



Key Home and Community-Based Programs and Services

Training for I&R/A Professionals

JULY 2020

LEARNING OUTCOMES

This resource will assist participants to:

1. Identify and explain key Home and Community Based Services and Supports that help older adults and people with disabilities to live in their homes and communities;
2. Define and distinguish Medicare Parts A, B, C and D;
3. Describe Medicaid including Medicaid Waivers;
4. Differentiate and define nutritional services available for older adults;
5. List programs that may be available to support caregivers of older adults and people with disabilities;
6. Describe financial assistance programs designed to help older adults and people with disabilities pay for Medicare, including prescription drugs.

Description

This resource provides an overview of key programs that support older adults and people with disabilities to live with dignity, independence, and improved health in their communities.

While the Certification for Community Resource Specialists – Aging/Disabilities (CRS-A/D) exam only refers to national level programs, it is suggested that CRS-A/D trainers add state-specific information to this resource. By indicating state programs/services that correspond with the national ones, trainees will better understand how the programs/services they are familiar with correspond with the ones on the national level.

Content

- Section 1:** Home and community-based services and supports
- Section 2:** Elder rights protection
- Section 3:** Health and insurance programs
- Section 4:** Employment assistance
- Section 5:** Public benefit and social insurance programs

Overview

The intent of this resource is to provide I&R/A professionals with a non-exhaustive list of programs and services that may be available in their communities to support older adults and individuals with disabilities to live with dignity, independence, and improved health.

This resource offers a general overview of programs and services that support older adults and individuals with disabilities in the following areas:

- (1) Home and community-based services and supports
- (2) Elder rights protection
- (3) Health and insurance programs
- (4) Employment assistance
- (5) Public benefit and social insurance programs

Because most of the programs that support older adults and individuals with disabilities are state or county administered, program descriptions and eligibility may differ between states and communities. The programs and services included here are not exhaustive.

Programs and services were selected to be included in this resource based on two important factors:

- (1) The CRS-A/D (Certification for Community Resource Specialists -Aging/Disabilities) exam contains questions about the particular program or service;
- (2) The program or service is part of the “essential knowledge base” for aging and disability I&R/A professionals.

I&R/A professionals should compare the list of programs contained in this resource to what is available in their local communities, noting program description, target population, eligibility, cost sharing, and other pertinent characteristics of the program.

For more extensive information on programs and services for people with disabilities of all ages, see the resource *Disability for I&R Specialists*.

Home and Community-Based Services and Supports

Home and community based services (HCBS) are programs designed to help older adults and people with disabilities maintain independence and dignity in their homes and communities.

Nutrition Services

OAA Nutrition Programs

The Older Americans Act (OAA) authorizes three different nutrition programs under Title III:

- Congregate Nutrition Services (Title III C1);
- Home-Delivered Nutrition Services (Title III C2); and
- Nutrition Services Incentive Program (NSIP).

Congregate Nutrition Services

Congregate nutrition services provide meals and related nutrition services to older individuals in a variety of sites, such as senior centers, community centers, schools, and adult day centers. Congregate nutrition service providers can also offer a variety of nutrition related services at meal sites, such as nutrition education and screening, nutrition assessment, and nutrition counseling. The program also provides older adults with opportunities for social engagement and volunteer opportunities.

The Congregate Nutrition program serves individuals who are age 60 or over, and in some cases, their caregivers, spouses and/or persons with disabilities.

Home-Delivered Nutrition Services

Home-delivered nutrition services provide meals and related nutrition services to older individuals that are homebound. Like congregate nutrition service providers, home delivered service providers can offer services such as nutrition screening and education, nutrition assessment, and nutrition counseling as appropriate. Home-delivered meals are also an important service for many family caregivers by assisting family members with their caregiving responsibilities and, for some, helping them maintain their own health and personal well-being.

This program serves homebound individuals age 60 or older, and in some cases their caregivers, spouses, and/or persons with disabilities.

Nutrition Services Incentive Program (NSIP, OAA Section 311)

NSIP provides grants to states, territories, and Indian tribal organizations to purchase food or to cover the costs of food commodities provided by the U.S. Department of Agriculture (USDA) for the congregate and home-delivered nutrition programs.

Further information about the OAA Nutrition Programs is available at the Administration for Community Living's (ACL) website:

<https://www.acl.gov/programs/health-wellness/nutrition-services>

Supplemental Nutrition Assistance Program (SNAP)

SNAP, historically known as the Food Stamp Program, is a federal-assistance program that helps individuals and families with low incomes to buy the food they need to maintain good health. Though the program is funded by the U.S. Department of Agriculture, states administer the program.

Further information about SNAP is available at USDA's website at: <http://www.fns.usda.gov/snap/>

SNAP Retailer Locator

The SNAP Retailer Locator provides easy access to the location of SNAP approved stores.

Check out their website at: <https://www.fns.usda.gov/snap/retailer-locator>

Senior Farmers' Market Nutrition Program (SFMNP)

SFMNP awards grants to states, U.S. Territories, and federally-recognized Indian tribal governments to provide low-income older adults with coupons, or Electronic Benefit Transfer (EBT) cards, that can be exchanged for eligible foods (fruits, vegetables, honey, and fresh-cut herbs) at farmers' markets, roadside stands, and community supported agriculture programs. Low-income older adults, generally defined as individuals who are at least 60 years old and who have household incomes of not more than 185 percent of the federal poverty income guidelines (published each year by the Department of Health and Human Services), are the targeted recipients of the SFMNP benefits.

Further information about SFMNP is available at USDA's website at:

<https://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program>

Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) works to improve the health of older adults at least 60 years of age and other vulnerable populations who have household incomes at or

below 130 percent of the federal poverty level by supplementing their diets with nutritious USDA Foods. USDA purchases food and makes it available to state agencies and Indian Tribal Organizations, along with funds for administrative costs. State agencies store the food and distribute it to public and non-profit private local agencies. Local agencies such as Food Banks determine the eligibility of applicants, distribute the foods, and provide nutrition education.

Further information about CSFP is available at USDA's website at:

<https://www.fns.usda.gov/csfp/commodity-supplemental-food-program>

Senior Centers

A senior center is a community facility where older adults come together for services and activities that reflect their skills and interests and respond to their diverse needs. The OAA provides funding for senior center services, available to people above the age of 60. Senior centers are a resource for the entire community, providing services and information on aging, and assisting family and friends who care for older adults. Examples of individual services at senior centers are information and referral, case assistance, in-home assistance, home-delivered meals, job finding and training, legal assistance, health insurance counseling and claims assistance, transportation, and volunteer opportunities. Examples of group services are group meals, educational sessions, cultural events, health education sessions and wellness activities, art and other cultural experiences, retirement planning, self-help peer groups, community service projects, intergenerational programs, volunteer opportunities, and recreational trips.

National Institute of Senior Centers (NISC) of the National Council on Aging:

The Institute serves as a vehicle for coordination, communication, action, and guidance to the Senior Center field on a national level.

Check out their website at:

<https://www.ncoa.org/national-institute-of-senior-centers/>

Further information about senior centers is available at NISC's website at:

<https://www.ncoa.org/national-institute-of-senior-centers/>

National Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP), federally funded by the OAA, Title III E, helps family members who serve as unpaid caregivers for persons 60 years of age or older. Several other specific populations of family caregivers are also eligible to receive services, including older relatives providing care to individuals with disabilities. The goal of this program is to relieve the emotional, physical, and financial hardships of providing continual care.

Under NFCSP, states provide five types of services:

1. Information to caregivers about available services,
2. Assistance to caregivers in gaining access to the services,
3. Individual counseling, organization of support groups, and caregiver training,
4. Respite care, and
5. Supplemental services, on a limited basis.

Further information about the National Family Caregiver Support Program is available from ACL's website:

<https://www.acl.gov/programs/support-caregivers/national-family-caregiver-support-program>

Respite

Respite care is the provision of short-term, temporary relief to caregivers caring for older adults or people with disabilities who might otherwise require permanent placement in a facility outside the home.

Further information about respite care is available at the ARCH National Respite Network and Resource Center website: <https://archrespite.org/consumer-information>

The ARCH National Respite Network

The ARCH National Respite Network includes the *National Respite Locator*, a service to help caregivers and professionals locate respite services in their community; the *National Respite Coalition*, a service that advocates for preserving and promoting respite in policy and programs at the national, state, and local levels; and the *Lifespan Respite Training and Technical Assistance Center*.

Check out their website at:

<http://archrespite.org/home>

Lifespan Respite Care Program

The Lifespan Respite Care Program (LRCP) is a system to identify and coordinate respite care options for families regardless of age, special need, or other characteristic of the person

Family Caregiver Alliance - National Center on Caregiving

The National Center on Caregiving (NCC) works to advance the development of high-quality, cost-effective policies and programs for caregivers in every state in the country.

Check out their website at:
<http://www.caregiver.org>

needing care. The program brings together federal, state and local resources to help support, expand and streamline the delivery of planned and emergency respite services while also providing for the recruitment and training of respite workers and caregiver training and empowerment. Since 2009, Congress has appropriated approximately \$2.5 million per year to implement Lifespan Respite Programs. Through these grants, states have developed or built upon respite infrastructures through a variety of approaches designed to improve access to and receipt of respite services.

Further information about LRCP is available from ACL's website:
<https://www.acl.gov/programs/support-caregivers/lifespan-respite-care-program>

Information & Referral/Assistance

The OAA provides funding to states and local AAAs to provide Information & Referral/Assistance (I&R/A). I&R/A services support older adults and their caregivers in assessing their needs, identifying the most appropriate services to meet their needs and linking the older adult and caregiver to the agencies providing these services. In addition, I&R/A services collect and make available data to support community needs assessment and community planning activities.

To learn more about I&R/A go to the National Information and Referral Support Center's website at:
<http://www.advancingstates.org/initiatives/national-information-referral-support-center>

The National Information and Referral Support Center

The Center offers training, technical assistance, and information resources to aging and disability I&R/A services.

Check out their website at:
<http://www.advancingstates.org/initiatives/national-information-referral-support-center>

Eldercare Locator

The Eldercare Locator, a public service of the Administration on Aging (AoA), U.S. Department of Health and Human Services, is a nationwide service that connects older adults and their caregivers with information on services and programs. The Eldercare Locator is administered by the National Association of Area Agencies on Aging (n4a).

To learn more about the Eldercare Locator go to its website at: <https://eldercare.acl.gov>

Consumer Access Systems (ADRC and NWD)

Consumer access systems – Aging and Disability Resource Centers (ADRCs) and No Wrong Door (NWD) systems – are community and state initiatives to streamline consumer access to long term services and supports (LTSS). At the federal level, this work is a collaborative effort of the U.S. Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA). ADRCs and NWD systems are intended to promote choice, information, and access for a wide range of individuals.

Core functions of an ADRC are:

1. Information, referral and assistance;
2. Options counseling;
3. Streamlined eligibility determination for public programs;
4. Person-centered planning; and
5. Quality assurance and continuous improvement.

The primary functions of a NWD system are:

1. Public outreach and coordination with key referral sources;
2. Person-centered counseling;
3. Streamlined eligibility for public programs; and
4. State governance and administration.

No Wrong Door System and ADRC Resources

ACL provides information and resources available to states and community organizations that are designing, implementing or expanding NWD systems and ADRCs.

Visit the NWD site at:

<https://nwd.acl.gov/index.html>

ADRCs and NWD systems perform these functions by integrating, coordinating, and strengthening different pieces of the long term supports and services systems. These consumer access systems provide older adults, people with disabilities, and caregivers with information and assistance and decision-support through personalized counseling.

To learn more about ADRCs go to ACL's website at:

<https://acl.gov/programs/aging-and-disability-networks>

Transportation

Paratransit

Public transit, aging organizations, and private agencies provide curb-to-curb or door-to-door transportation using mini-buses or small vans. Curb-to-curb service provides for passenger pickup and delivery at the curb or roadside; door-to-door service offers a higher level of assistance by picking up passengers at the door of their homes and escorting them to the door of their destinations. Paratransit is usually funded by local, state, and federal dollars, and eligibility and cost may vary by location.

OAA Transportation

Title III-B is the primary source of transportation funding under the OAA. It provides grants to states for transportation services for older individuals above 60 years of age.

Public Transit/Fixed Route Service

Public transit agencies provide bus and rail services along established routes with set schedules on a non-reservation basis — also referred to as “public transportation” or “mass transit.” Reduced rate fares and additional transportation services are available for older adults and individuals with disabilities.

National Aging and Disability Transportation Center

The Center provides technical assistance, training and support for innovations in transportation for older adults and persons with disabilities at the community level.

Check out their website at:

<http://www.nadtc.org/>

Transportation Voucher Programs

Area Agencies on Aging and other social service organizations often provide fare assistance programs that enable qualified persons (usually economically disadvantaged older adults or individuals with disabilities) to purchase vouchers for transportation services at a reduced rate. The vouchers are then used to pay for services from a participating transportation provider that can include public transportation, volunteer programs, or taxis and other private companies. Applications for these programs are required. Participants are responsible for reserving and securing the services they need. To learn more about transportation programs for older adults and persons with disabilities, go to the National Aging and Disability Transportation Center website at: <http://www.nadtc.org/>

Medicaid Home and Community-Based Services (HCBS) Waivers

Medicaid is the major public payer of long-term services and supports (LTSS) for millions of low-income Americans. When Medicaid was first enacted, payment for LTSS was made solely to institutions such as nursing homes. Medicaid has since evolved to pay for a comprehensive range of HCBS that provide alternatives to institutional care.

In 1981, Congress established HCBS waiver authority. Medicaid's HCBS waivers afford states the flexibility to develop and implement creative alternatives to placing Medicaid-eligible individuals in hospitals, nursing facilities or intermediate care facilities for persons with intellectual disabilities.

Medicaid is a jointly funded state-federal partnership. Federal regulations permit HCBS waiver programs to serve seniors, persons with physical disabilities, developmental disabilities, intellectual disabilities, or mental illness. States may also target waiver programs by specific illness or condition, such as technology-dependent children or individuals with HIV/AIDS. States can make HCBS available to individuals who would otherwise qualify for Medicaid only if they were in an institutional setting.

Medicaid's governing legislation lists seven services which may be provided in HCBS waiver programs: case management, homemaker/home health aide services, personal care services, adult day health, habilitation, and respite care. Other services, requested by the State because they are needed by waiver participants to avoid being placed in a medical facility (such as non-medical transportation, in-home support services, special communication services, minor home modifications, and adult day services) may also be provided, subject to CMS approval. Eligibility for HCBS waivers is determined at the state level.

Further information about Medicaid HCBS Waivers can be found at CMS's website at:

<https://www.medicaid.gov/medicaid/hcbs/index.html>

Veterans Directed HCBS (VD-HCBS)

In 2008, the [U.S. Administration for Community Living](#) began a collaboration with the [Veterans Health Administration \(VHA\)](#) to provide an opportunity for the aging and disability networks to serve Veterans of all ages at risk of nursing home placement through the Veteran Directed Home and Community Based Service Program (VD-HCBS). The VD-HCBS program provides

Veterans the opportunity to self-direct their long-term supports and services that enable them to avoid institutionalization and continue to live independently at home. Veterans enrolled in VD-HCBS have the opportunity to manage their own flexible budgets, to decide for themselves what mix of goods and services best meet their needs, and to hire and supervise their own workers. Aging and disability network agencies provide facilitated assessment and care/service planning, arrange fiscal management services, and provide ongoing options counseling and support to Veterans.

VA Medical Centers (VAMCs) refer eligible Veterans to participating aging and disability network agencies to enroll in the VD-HCBS Program. As of April 2019, the program was serving 2,166 Veterans across 37 States and the District of Columbia and Puerto Rico. This program may also be known as Veteran Directed Care (VDC).

To learn more about VD-HCBS visit the VA's website at:

http://www.va.gov/GERIATRICAL/guide/longtermcare/Veteran-Directed_Care.asp

Also see ACL's resources on VD-HCBS:

<https://www.acl.gov/node/414>

Consumer-Directed Home and Community Based Services

Consumer-directed services, also called self-direction, empower older adults and people with disabilities to make decisions about the services they want and how they wish to receive them. Consumer-directed HCBS represents a philosophical approach to service delivery that maximizes consumers' ability to assess their own needs, determine how and by whom those needs will be met, and to define what constitutes quality service delivery. Depending on the program and state, clients may be able to:

- Hire, manage, and terminate the workers of their choice, including family members;
- Choose which services to receive;
- Select the days and times for service delivery; and

National Resource Center for Participant-Directed Services (NRCPS)

NRCPS assists states, agencies and organizations in offering participant-directed services to people with disabilities.

Visit Applied Self-Direction for more information at:

<http://www.appliedselfdirection.com/>

- Manage their budgets by setting wages and/or purchasing items that enhance their independence (such as home modifications or assistive devices).

States and communities differ on the services permitted under consumer-direction. Further information about consumer-directed services can be found at <https://www.medicaid.gov/medicaid/ltss/self-directed/index.html>.

Adult Day Service Centers

Adult Day Service Centers are designed to provide care and companionship for older adults who need assistance or supervision during the day. There are two types of adult day service: adult day social and adult day health. Adult day social provides social activities, meals, recreation and some health-related services. Adult day health offers more intensive health, therapeutic and social services for individuals with severe medical problems and those at risk of requiring nursing home care.

The centers may stand alone or be located in senior centers, nursing facilities, churches or synagogues, hospitals, or schools. There may be a great deal of difference between individual centers. There are approximately 4,800 Adult Services centers across the country that provide care to over 270,000 individuals.

Costs vary among adult day centers depending on the services offered, type of reimbursement, and geographic region. While adult day services are not usually covered by Medicare, some financial assistance may be available through a federal or state program like Medicaid, OAA, or Veterans Administration.

To learn more about adult day centers visit the National Adult Day Services Association's website at: <http://www.nadsa.org>.

Home Health Care

Home health care is a wide range of health care services that can be given in a person's home. Home health care may include occupational and physical therapy; speech therapy; skilled nursing; activities of daily living such as bathing, dressing, and eating; or assistance with cooking, cleaning, other housekeeping jobs, and daily medication monitoring. Home health care is different from home care services. While home health care may include some home care

services, home health care is more medically focused and is usually centered around helping the person recover from illness or injury.

The cost of home health care varies across the country. Costs will fluctuate depending on the type of health care professional required. Home health care services can be paid for directly by the person, or through a variety of public and private sources. Sources for home health care funding include Medicare, Medicaid, the OAA, the Veterans' Administration, and private insurance.

To learn more about home health care visit the National Association for Home Care & Hospice's website at: www.nahc.org.

Assistive Technology

Assistive technology (AT) is any service or device that helps a person with functional limitations perform a task or activity. Assistive technologies help improve people's quality of life and promote independence. Assistive technology helps people with disabilities and older adults to be more independent in education, employment, recreation, daily living activities, and community living. Assistive technology services may be just as important as AT devices. Services should be paired with devices to help ensure the right fit for the individual and to help introduce the individual to the use of the device.

There are many different categories of assistive devices and services that are available to help older adults and persons with disabilities with everyday tasks. These include, for example: home and vehicle modifications, alternative keyboards, speech generating devices, screen magnifiers, and weighted utensils.

Medicare Part B will cover up to 80 percent of the cost of assistive technology if the items being purchased meet the definition of "durable medical equipment." This is defined as devices that are "primarily and customarily used to serve a medical purpose, and generally are not useful to a person in the absence of illness or injury." Also, certain state Medicaid programs may pay for some assistive technology. And for those older adults eligible for veterans' benefits, the Department of Veterans Affairs (DVA) provides assistance to purchase assistive technologies.

Under the Assistive Technology Act, every state and territory has a state Assistive Technology (AT) Act program. State AT programs provide information about Assistive Technology devices,

services available, and where to obtain them; device demonstrations and device loans to give individuals an opportunity to try out devices; funding resources for purchasing or acquiring Assistive Technology; and device exchange and recycling programs. Programs also offer training, outreach, and professional development to promote knowledge and understanding of how to apply AT in various sectors of society such as education, work, home, and recreation.

Further information about Assistive Technology can be found at ACL's website:

<https://www.acl.gov/programs/assistive-technology/assistive-technology>

Visit the Assistive Technology Act Technical Assistance and Training Center (AT3) at

<https://www.at3center.net/>

Home Modification and Repair

Home modifications are adaptations to the living environment that are intended to increase ease of use, safety, security, and independence.

Modifications can include: 1) changes or additions to the structure (widening doorways, adding a first-floor bathroom or a ramp); 2) installing special equipment (grab bars and handrails); and 3) adjusting the location of items (moving furniture).

Home modifications overlap considerably with assistive technology (bath benches, walkers) which tend to be more mobile in nature and not attached to the structure of the house. Home Repairs are designed to fix a structural issue with a home and to bring it up to an acceptable health and safety standard.

National Resource Center on Home Modification

Homemods.org is a service of the Fall Prevention Center of Excellence, a project of the University of Southern California Leonard Davis School of Gerontology. Visit the site for training, resources, and a national directory:

<http://www.homemods.org/>

There is general agreement that an accessible and supportive environment is vital to the safety and quality of life of older adults and persons with disabilities. Research by the national Centers for Disease Control and Prevention shows that home modifications and repairs may prevent 30 to 50 percent of all home accidents among seniors.

There are several public assistance programs that may assist older adults and persons with disabilities in performing home modifications and repair. The OAA, Title III, allows a portion of

funding to be used for home modification and repair. Additionally, funds from the U.S. Department of Energy's Low-Income Home Energy Assistance Program (LIHEAP) and the Weatherization Assistance Program (WAP) can be used for capital expenses, including home modification and repairs. Also, Medicare and Medicaid may allow a small portion of funding to perform a home modification.

Elder Rights Protection

A number of programs are designed to combat a range of elder rights abuses, from financial exploitation to severe abuse and neglect.

Elder Abuse Prevention

The AoA's Prevention of Elder Abuse, Neglect, and Exploitation program provides leadership in strengthening elder justice strategic planning and direction for programs, activities, and research related to elder abuse awareness and prevention. Title VII of the OAA grants AoA the authority to allocate grants under this program to states and territories to

- 1) Train law enforcement officers, health care providers, and other professionals on how to recognize and respond to elder abuse;
- 2) Support outreach and education campaigns to increase public awareness of elder abuse and how to prevent it; and
- 3) Support the efforts of state and local elder abuse prevention coalitions and multidisciplinary teams.

For more information visit:

<https://www.acl.gov/programs/protecting-rights-and-preventing-abuse>

Adult Protective Services

Adult Protective Services (APS) are those services provided to ensure the safety and well-being of older adults and adults with disabilities who are in danger of being mistreated or neglected, are unable to take care of themselves or protect themselves from harm, and are at risk of financial exploitation. I&R/A professionals may be mandated reporters. It is important to be knowledgeable about your agency's policies and the reporting procedures in your jurisdiction and state.

National Center on Elder Abuse (NCEA)

NCEA serves as a national resource center dedicated to the prevention of elder mistreatment.

Check out their website at:
<https://ncea.acl.gov/>

National Adult Protective Services Association (NAPSA)

NAPSA provides state APS program administrators and staff with a forum for sharing information, solving problems, and improving the quality of services for victims of elder and vulnerable adult abuse.

Check out their website at:
<http://www.napsa-now.org/>

Further information and resources are available from the ***U.S. Department of Justice's Elder Justice Initiative*** website. The initiative promotes justice for older adults; helps older victims and their families; enhances state and local efforts through training and resources; and supports research to improve elder abuse policy and practice.

Visit: <https://www.justice.gov/elderjustice>

Long-Term Care Ombudsman Program

Long-Term Care Ombudsmen are advocates for residents (of any age) of nursing homes, board and care homes, assisted living facilities and similar adult care facilities.

Ombudsmen work to resolve problems of individual residents and to bring about changes at the local, state and national levels that will improve residents' care and quality of life. The Ombudsman Program exists in each state under the authorization of the OAA. Each state has an Office of the State Long-Term Care Ombudsman, headed by a full-time state ombudsman. Thousands of local ombudsman program staff and volunteers work in hundreds of communities throughout the country as part of the statewide ombudsman program, assisting residents and their families and providing a voice for those unable to speak for themselves.

And a select number of states also have Community Long-Term Care Ombudsman programs that work with older adults in the community; however, this is not a requirement of the OAA, nor is it funded by the OAA – it is a state initiative funded by each state.

Further information about the Long-Term Care Ombudsmen is available at ACL's website: <https://www.acl.gov/programs/protecting-rights-and-preventing-abuse/long-term-care-ombudsman-program>

For additional information on the Long-Term Care Ombudsman Program, visit ADvancing States at: <http://www.advancingstates.org/initiatives/long-term-care-ombudsman-resource-center>

National Long-Term Care Ombudsman Resource Center (NORC)

NORC provides support, technical assistance and training to the 53 State Long-Term Care Ombudsman Programs and their statewide networks of almost 600 regional (local) programs. Check out their website at: <http://ltcombudsman.org/>

Legal Assistance

The OAA's legal assistance programs are designed to protect older adults from direct challenges to independence, choice, and financial security. Its programs also help older adults understand their rights, exercise options through informed decision-making and achieve optimal benefit from the support and opportunities promised by law.

Further information about the Legal Assistance programs is available at ACL's website:

<https://www.acl.gov/programs/protecting-rights-and-preventing-abuse/legal-help>

Retirement Planning and Pension Support

The OAA's retirement planning and pension support programs are designed to promote the financial security of older adults. These programs support older individuals by providing financial education and retirement planning tools, as well as hands-on assistance in identifying and accessing retirement benefits.

SMP National Resource Center

The SMP Resource Center provides training and technical assistance, provides fraud alerts, maintains the SMP locator by state, and it helps people find their local SMP project.

Check out their website at:
<http://www.smpresource.org>

More information about the Retirement Planning and Pension Support Programs are available on ACL's website:

<https://acl.gov/programs/retirement-planning-support>

Senior Medicare Patrol (SMP)

Since 1997 AoA has funded SMP projects to recruit and train retired professionals and other older adult citizens about how to recognize and report instances or patterns of Medicare and Medicaid fraud, error and abuse.

In addition, they are made aware of how threats to financial independence and health status may occur when citizens are victimized by fraudulent schemes. SMP projects partner with the Aging Network, as well as community, faith-based, tribal, and health care organizations. Together they utilize a variety of outreach strategies to educate and

National Center on Law and Elder Rights

NCLER empowers aging and legal professionals with the tools and resources they need to provide older clients and consumers with high-quality legal assistance.

Check out the website at:

<https://ncler.acl.gov/>

empower their peers to identify, prevent and report health care fraud. The SMP program empowers older adults through increased awareness and understanding of healthcare programs.

More information about the SMP program is available at ACL's website:

<https://www.acl.gov/node/154>

Health and Insurance Programs

There are number of health programs for older adults that provide preventive, diagnostic and treatment services in a variety of community and hospital-based settings.

Medicare

Medicare is a federal health insurance program available to specific sets of the U.S. population.

Eligible populations include:

- People age 65 or older;
- Those under age 65 with a qualifying disability; and
- Individuals any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant) or Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig's disease).

The program has four main components, Parts A, B, C, and D. Medicare Parts A and B (sometimes called Traditional, Original Medicare, or Fee-for-Service) is the federal government's standard health plan. Medicare Part C is also known as Medicare Advantage. It combines both Part A and Part B and provides at least the amount of coverage as those plans, but often provides additional benefits. Part D is prescription drug coverage insurance that is provided by private companies approved by Medicare.

1. **Medicare Part A (Hospital Insurance)** –helps cover inpatient care in hospitals, including critical access hospitals. It also covers skilled nursing facility care, hospice, and home health services. Beneficiaries must meet certain conditions to get these benefits and usually do not pay a monthly premium for Part A coverage if the recipient or recipient's spouse paid Medicare taxes while working.
2. **Medicare Part B (Medical Insurance)** - helps cover medical services like doctors' services, outpatient care, and other medical services Medicare Part A doesn't cover, if those services are medically necessary. Medicare Part B is optional. Beneficiaries have to enroll in Part B and pay a monthly premium which is income-dependent. Part B also covers some preventive services.
3. **Medicare Part C (combines Part A and Part B coverage)** - Medicare Advantage is another method of receiving Medicare benefits combining Part A, Part B, and, sometimes, Part D (prescription drug) coverage. Medicare Advantage Plans are managed by private insurance companies approved by Medicare. These plans must cover medically-necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services.

4. **Medicare Part D (prescription drug coverage)** - available to purchase for everyone with Medicare. Private companies approved by Medicare provide this coverage. If a beneficiary is in Original Medicare, he or she can choose a separate Medicare Prescription Drug Plan and pay a monthly premium. If a beneficiary is in the Medicare Advantage Plan, then it is likely that the person has Part D coverage already. However, a few Medicare Advantage plans do not include a drug plan; therefore, the Medicare beneficiary may add Part D to those plans. Costs vary by plan.

Further information about the Medicare program is available in the Medicare & You 2020 handbook: <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>

State Health Insurance Assistance Program (SHIP)

SHIPs provide free, unbiased and up-to-date health insurance information, counseling, and assistance to Medicare beneficiaries of all ages and their caregivers. SHIP counselors help older adults (and younger Medicare beneficiaries with disabilities) understand their Medicare benefits and other health insurance options.

Further information about SHIPs is available from ACL:

<https://www.acl.gov/programs/connecting-people-services/state-health-insurance-assistance-program-ship>

Medicaid

Medicaid is a state-administered health insurance program for low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. Generally, eligibility for Medicaid is limited to low-income children, pregnant women, parents of dependent children, older adults, and people with disabilities. Under the Affordable Care Act, states have the option to expand Medicaid eligibility to adults under 65 with modified adjusted gross income up to 133% of the federal poverty level. Since Medicaid is administered at the state level, and states have broad discretion in designing, developing, and implementing their programs, there are significant differences in Medicaid programs across the states. In fact, no two state Medicaid programs are exactly the same.

The SHIP National TA Center

The National SHIP TA Center provides training, technical assistance, and outreach in support of the SHIP program and projects; and provides a SHIP locator for the public.

Check out their website at:

<https://www.shiptacenter.org/>

Federal rules require states with Medicaid programs to cover certain benefits under the traditional Medicaid program. Certain other services may also be offered at state option. As an alternative to providing all of the mandatory and selected optional benefits under traditional Medicaid, states may enroll state specified groups in benchmark and benchmark-equivalent benefit packages. View CMS's website for more on Medicare and Medicaid:

<https://www.cms.gov/>

Health Promotion/Disease Prevention

AoA's Health, Prevention, and Wellness Programs provide older adults with the tools to maintain their health, reduce their risk of developing chronic diseases, and manage their health to live as independently as possible. State governments use these funds to help older adults to improve and/or maintain their physical and mental health, reduce their risk of falling, and better manage their chronic diseases. Programs include the following:

1) Chronic Disease Self-Management Education Programs (CDSMEP): CDSMEP programs provide older adults and adults with disabilities with education and tools to help them better manage chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS, and depression. Since 2003, AoA has supported the dissemination of CDSME programs through grants to states. For more information, visit: <https://www.acl.gov/programs/health-wellness/chronic-disease-self-management-education-programs>

2) Evidence-Based Disease Prevention and Health Promotion Programs: Through the administration of these programs, older adults learn to maintain a healthy lifestyle due to increased self-efficacy and self-management behaviors. Examples of Evidence-Based Disease Prevention and Health Promotion programs include Enhance Fitness, Health Moves, Matter of Balance, Stepping On, Tai Chi, Health Eating, PEARLS, Health IDEAS, and CDSMEPs. For information, visit: <https://www.acl.gov/programs/health-wellness/disease-prevention>

Center for Healthy Aging

NCOA's Center for Healthy Aging encourages and assists community-based organizations serving older adults to develop and implement evidence-based health promotion/ disease prevention programs.

Check out their website at: <https://www.ncoa.org/center-for-healthy-aging/>

Click here for more on Health, Prevention, and Wellness Programs:

<https://acl.gov/programs/health-wellness>

Employment Assistance

Older adult employment programs provide training, work experience, and guidance to older adults as they prepare to re-enter the workforce.

Title V Employment

The Senior Community Service Employment Program (SCSEP) is a community service and work based training program for older workers. Authorized by the OAA, the program provides subsidized, service-based training for low-income persons 55 or older who are unemployed, have poor employment prospects, and have a family income of no more than 125 percent of the federal poverty level. Participants have access to both SCSEP services and other employment assistance through the public workforce system.

Further information on SCSEP is available at the Department of Labor's (DoL) website:

<https://www.dol.gov/agencies/eta/seniors>

American Job Centers

All 50 states, the District of Columbia, and the U.S. territories of Guam, Puerto Rico, and the U.S. Virgin Islands have local American Job Centers (also known as One-Stop Career Centers) available to individuals seeking employment. These "Job Centers" offer training referrals, career counseling, job listings and other employment-related services to individuals of all ages.

Further information about American Job Centers is available at the Department of Labor's website:

<http://www.dol.gov/dol/topic/training/onestop.htm>

The American Job Center Finder is available at

<http://www.careeronestop.org/localhelp/americanjobcenters/find-american-job-centers.aspx>

Public Benefit and Social Insurance Programs

Public benefit and social insurance programs help promote older adults' health and economic security.

Medicare Extra Help – Low-Income Subsidy (LIS)

Qualified individuals who are enrolled in a Medicare prescription drug plan can receive help paying for their plan's monthly premium, any yearly deductible, coinsurance, and copayments; and have no coverage gap and no late enrollment penalties. The Low-Income Subsidy (commonly known as either LIS or Extra Help) is administered through the Social Security Administration. In order to qualify, applicants must be enrolled in a stand-alone Medicare Part D prescription drug plan or a Medicare Advantage plan that provides prescription drug coverage.

Individuals may qualify for Extra Help based on their yearly income and resources, but may automatically qualify if they have Medicare and meet one of these conditions:

- Have full Medicaid coverage
- Get help from their state Medicaid program to pay for their Medicare Part B premiums (Medicare Savings Programs); or
- Receive Supplemental Security Income (SSI) benefits.

Further information about LIS is available at CMS's website:

<https://www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov>

Center for Benefits Access

NCOA's Center conducts outreach, provides information, and supports enrollment assistance to older adults and younger adults with disabilities. In addition, the Center provides funding for benefit enrollment centers through ACL funding to support local outreach and enrollment in federal and state benefits. Check out their website at: <https://www.ncoa.org/centerforbenefits/>

Medicare Savings Programs (MSPs)

The Medicare Savings Programs, referred to as MSPs, are a set of four programs that are administered by state Medicaid agencies and generally help with, at a minimum, the cost of Medicare Part B premiums. The MSPs are funded jointly by the federal government and individual states, but the programs are administered by state Medicaid agencies. One eligibility requirement for all four MSPs is that applicants must be enrolled in Medicare Part A. The four MSPs are:

1. **QMB** (Qualified Medicare Beneficiary program): is for individuals with very low income and assets; this program covers the Part A and B premiums, deductibles, coinsurances and/or co-pays.
2. **SLMB** (Specified Low-Income Medicare Beneficiary program): covers the cost of the Part B monthly premium for qualified low-income beneficiaries who can also be enrolled in Medicaid.
3. **QI** (Qualifying Individual program): covers the cost of the Part B monthly premium for qualified low-income beneficiaries; these beneficiaries cannot be enrolled in Medicaid.
4. **QDWI** (Qualified Disabled Working Individual program): is for low-income working beneficiaries with disabilities who have recently lost their Social Security Disability Insurance (SSDI) benefit but would like to continue receiving Medicare benefits and accessing Medicare services.

Further information about MSPs is available at CMS's website: <https://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html>

For outreach materials, visit ADvancing States at <http://www.advancingstates.org/initiatives/state-health-insurance-programs/medicare-improvements-patients-and-providers-act/mippa>

State Pharmaceutical Assistance Programs (SPAP)

SPAPs are state administered and funded programs that provide prescription drug assistance to older adults with low income and people with disabilities. These subsidy programs utilize state funds to pay for a portion of the costs, usually for a defined population that meets enrollment criteria.

Click here for a list of State Pharmaceutical Assistance Programs:
<http://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP is a federal grant program that assists low-income households to pay for the cost of their home energy needs. Assistance for heating and cooling of a person’s home may come in the form of bill payment, crisis assistance, or weatherization and energy-related home repairs. To be eligible to receive this assistance the household’s income must not exceed:

- 150 percent of the poverty level; or
- 60 percent of the state median income.

Grantees that run the program may set different eligibility standards but may not set income eligibility below 110 percent of the poverty level.

Further information about LIHEAP is available at the U.S. Administration for Children & Families’ website: <http://www.acf.hhs.gov/programs/ocs/liheap/>

Social Security

This is a social insurance program which pays benefits to eligible individuals and is meant to replace a percentage of their earnings. It is paid for primarily through payroll taxes and eligible individuals have usually paid into the system or have a parent or spouse who has paid into the system. The program has three types of benefits: retirement, disability and survivors. A person’s benefit payment is based on how much money they earned during their working career.

Retirement Benefits are paid to individuals who have paid into Social Security for at least 10 years and are at least 62 years of age. If an individual chooses to collect Social Security at age 62, they are considered to be in “early retirement,” and their benefit will be reduced to about one-half of 1 percent for each month they collect benefits before their “full retirement” age. The full retirement age is gradually rising. See the chart below for an explanation based on the beneficiary’s year of birth.

<i>Year of Birth</i>	<i>Full Retirement Age</i>
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months

1959	66 and 10 months
1960 or later	67

A person may also choose to delay their retirement past the full retirement age; in this case, they will be eligible for a benefit increase when they do retire.

The Social Security Administration (SSA) offers [online services](#) to individuals to:

- Apply for [Retirement](#), [Disability](#), and [Medicare](#) benefits,
- Check the status of an application or appeal,
- Request a replacement Social Security card (in most areas),
- Print a benefit verification letter,
- Estimate retirement benefits, and
- Find information and more.

For additional information, visit <https://www.ssa.gov/>

Disability Benefits are available to individuals who cannot work because of a physical or mental condition that is expected to last at least one year or result in death. If an individual meets the criteria to collect disability insurance, they must also have paid into Social Security for certain number of years, depending on their age. Further information about Social Security Disability Insurance (SSDI) is available at SSA's website: <http://www.ssa.gov/pgm/disability.htm>

Survivors Benefits are available to widows, widowers (and divorced widows and widowers), children under the age of 18 (or up to age 19 if they are attending elementary or secondary school full time) and dependent parents (age 62 or older and dependent on their child for over half of their income) if their working family member dies. More information on Survivors Benefits is available from SSA at <https://www.ssa.gov/benefits/survivors/>.

Supplemental Security Income (SSI)

This is a federal income supplemental program which pays monthly benefits to people with very limited income and resources who are disabled, blind, or age 65 and older. Unlike Social Security, SSI benefits are not based on prior work or a family member's prior work.

Further information about SSI is available at SSA's website:

<http://www.ssa.gov/ssi/>