Aging Policy Update
Operating in Uncertain Times

May 22, 2017

Sandy Markwood, CEO
### 2016 Top 5 Purpose of Call to the Eldercare Locator

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>21%</td>
</tr>
<tr>
<td>Home and Community Based Services (HCBS) (In-Home Svcs 11%, Nutrition Svcs, 4%, Senior Center Programs 3%, LTC 2%, Case Management 1%, Employment 1%)</td>
<td>20%</td>
</tr>
<tr>
<td>Housing</td>
<td>9%</td>
</tr>
<tr>
<td>Medical Services and Supplies (Medical Services 6% and Medical Supplies and Equipment 3%)</td>
<td>9%</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>6%</td>
</tr>
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Responding to the Needs: AAA Trends and Directions

- Increasing Demand for Services with Limited Budgets
- Serving Broader Population
- Expansion of Health-related Services
- Expansion of Work in Integrated Care
- Increased Interest and Activity in Business Acumen and Business Development to Meet Needs/Diversify $
All AAAs offer five core services under the OAA:

- **Nutrition**
- **Health & Wellness**
- **Caregivers**
- **Elder Rights**
- **Supportive Services**

The average AAA offers more than a dozen additional services. The most common non-core services offered by AAAs are:
- Insurance Counseling (85%)
- Case Management (82%)
- Senior Medicare Patrol (44%)
## Aging Services Offered by AAAs

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal assistance</td>
<td>92%</td>
</tr>
<tr>
<td>Respite care</td>
<td>89%</td>
</tr>
<tr>
<td>Benefits/health insurance counseling</td>
<td>85%</td>
</tr>
<tr>
<td>Transportation (non-medical)</td>
<td>85%</td>
</tr>
<tr>
<td>Case management</td>
<td>82%</td>
</tr>
<tr>
<td>Homemaker</td>
<td>74%</td>
</tr>
<tr>
<td>Personal assistance/personal care</td>
<td>74%</td>
</tr>
<tr>
<td>Options counseling</td>
<td>72%</td>
</tr>
<tr>
<td>Assessment for care planning</td>
<td>70%</td>
</tr>
<tr>
<td>Ombudsman services</td>
<td>70%</td>
</tr>
</tbody>
</table>

*Sample size: n=412*
## Aging Services Offered by AAAs

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<th>Service</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment assistance</td>
<td>64%</td>
</tr>
<tr>
<td>Home repair or modification</td>
<td>64%</td>
</tr>
<tr>
<td>Transportation (medical)</td>
<td>63%</td>
</tr>
<tr>
<td>Senior Center</td>
<td>61%</td>
</tr>
<tr>
<td>Emergency Response Systems</td>
<td>58%</td>
</tr>
<tr>
<td>Assessment for long-term care service eligibility</td>
<td>58%</td>
</tr>
<tr>
<td>Chore services</td>
<td>57%</td>
</tr>
<tr>
<td>Adult day service</td>
<td>55%</td>
</tr>
<tr>
<td>Evidence-based caregiver programs</td>
<td>51%</td>
</tr>
</tbody>
</table>

n=412
AAAs Serve a Broad Range of Consumers

While all AAAs serve adults age 60 and older and their caregivers, they also serve younger consumers, including...

Percentage of AAAs that serve consumers under age 60, by category:

- Consumers with a disability or chronic illness: 85%
- Caregivers of all ages: 78%
- Veterans of all ages: 66%
New Trends in the Aging Network

93% Evidence-Based Health and Wellness: Ninety-three percent of AAAs now offer these tested and proven approaches to supporting older adults’ health. (That’s an 85 percent increase since 2007.) Starting in October 2016, all Older Americans Act Title III D funds must be used for evidence-based programs, so that number will rise.

70% Livable Communities: Livable Communities are good places to grow up and grow old. Seventy percent of AAAs are involved in efforts to make their communities more livable and/or dementia-friendly.
Aging Network on the Move

63% Integrated Care: A majority (63 percent) of AAAs are involved in an integrated care delivery system, which are approaches that combines delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion across multiple systems, including HCBS.

45% Care Transitions: Whether with federal funding or through local partnerships, AAAs have moved rapidly into providing care transitions services that help consumers make smooth transitions from hospital (or other care setting) to home, generally with an emphasis on reducing preventable readmissions or complications for the patient. Currently, 45 percent of AAAs have care transitions programs.
# Broader Roles

## Other AAA Roles

<table>
<thead>
<tr>
<th>Percent of AAAs</th>
<th>Designated as ...</th>
<th>Their role ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td>Aging and Disability Resource Centers (ADRCs)</td>
<td>Help all consumers connect to services regardless of age or disability.</td>
</tr>
<tr>
<td>68%</td>
<td>State Health Insurance Assistance Programs (SHIPs)</td>
<td>Provide direct health insurance counseling to older adults (e.g., selecting a Medicare Part D plan).</td>
</tr>
<tr>
<td>59%</td>
<td>Local Long-Term Care Ombudsman</td>
<td>Funded by OAA, act as a resource for consumers living in nursing homes and other institutions.</td>
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Aging Policy In a New Federal Landscape
President Trump/Congress’ To Do List

✓ Finish FY 2017 federal funding
  - Start on FY 2018 budgeting and approps
  - Ease sequester for Defense spending
  - Health Care Reform (ACA Repeal/Replace)
  - Medicaid reform
  - Medicare reform
  - Tax reform
  - Rolling back Obama regulations
  - Infrastructure spending package
  - Budget process reform
  - Debt ceiling legislation
  - Senate’s Confirmation Hearings (Cabinet, Subcabinet)
  - Immigration reform
Most of the Federal Budget Goes Toward Defense, Social Security, and Major Health Programs

- Social Security: 24%
- Medicare: 14%
- Medicaid, CHIP, Exchange subsidies: 11%
- Other entitlement programs: 13%
- Net interest: 6%
- Defense Discretionary: 16%
- Non-Defense Discretionary: 16%

Source: Congressional Budget Office
Federal Budget Snapshot

In FY 2016...

- Total Federal Spending = $3.9 Trillion
- Total Non-Defense Discretionary (Domestic) Spending = $600 Billion (~15.4 percent)
- Total OAA Spending = ~$1.9 Billion
- Total OAA Spending as percentage of Federal Budget = 0.0487 percent
Current Status of Federal Spending

• Last four months of a two-year budget deal

• Funding for domestic programs is 12% below the 2010 level.

• In 2017, domestic spending will fall to its lowest level on record as a share of the economy.
FY 2017-2018 Federal Funding
FY 2017
(started October 1, 2016)
Bipartisan Agreement for FY 2017
Federal Funding

Highlights
- Rejected major cuts requested by President
- Older Americans Act and other aging programs
  - Mostly “flat-funded”
  - Modest increases for some core OAA programs
  - Modest increase for elder justice programs
  - Concerning cuts to health insurance counseling program (SHIP) and senior workforce development programs (SCSEP)
FY 2018 Budget
Proposed Agency-Level Cuts

- HHS -18%
- Education -14%
- HUD -13%
- Agriculture -21%
- Labor -21%
- Transportation -13%
- EPA -31%
- State -29%
- 7 other agencies, all cut from -1 to -16%

Only Winners: Defense +9%, DHS +7%, VA +6%
What Happens Next?

- Detailed, full President’s budget out next week?

- Expect more cuts
  - Details on NDD cuts, including OAA
  - Major cuts to some entitlement programs
  - No cuts to Medicare/Social Security?

- Congress won’t be quite so drastic, but they will need to cut programs to meet current law

Where will this all end up??
Take Action on Budget

• NOW:
  – Reach out to your Members to express concern about Trump’s budget once released this week
  – Get them to visit your programs! Activate stakeholders, educate, get good stories in press

• UNTIL WE PROTECT THESE PROGRAMS:
  – Appropriations work continues through summer and into fall; it’s a marathon not a one-time sprint!
  – Use n4a’s resources to help make the case for Older Americans Act, other vital aging services
American Health Care Act in a...
AHCA Would Mean Major Changes For Older Adults

House-Passed AHCA is Partial ACA Repeal

- Major implications for 65 and older and 55 to 64
- Hastens insolvency of Medicare Trust Fund
- Allows insurers to charge more to older adults
- Eliminates health programs focused on disease prevention
- Rolls back pre-existing conditions protections, lifetime cap and out-of-pocket cost protections
AHCA Means Major Changes For Older Adults

...AND it Restructures Medicaid

– Shifts Medicaid to a per-capita cap structure

– Eliminates current incentives to rebalance Medicaid from institutional to community-based care

– Makes changes that could erode support for long-term care for older adults and people with disabilities
What Might States Do?

- Details at this point are scarce, but states could be free to:
  - Limit enrollment
  - Narrow eligibility
  - Open new waiting lists
  - Impose work requirements
  - Charge co-pays

All of these actions would impact older adults in your community.
What Can You Do?

• Let older adults in your community know about what is in the ACA that currently benefits them.

• Let your Senators know how changes in the ACA will impact older adults in your community. Make calls to their DC and local offices.

• Go to Town Hall meetings and encourage older adults, caregivers and other aging advocates to go too.
Planning and Capacity Bdg.
For more information contact:

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