



U.S. Department of Health and Human Services
Administration on Aging



Creating More Balanced Long Term Care Systems

Case Studies on the Role of the National Aging Services Network



Introduction

Background

The National Aging Services Network – which consists of 56 state agencies on aging, 655 local Area Agencies on Aging, and more than 29,000 community service providers – helps Americans age with dignity and independence. For more than 35 years, the Aging Network has played a significant role in creating more balanced long term care systems by collaborating to shift the focus in state long term care systems from institutional to home and community based care for older people. In recent years there has been a growth in Medicaid waivers from nursing facility care and movement in many states towards a more balanced long term care system. This series focuses on the leadership role of the National Aging Service Network in state and local initiatives to redesign the nation’s long term care systems by strengthening community-based options for older people.

While much has been written about individual Medicaid programs, little attention has been given to the important role the Older Americans Act has played in these systems. While their funding is often limited, the Aging Network has used its infrastructure to leverage resources and information for older adults and their families. Some of the initiatives discussed in these reports use the networks developed by the local Area Agencies on Aging to coordinate resources and create a comprehensive system. The role of the Area Agency on Aging varies from providing a centralized repository of information about senior services, insurance, and other relevant issues to developing integrated funding packages for clients that include Medicaid state plan, Medicaid waiver, state and local community, and Older American Act funding to meet a whole range of needs a client may have. Others have created electronic databases that allow clients to search a directory of local resources or that allow a case manager to track client funding and services across the various programs to better monitor and assess client safety in the home.

The Aging Network has also participated at the state level in evaluating and redesigning the community-based system. Often this involves collaborative interagency efforts from the state offices on aging, Medicaid, mental health, and rehabilitation agencies, as well as others. Some states have restructured their policy offices to reflect the multiple needs of the clients they serve which helps reduce the fragmentation in access, funding, and the delivery systems, in general. Consumers have also played a

major role in these restructuring efforts. Collaborative efforts at the local level often lead to major advocacy developments that change state policies and create more options for people to remain in the community with more supports. These movements have grown over the years as policymakers believe they can both reduce public costs for long term care and better meet the preferences of their constituents who need the services.

Methodology

This series provides a set of case studies funded by the Administration on Aging and conducted by the Research Triangle Institute (RTI) on the role of the National Aging Services Network in restructuring long term care systems and creating home and community-based options. These case studies highlight 14 state or community programs whose innovations have strengthened local options for older Americans. The sites were selected with valuable input from a Technical Advisory Group, the Administration on Aging, and feedback from the states themselves. Initial information for the studies was collected between March 2003 and August 2003 through site visits and telephone interviews with programs in California, Georgia, Indiana, Maine, Massachusetts, Minnesota, Missouri, North Carolina, Ohio, Texas, Vermont, Washington, and Wisconsin. In selecting the 14 sites, the Administration on Aging included programs that had not been recently highlighted elsewhere, but through their innovative thinking had pulled together resources, ideas, and the energy needed to successfully sustain elders in their homes and communities while effectively moving towards more balanced long term care systems. Specifically the case studies focus on programs that have:

- ❖ Improved access to care for older Americans.
- ❖ Provided more choices and control for elders and their families.
- ❖ Increased coordination and integration of health and social support services.
- ❖ Expanded funding for home and community-based services, creating a more balanced delivery system.

These efforts are particularly important today as states face both increased demand from an aging population and heightened fiscal constraints. The Aging Network, through the combined efforts of State Units on Aging, local Area Agencies on Aging, and other partners, such as Medicaid agencies, local community service

providers, national aging organizations, advocates and volunteers have been working together to address these needs across the nation.

Overview of Studies

State Units on Aging, Area Agencies on Aging and other members of the Aging Network are often at the center of state long-term care systems, using their knowledge of the local resources to help seniors remain in the community. In some states, Aging Network organizations have served as centralized access points for information about federally covered long term care services, state sponsored support benefits, supplemental family and caregiver support services, and health promotion services which together allow seniors to safely stay in their homes. In some states, Area Agencies on Aging even provide the portal to institutional care. And their information and referral systems have, in some locations, grown into electronic resources that not only support the partners who are building these systems, but also strengthen the provider network and improve the quality of the assistance provided to seniors.

In many communities, Older Americans Act funding has been used to leverage funding from other sources, including state and Federal Medicaid funds, Social Service Block Grants, Community Development Block Grants, and in some cases, state General Revenue funds as well as private support from foundations, major employers and others in the communities. In fact, on average, for every one dollar in Older Americans Act funding, two dollars in state and local resources are leveraged. The Aging Network has developed partnerships within and across health and social service networks to expand resources by streamlining service systems, improving communication across systems, and helping reallocate long term care expenditures through planning and advocacy processes.

The 14 sites included in this series were selected because they represent a mix of models, in a variety of state long-term care system structures, where the Aging Network has played a key role in strengthening the community-based system. In some, leadership for the system changes stemmed from state initiatives, while in others the changes were initiated by counties, Area Agencies, or local providers. And for some states, the movement towards a more balanced long term care system is the result of consumer input and advocacy. Regardless of the precipitating factors, the initiatives, approaches, and results highlighted in these studies all built on the important aging services infrastructure established through the

Aging Network. As with any good system, the sites included in these studies had system components that could have been included under multiple topics but are written about only once, highlighting the most unique aspect of their efforts. These studies highlight the work in several states, and are meant to be illustrative of the many efforts underway across the country and throughout the Aging Network.

The case studies focus on five important areas of balanced long term care systems.

1. *Integrated Access and Services.* The four sites – San Diego, California; Massachusetts, Ohio, and Maine – highlighted in this set of studies have used different models to create single entry point or “no wrong door” systems. All four sites use Area Agencies on Aging as entry points to a multitude of services, but each uses different funding sources for startup or system maintenance and has different staffing models. Some initiatives, such as San Diego and Massachusetts’ ASAPs started at the local level and bubbled up, while others such as Ohio and Maine came from state efforts to refine the system and worked their way down to the local community who now “own” those initiatives. As a result of the integrated access to services, the clients also have better integrated service plans. All four sites consolidate authorizations creating “one-stop shopping” for clients needing a range of service and financing options across different public and private programs including Medicaid, Older Americans Act, state general funds, and other funding sources; however, each site arrives at this consolidation differently.

2. *Integrated Information Systems.* The two sites in these studies – Atlanta, Georgia and Indiana – each use information to create single-entry points through client-centered electronic databases. These systems may be in multiple offices but each consolidates information on clients and providers across multiple funding streams to create transparent integrated case management systems. Atlanta has built on a locally developed information and assistance system and added complete case management systems, while Indiana’s system began as a state reporting initiative that changed over time to become a leading case management tool.

3. ***Consumer-Directed Services.*** A number of states have used consumer directed services as a means of increasing options, extending resources, and increasing individual choices. Vermont has one of the nation's oldest and most well established consumer-directed programs. Like the federal cash and counseling demonstrations, Vermont allows seniors and others with disabilities to hire, train, schedule, direct, discipline and fire if necessary, personal care attendants. The strength of the Vermont program is in the system of support services including employer certification, payroll assistance, and other fiscal intermediary services provided by the state to individuals using this option. The state provides the funding and acts as a fiscal intermediary for tax purposes, but the client is responsible for all other employment responsibilities. Initially started as a state-funded program, today, people receiving Medicaid-funded home and community-based waiver services are also allowed to participate.

4. ***Redirecting Public Long Term Care Expenditures.*** The five states – Washington, Wisconsin, North Carolina, Missouri, and Texas – in this set of studies represent different efforts to expand long term care options by restructuring their state policies, administrative structures, and funding mechanisms to streamline services across agencies and funding streams. These states are redesigning a whole range of options to combine resources, create new types of services, and focus on the system of policies that address long term care. Some of these efforts were initiated by the Aging Network and others by Medicaid agencies. Some were influenced largely by state level advocates, while others grew out of local grassroots or county efforts to manage limited resources. All have been responding to recent budget changes at both the federal and state levels. Each state study illustrates examples of the range of issues around redirecting long term care resources towards community care and describes specific approaches states have undertaken to respond to these issues.

5. ***Consumer Involvement in Long Term Care Policymaking.*** Experiences in Wisconsin and Minnesota are highlighted in these studies to illustrate how consumers can affect the policies that govern their long term care options. Consumers play a major role in creating system change. Sometimes, as in Minnesota, consumer involvement is sought through formal planning processes, while at other times, as in Wisconsin, consumer input is received as a result of grass roots advocacy and strong political involvement. Regardless of the method, involving consumers in decision making is an important element

in creating a long term care system that is truly responsive to the needs of older people and those with disabilities. Wisconsin and Minnesota are but two examples of where consumers and advocates have had a substantial influence with policy makers, resulting in program innovations, policy decisions, and resource allocation that helped to shift the focus of the state's long term care system away from institution and towards community based care.

These study sites are but a few of the many examples of the Aging Network's role in building strong community-based systems for older Americans. In each study, we have sought to present a balanced perspective while highlighting the Aging Network's role at the state, regional (Area Agency), and local/provider levels. The studies include a mix of urban and rural states, a range of systems from highly centralized state-run systems to ones which are quite decentralized with decision making power residing at the county or provider level. It is the Administration on Aging's intent that, regardless of the nature of the system in which you live and work, these studies will offer ideas, insight, and inspiration to states, communities, consumers and their families that will be useful in creating a more balanced, coordinated, consumer-focused long term care system across America.