AAA Trends and Directions

- Limited Budgets
- Serving Broader Population
- Diversifying Funding
- Expansion of Health-related Services
- Expansion of Work in Integrated Care
- Increased Interest and Activity in Business Acumen and Business Development
Limited Budgets

$9.4 million

(Ranges from $138,000 to $292 million)

Average AAA Budget

By funding source, 2013

- 41% Older Americans Act
- 32%* non-federal: state general revenue, local funding, other state funding, grants, cost-sharing consumer contributions
- 27% Medicaid

*Ranked by most frequently cited

National Association of Area Agencies on Aging
The roles that all AAAs fulfill are:

| assess community needs and develop and fund programs that respond to those needs; | educate and provide direct assistance to consumers about available community resources for long-term services and supports; | serve as portals to care by assessing multiple service needs, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost-effectiveness of services; and | as custodians of the public interest, demonstrate responsible fiscal stewardship by maximizing use of public and private funding to serve as many consumers as possible. |

Speaking of fiscal stewardship, AAAs also leverage federal dollars, building on modest OAA funding to expand the economic support and development of each community for HCBS. The U.S. Administration on Aging estimates that for every $1 of federal OAA investment, an additional $3 is leveraged.

The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

- **68%** State General Revenue
- **55%** Local Funding
- **52%** Medicaid Waiver
- **47%** Other State Funding
- **40%** Consumer Cost-Sharing
## Programs and Services

<table>
<thead>
<tr>
<th>Percent of AAAs</th>
<th>Designated as ...</th>
<th>Their role ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>Aging and Disability Resource Centers (ADRCs)</td>
<td>Help all consumers connect to services regardless of age or disability.</td>
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<tr>
<td>62%</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>
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<table>
<thead>
<tr>
<th>Percent of AAAs</th>
<th>Serve as ...</th>
<th>Their role ...</th>
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<tbody>
<tr>
<td>57%</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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## Partnerships

AAAs, on average, have 11 informal and 5 formal partnerships with other entities. These are some of the most common. By percentage of AAAs:

<table>
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<tr>
<th>Adult Protective Services</th>
<th>85%</th>
<th>Disability service organizations</th>
<th>75%</th>
</tr>
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<tbody>
<tr>
<td>Transportation agencies</td>
<td>84%</td>
<td>Public Housing Authority</td>
<td>75%</td>
</tr>
<tr>
<td>Medicaid agencies</td>
<td>83%</td>
<td>Faith-based organizations</td>
<td>66%</td>
</tr>
<tr>
<td>Advocacy organizations</td>
<td>82%</td>
<td>Community health care providers</td>
<td>60%</td>
</tr>
<tr>
<td>Emergency Preparedness agencies</td>
<td>79%</td>
<td>Businesses</td>
<td>46%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>79%</td>
<td>Managed Care/HMO networks</td>
<td>42%</td>
</tr>
<tr>
<td>Mental Health organizations</td>
<td>77%</td>
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Evidence-Based Health and Wellness: 90% of AAAs now offer these tested and proven approaches to supporting older adults’ health. (That’s up from just over half in 2007.)

Nursing Home Diversion Programs: Two-thirds of AAAs are involved in institutional transition and diversion programs, which help seniors remain in their homes or return to the community.

Integrated Care: Over half of all AAAs are involved in an integrated care delivery system of some kind, which is an approach that combines delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion across multiple systems, including HCBS. AAAs are especially involved in these types of initiatives:

- Veteran-Directed HCBS: 32%
- Medicaid Managed Care: 30%
- State Duals Demonstration: 28%
- Section 1115 Medicaid Demonstration Waiver: 22%

Care Transitions: Whether with federal funding or through local partnerships, AAAs have moved rapidly into care transitions services, to help consumers make smooth transitions from hospital (or other institution) to home, generally with an emphasis on reducing preventable readmission or complications for the patient.

Livable Communities are good places to grow up and grow old. More than 70 percent of AAAs are working with local government, business, nonprofit and consumer partners to develop livable communities for all ages. Common livable communities practices AAAs have adopted include:
- addressing housing, transportation, land use and other development issues with other public entities (81%)
- coalitions to promote coordination across service areas (54%)
- projects to promote aging in place (50%)
AAAs Serve a Broad Range of Consumers

While all AAAs serve adults age 60 and older and their caregivers, they also serve younger consumers, such as …

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

- Consumers with a disability or chronic illness: 73%
- Caregivers of all ages: 59%
- Veterans of all ages: 30%
- Others: 35%
Proportion of AAAs Serving Consumers in Addition to those 60+ (among those who offer the services)
AAAs Involvement in Integrated Care

VD-HCBS: 31.9%
State Duals Demonstration: 28.2%
§ 1115 Medicaid Waiver: 21.8%
CMS Services Innovation Grant: 21.8%
Health home: 16.2%
ACO: 14.4%
State innovation models: 11.1%
Primary care or medical home: 10.6%
CMS Financial Alignment Initiative: 3.7%
AAA Involvement in Managed Care

- Our state is not engaged in planning or implementing Medicaid managed care (32.0%)
- Our state is engaged in planning or implementing Medicaid managed care, but our AAA is not involved (17.7%)
- Our AAA is actively involved in planning or implementing Medicaid managed care (50.3%)
Medicaid Managed Care Services AAAs Provide (2013)

- Conduct intake and ongoing assessment: 57.9%
- Provide caregiver support: 50.4%
- Provide care management: 48.8%
- Provide care transitions services from hospital to home or nursing homes: 47.9%
- Assist in transitioning residents from NHs to the community: 44.6%
- Participate in an interdisciplinary team: 42.2%
- Develop service/care plans: 38.0%
- Directly provide some services: 35.5%
- Assist in integrating/coordinating hospital and home-based services: 34.7%
- Conduct LOC determinations: 34.7%
- Conduct Medicaid eligibility determinations: 33.9%
AAA Strategies for Business Development and Sustainability

- 70.3% of agencies reported marketing services and agency multi-year strategic plan.
- 60.9% of agencies are seeking grants for programs.
- 57.5% of agencies are obtaining grants for programs.
- 55.5% of agencies are expanding types of services.
- 47.8% of agencies are using consumer outcomes.
- 37.3% of agencies are developing a business plan.
- 36.1% of agencies have enough staff.
- 32.5% of agencies are fiscally sustaining programs.
- 31.7% of agencies are private pay practices.
- 25.3% of agencies are seeking grants for programs.
- 20% of agencies are expanding types of services.
- 10% of agencies are using consumer outcomes.
- 0% of agencies are developing a business plan.
Reauthorization of the Older Americans Act

Where are We and What’s Next?
How Did We Get Here on OAA Reauthorization?

• Reauthorization “expired” in 2011

• Key Hill offices not interested in opening up the Funding Formula (FF) issue because they know it brings pain

• Advocacy groups neutral on FF changes that drive differing results among states

• Senate bill came for vote in HELP Committee in Fall 2013 with no changes to FF other than year update to Hold Harmless Provision.
How Did We Get Here on OAA Reauthorization?

- March 2013 pain from sequestration felt keenly by time of October 2013 Senate mark-up
- Bill derailed; working group established to look for a compromise
- In spring of 2014, working group admitted defeat
- n4a and other LCAO groups worked intensively to get the parties who had walked away from the table to re-engage
How Did We Get Here on OAA Reauthorization?

- Key negotiators (Sanders, Burr) could not seem to agree on what was a reasonable (political!) compromise so nothing happened until Dec. 2014; 11th hour effort from Sanders to offer compromise was rejected by Republicans.

- 114th Congress: New leadership at HELP Committee introduces similar compromise to older bill (S. 192), which passed unanimously Jan. 28, 2014.
What’s in S. 192?

- Reauthorizes the OAA through 2018
- Maintains local flexibility
- Authorization levels are spared cuts
- Updates definitions of “adult protective services,” “abuse,” “exploitation and financial exploitation,” and “elder justice”
- Allows ombudsmen to serve all residents of LTC facilities, regardless of age
- Updates the definition of “Aging and Disability Resource Center,” including an emphasis on independent living and home and community-based services
- Clarifies current law that older adults caring for adult children with disabilities and older adults raising children under 18 are eligible to participate in NFCSP
- Emphasis on Evidence-based Programs, preventing fraud and abuse, and health and economic welfare
S. 192’s FF Compromise Language

• Compromise keeps concept of a “floor” to protect baseline levels of funding to states with slower-growing aging populations (often the “first to be old” states) changes from the “no lower than FY 20XX” approach to the “no state gets less than 99% of previous year allocation” approach (for 3 years).

• Only a three-year reauthorization due to the FF issue.
Next for OAA Reauthorization

- Bill is waiting for Senate floor time; more urgent matters have taken precedence
- Amendments may be offered; unclear how many
- Only amendments n4a has heard about have nothing to do with FF, but issues may come up as bill gets scheduled for the floor
Next for OAA Reauthorization

• Have started conversations in House; advocates hope they will start from S. 192 and tweak modestly

• But there could be some contentious changes from House Members:
  – “Such Sums” language removed? Setting authorization at current approps or just above?
  – Changes to some OAA titles? (SCSEP, etc.)
Advocacy Needed!

- OAA Reauthorization
  - Senate: Please co-sponsor S. 192 and support the bill when it comes to a vote this spring/summer
  - House: EDUCATE them. Offer site visit. Let them know you will expect action after S. 192 passes.
Resources

• **n4a staff and n4a.org**!
• MoC websites
  - Contact information
  - Bio information
  - District information
  - Legislative background
• House and Senate Member Contact Sites:
  Senate: [http://www.senate.gov/general/contact_information/senators_cfm.cfm](http://www.senate.gov/general/contact_information/senators_cfm.cfm)
• Other helpful sites with MOC record/legislative info:
  [www.congress.gov](http://www.congress.gov)
  [https://www.govtrack.us/](https://www.govtrack.us/)
Questions?

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