Council	Learn about the Neighborhood Council and how it supports neighborhood programs
1/09	Keri Houser	Public Health Nurse Senior, Peninsula Health District	Learn about the Mobilizing for Action through Planning and Partnerships Initiative
1/09	Sandy Lenthall	Homeowners Association Member, Counselors Close Neighborhood	Discuss their neighborhood's interest in becoming a pilot site for the Beacon Hill model
1/09	Judy Willett	Executive Director, Beacon Hill Village, Inc.	Discuss how area neighborhoods might pilot the Beacon Hill Model
2/09	Gordon Walker	Chief Executive Officer, Jefferson Area Board for Aging	Discuss Charlottesville 2020 plan; how JABA would be interested in developing a business plan to support the CAPOA
3/09, 4/09	Tim Cross	Principal Planner, York County	Discuss available county and sub-county level data
3/09	Ted Juraschek	Aging in Place Initiative Leader, Ford's Colony	Discuss their neighborhood's interest in becoming a pilot site for the Beacon Hill model; Learn about the neighborhood initiative and the Caring Neighbors Program
3/09	Jennifer Rosenbaum	Director, Bureau of Policy Analysis, Research, & Management, New York	Learn about New York Project 2015 Toolkit
3/09	Elise Bolda	Director, Community Partnerships for Older Adults, University of Maine	Learn about funding opportunities through Robert Wood Johnson Foundation Community Partnerships for Older Adults program
3/09	Susan Perrone	Statistician, Demographics and Work Force, Weldon Cooper Center, University of Virginia	Learn about available state and county/city level data on health status and poverty
4/09	Chris Miller	Project Manager, Aging Together, Rappahannock-Rapidan Aging Plan	Learn more about Aging Together

APPENDIX G: QUICK FACTS ABOUT PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

CENTERS FOR MEDICARE & MEDICAID SERVICES

Presented by the Department of Health and Human Services

Quick Facts about Programs of All-inclusive Care for the Elderly (PACE)

What are Programs of All-inclusive Care for the Elderly (PACE)?

PACE is a Medicare program for older adults and people over age 55 living with disabilities. This program provides community-based care and services to people who otherwise need nursing home level of care. PACE was created as a way to provide you, your family, caregivers, and professional health care providers flexibility to meet your health care needs and to help you continue living in the community. An interdisciplinary team of professionals will give you the coordinated care you need. These professionals are also experts in working with older people. They will work together with you and your family (if appropriate) to develop your most effective plan of care. PACE provides all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically-necessary care and services not covered by Medicare and Medicaid. PACE provides coverage for prescription drugs, doctor care, transportation, home care, check ups, hospital visits, and even nursing home stays whenever necessary. With PACE, your ability to pay will never keep you from getting the care you need.

Who can join a PACE Plan?

You can join PACE if you meet the following conditions:

- You are 55 years old or older.
- You live in the service area of a PACE organization.
- You are certified by the state in which you live as meeting the need for the nursing home level of care.
- You are able to live safely in the community when you join with the help of PACE services.

Note: You can leave a PACE program at any time.

PACE services include but aren't limited to the following:

- Primary Care (including doctor and nursing services)
- Hospital Care
- Medical Specialty Services
- Prescription Drugs
- Nursing Home Care
- Emergency Services
- Home Care
- Physical therapy
- Occupational therapy
- Adult Day Care
- Recreational therapy
- Meals
- Dentistry
- Nutritional Counseling
- Social Services
- Laboratory / X-ray Services
- Social Work Counseling
- Transportation

PACE also includes all other services determined necessary by your team of health care professionals to improve and maintain your overall health.

You should know this about PACE:

PACE Provides Comprehensive Care

PACE uses Medicare and Medicaid funds to cover all of your medically-necessary care and services. You can have either Medicare or Medicaid or both to join PACE.

The Focus is on You

You have a team of health care professionals to help you make health care decisions. Your team is experienced in caring for people like you. They usually care for a small number of people. That way, they get to know you, what kind of living situation you are in, and what your preferences are. You and your family participate as the team develops and updates your plan of care and your goals in the program.

PACE organizations offer Medicare Part D prescription drug coverage. If you join a PACE program, you'll get your Part D-covered drugs and all other necessary medication from the PACE program. Note: If you are in a PACE program, you don't need to join a separate Medicare drug plan. If you do, you will lose your PACE health and prescription drug benefits.

PACE organizations support your family members and other caregivers with caregiving training, support groups, and respite care to help families keep their loved ones in the community.

PACE organizations provide care and services in the home, the community, and the PACE center. They have contracts with many specialists and other providers in the community to make sure that you get the care you need. Many PACE participants get most of their care from staff employed by the PACE organization in the PACE center. PACE centers meet state and Federal safety requirements and include adult day programs, medical clinics, activities, and occupational and physical therapy facilities.

PACE is Sponsored by the Health Care Professionals Who Treat You

PACE programs are provider sponsored health plans. This means your PACE doctor and other care providers are also the people who work with you to make decisions about your care. No higher authorities will overrule what you, your doctor, and other care providers agree is best for you. If you disagree with the interdisciplinary team about your care plan, you have the right to file an appeal.

Preventive Care is Covered and Encouraged

The focus of every PACE organization is to help you live in the community for as long as possible. To meet this goal, PACE organizations focus on preventive care. Although all people enrolled in PACE are eligible for nursing home care, only 7% live in nursing homes.

PACE Provides Medical Transportation

PACE organizations provide all medically-necessary transportation to the PACE center for activities or medical appointments. You can also get transportation to appointments in the community.

What You Pay for PACE Depends on Your Financial Situation

If you qualify for Medicare, all Medicare-covered services are paid for by Medicare. If you also qualify for your State's Medicaid program, you will either have a small monthly payment or pay nothing for the long-term care portion of the PACE benefit. If you don't qualify for Medicaid you will be charged a monthly premium to cover the long-term care portion the PACE benefit and a premium for Medicare Part D drugs. However, in PACE there is never a deductible or copayment for any drug, service, or care approved by the PACE team.

For more information about PACE do the following:

- Visit www.npaonline.org on the web. This website is sponsored by the National PACE Association.
- Visit www.medicare.gov/Nursing/Alternatives/PACE.asp on the web.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. My Health Medicare

APPENDIX H: INFORMATION ON BEACON HILL VILLAGE



Are you thinking about building your own village?

Join us at our upcoming events!

The "Village" movement is spreading across the country.

Come join us for our upcoming events to learn more about how to start a "Village" in your neighborhood.

These workshops are designed for community leaders and professionals interested in creating and funding living alternatives.

Topics to be covered: Founding, boards, marketing, strategic partners, providers, fundraising, budgets....

Regional One Day Workshop

[CLICK HERE TO REGISTER FOR DENVER!](#)

Denver, Colorado

Monday, June 15th, 2009

National Two-Day Conference

Washington , DC

October 26-27, 2009

Co-Sponsored by:
Beacon Hill Village, Inc
and
NCB Capital Impact

If you are interested in building a village in your own community review these steps.

Steps to help you succeed:

1. Form a core group of people passionate about staying in their own homes. Ask about other people from your geographic area who have expressed interest in the Village concept.
2. Purchase the [Beacon Hill Village Founder's Manual](#) and purchase the DVD set and workbook from the Building Blocks National Conference.
3. Research your community: number of elders, income, geographic area, other programs.
4. Implement a market survey to see what people in your area want and to determine interest.
5. Contact health and other providers; get discounts from vendors for your members.
6. Write a business plan.
7. Raise seed money.
8. Hire a director who will work with the community and the Board of Directors.
9. Attend a Beacon Hill Village workshop or conference.
10. Ask about our consulting services.

(757) 220-4751

<http://www.excellenceingaging.org>

**The Center for Excellence in Aging
and Geriatric Health**

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