2021 Hybrid HCBS Conference
Aging & Disability 101 Intensive
Aging & Disability 101 Intensive
The Local Angle: Area Agencies on Aging
The Local Angle: The Role and Value of Area Agencies on Aging

Sandy Markwood
Chief Executive Officer, USAGing
formerly the National Association of Area Agencies on Aging (n4a)
All AAAs play a key role in:

Planning  Developing  Coordinating  Delivering

A WIDE RANGE OF LONG-TERM SERVICES AND SUPPORTS
To consumers in their local planning and service area (PSA)
Five Core Older Americans Act Services
All AAAs Offer

OAA CORE SERVICES

**Supportive Services**
- Information and referral
- In-home services
- Homemaker & chore services
- Transportation
- Case management
- Home modification
- Legal services

**Nutrition**

**Health & Wellness**

**Caregivers**

**Elder Rights**
- Includes abuse prevention and long-term care ombudsman programs

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AAA National Survey Report
MEETING THE NEEDS OF TODAY’S OLDER ADULTS 2020
## Other Services Offered by AAAs

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent (n=489)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation services</td>
<td>89%</td>
</tr>
<tr>
<td>Case management</td>
<td>86%</td>
</tr>
<tr>
<td>Other meals/nutrition program (e.g. nutrition counseling, senior farmer’s market program)</td>
<td>84%</td>
</tr>
<tr>
<td>Benefits/health insurance counseling</td>
<td>83%</td>
</tr>
<tr>
<td>Homemaker</td>
<td>81%</td>
</tr>
<tr>
<td>Benefits/health insurance enrollment assistance</td>
<td>80%</td>
</tr>
<tr>
<td>Personal assistance/personal care</td>
<td>79%</td>
</tr>
<tr>
<td>Other health promotion services/programs (e.g., health screening, health fairs)</td>
<td>79%</td>
</tr>
<tr>
<td>Options counseling</td>
<td>79%</td>
</tr>
<tr>
<td>Assessment for care planning</td>
<td>73%</td>
</tr>
</tbody>
</table>
## Other Services Offered by AAAs

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent (n=489)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder abuse prevention/intervention services</td>
<td>69%</td>
</tr>
<tr>
<td>Senior center programming and activities</td>
<td>67%</td>
</tr>
<tr>
<td>Ombudsman services</td>
<td>66%</td>
</tr>
<tr>
<td>Chore services</td>
<td>66%</td>
</tr>
<tr>
<td>Assessment for long-term care service eligibility</td>
<td>64%</td>
</tr>
<tr>
<td>Home repair or modification</td>
<td>61%</td>
</tr>
<tr>
<td>Adult day service</td>
<td>57%</td>
</tr>
<tr>
<td>Emergency Response Systems</td>
<td>57%</td>
</tr>
<tr>
<td>Telephone reassurance/friendly visiting</td>
<td>55%</td>
</tr>
<tr>
<td>Translator/interpreter assistance</td>
<td>53%</td>
</tr>
</tbody>
</table>
AAAs Serve a Broad Range of Consumers

- 78% Serve individuals younger than 60 who have a disability, impairment or chronic illness.
- 74% Provide programming targeted at people living with dementia and their caregivers.
- 52% Serve people with dementia of all ages (including under 60).
- 52% Offer programming to support the needs of grandparents caring for grandchildren.

n=480, 482
AAA Structure

- 39% Independent, nonprofit agency
- 27% Part of a council of governments or regional planning and development agency
- 27% Part of county government
- 5% Other
- 2% Part of a city government

n=487
Geographic Area Served by AAAs

- Rural: 43%
- Urban/Suburban/Rural: 25%
- Suburban/Rural: 11%
- Urban/Suburban: 11%
- Urban: 4%
- Suburban: 4%
- Remote or Frontier: 3%

n=487
AAA Workforce (Medians)

- **Volunteers** (n=473): 50
- **Full-time staff** (n=472): 21
- **Part-time staff** (n=411): 5
AAAs Designated as ADRC, SHIP and Ombudsman Programs

- **65%**
  - Aging and Disability Resource Center (ADRC)

- **62%**
  - State Health Insurance Assistance Program (SHIP)

- **53%**
  - Long-Term Care Ombudsman Program

n=487
## Partnerships

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term care facilities (e.g., nursing homes, skilled nursing facilities, assisted living residences)</td>
<td>78%</td>
</tr>
<tr>
<td>Advocacy Organizations</td>
<td>77%</td>
</tr>
<tr>
<td>Hospitals and health care systems</td>
<td>74%</td>
</tr>
<tr>
<td>Law enforcement/first responders</td>
<td>72%</td>
</tr>
<tr>
<td>Charitable organizations (e.g., United Way, Easter Seals, Red Cross)</td>
<td>72%</td>
</tr>
<tr>
<td>Department of Health</td>
<td>72%</td>
</tr>
<tr>
<td>Other social service organizations</td>
<td>70%</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>68%</td>
</tr>
<tr>
<td>Educational institutions</td>
<td>66%</td>
</tr>
<tr>
<td>Health plans (e.g., commercial health plan, Medicaid managed care)</td>
<td>62%</td>
</tr>
<tr>
<td>Community health clinics (e.g., Federally Qualified Health Clinics)</td>
<td>60%</td>
</tr>
</tbody>
</table>
AAAs Leverage Funding

The U.S. Administration on Aging estimates that for every $1 of federal OAA investment, an additional $3 is leveraged.
Health Care and Aging Partnerships
# Why Health Care Partnerships Are Important

## For health care providers and payers
- Emphasis on integration of health care & social services
- Increasing recognition of importance of services addressing social determinants of health (SDOH) and community living services for health outcomes
- Drive toward value-based care

## For AAAs and CBOs
- Increasing recognition of the value that they bring to health care providers and payers in improving health outcomes and quality of life, and engaging individuals, their families and communities on what matters to them
- Need for sustainable revenue sources
The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit https://bit.ly/3vipbBD.
2020 RFI Survey

Most Common Health Care Payer Partners for CBOs with Contracts

- Medicaid managed care plan (MCP): 43.4%
- State Medicaid that is not a pass through via an MCO: 34%
- Commercial or employer-sponsored health insurance plan: 30.2%
- Medicare-Medicaid plan (e.g., Financial Alignment Initiative/duals demonstration): 20.8%
- Medicare Advantage Plan (including Special Needs Plans (SNP)): 20.1%
- Medicare fee-for-service (e.g., we are a certified provider for DSME, Medical Nutrition Therapy, behavioral health): 17.6%
- Health care insurance exchange or marketplace: 10.1%

n=152

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit https://bit.ly/3vipbBD
Most Common Health Care Provider Partners for CBOs with Contracts

- Hospital or health system: 29.6%
- Veterans Administration Medical Center (VAMC): 25.2%
- Accountable Care Organization (ACO)/Health Home (including Coordinated Care Organizations (CCOs)): 16.4%
- Health care center or clinic (including Federally Qualified Health Centers (FQHCs)): 10.7%
- Long-term care facility (e.g., nursing home, assisted living, group home): 9.4%
- Primary care entity (e.g., physician, physician groups, PCMH, Independent Practice Association): 6.9%
- PACE (Program of All-Inclusive Care for the Elderly): 4.4%

n=152

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAGing. For more information, visit https://bit.ly/3vipbBD
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AAAs Role in Age Friendly Health Systems

What Matters
Know and align care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.

4Ms Framework
- Mobility
- Mentation
- What Matters
- Medication

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at IHI.org/AgeFriendly
Impact of COVID-19 on AAA and Aging Services
AAAs Saw Increased Demand for Services and Supports

- **93%** served more clients since the pandemic began
- **69%** saw an increased need for AAA supports and services among existing clients
Most Common Aging Services With Increased Demand

Services with increased demand
- Home-delivered meals (98%)
- Telephone reassurance and wellness checks (84%)
- Information and Referral/Assistance (68%)
- Caregiver supports (52%)
- Other meals* (45%)
- Financial assistance (40%)
- In-home services (33%)
- Long-term care ombudsman (32%)
- Transportation (24%)

*such as grab-and-go meals that replaced congregate meal programs in some instances
Aging Network Adapted and Expanded Services During COVID-19

Photos courtesy of the following AAAs: Vintage in CO; Jefferson Board on Aging in VA; AAA of Northwestern Ohio
Aging Network’s Role with COVID-19 Vaccine Access Solidified Its Role with Health Care

Courtesy of AgeOptions, the AAA in Oak Park, IL
AAA Roles During COVID-19

• Increased Home-Delivered Meals/Grab-and-Go Meals/Grocery Drops
• Distribution of PPE and Hygiene Supplies
• Telephone Check-ins and Wellness Assessments
• Virtual Evidenced-based Programs
• Virtual Social Engagement
• Calls and Assistance in Vaccine Registry
• Transportation and Companion Support to/from Vaccine Sites
• Booster Shot Reminders
Greatest challenges AAAs see for older adults and caregivers related to COVID-19*:

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social isolation of community-dwelling older adults</td>
<td>77%</td>
</tr>
<tr>
<td>Limited/no access to technology</td>
<td>52%</td>
</tr>
<tr>
<td>Caregiver support and respite</td>
<td>36%</td>
</tr>
<tr>
<td>Food security</td>
<td>32%</td>
</tr>
<tr>
<td>Access to transportation</td>
<td>19%</td>
</tr>
<tr>
<td>Abuse, neglect/self-neglect, exploitation</td>
<td>19%</td>
</tr>
<tr>
<td>Mental health</td>
<td>19%</td>
</tr>
<tr>
<td>Technology training</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Respondents could select up to 3 challenges.
74% of AAA developed new health and business, partnership or contracting relationships as a result of the pandemic.

- New contract(s) with health care entities/payers: 10%
- New partnership(s) with health care entities/payers: 28%
- Partnership(s) or contract(s) with other types of organizations: 46%
- No new contract or partnership: 26%
We Are All in This Together!
Serving America’s Growing and Diverse Aging Population
Aging Services Reset: What Will Aging Services Look Like Moving Forward?

- New Hybrid Ways of Delivering Services
- Social Isolation/Engagement
- Technology (Broadband? Equipment?)
- Emphasis on Home and Community-Based Services and Planning
- SDOH--Transportation and Housing with Services
- Supporting Caregivers
- Investing in the Aging Workforce and Volunteers
- Partnerships with Health Care and Public Health
- Focus on Racial and Health Disparities

US Aging
State Units on Aging and Area Agencies on Aging

Strength in Working Together!
Questions?

Contact information: Sandy Markwood
smarkwood@usaging.org
Aging & Disability 101 Intensive
Medicaid 101
Introduction to Medicaid for Aging Services

Aging & Disability 101 Intensive
HCBS Conference
December 7, 2021
### Key Terminology

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACA</td>
<td>The Affordable Care Act</td>
</tr>
<tr>
<td>ADA</td>
<td>The Americans with Disabilities Act</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid</td>
</tr>
<tr>
<td>EPSDT</td>
<td>Early Periodic Screening, Diagnostic, and Treatment</td>
</tr>
<tr>
<td>FFS</td>
<td>Fee for Service</td>
</tr>
<tr>
<td>FMAP</td>
<td>Federal Medical Assistance Percentage</td>
</tr>
<tr>
<td>FPL</td>
<td>Federal Poverty Level</td>
</tr>
<tr>
<td>HCBS</td>
<td>Home and Community-Based Services</td>
</tr>
<tr>
<td>HHS</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>LTSS</td>
<td>Long-Term Services and Supports</td>
</tr>
<tr>
<td>MCO</td>
<td>Managed Care Organization</td>
</tr>
<tr>
<td>MLTSS</td>
<td>Managed LTSS</td>
</tr>
<tr>
<td>PACE</td>
<td>Program for All-inclusive Care for the Elderly</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
</tr>
</tbody>
</table>
Overview

- Created in 1965, along with Medicare (P.L. 89-97), under the Social Security Amendments of 1965;
- State and federal partnership for funding and policy;
- Intended to be an insurance program for low-income individuals on welfare;
- Does not directly provide health care – pays medical professionals (providers) to deliver the care;
- It is an optional program for states;
  - Last state (AZ) began participation in 1982
- Medicaid is unique in that it covers more Americans than any other health insurance program.
- In 2019, $613.5 billion dollars were spent on the Medicaid program.
- As of November 2020, 78.9 million people were enrolled in Medicaid.
Medicaid History
As the chart illustrates, the number of enrollees by a specific subgroup do not necessarily line up with their share of expenditures.

Enrollees with disabilities and older adults make up 38 and 15 percent of expenditures, respectively.

Meanwhile, individuals with disabilities constitute a mere 15 percent of the Medicaid population, and older adults only 8 percent.
How Medicaid is Administered

• The federal government establishes rules and parameters for the program, including:
  – Social Security Act (Title 19);
  – Federal Regulations; and
  – Guidance (State Medicaid Director’s Letters).

• States define how they will run their program through:
  – State legislation and regulations;
  – Medicaid State Plan; and
  – Waivers.

• Federal government approves (or denies) the state’s proposals.
How Medicaid is Administered (cont.)

• HHS calculates a “Federal Medical Assistance Percentage” (FMAP) – the federal share of any medical costs paid by Medicaid;
  – Different for each state;
  – Based upon the average income of residents;
  – Minimum of 50 percent match & maximum of 83 percent match;
• Administrative costs receive 50 percent match.
• Other expenses, such as information systems and family planning, receive higher match rates.
Medicaid Eligibility

• Categorical Eligibility – people must fit into a pre-defined group of individuals:
  – Children;
  – Parents;
  – Pregnant women;
  – Seniors;
  – People with Disabilities; and
  – Childless, non-elderly, adults (ACA expansion).

• Income Eligibility – people must also have income below defined limits, usually set by Federal Poverty Level (FPL).

• Mandatory and Optional Eligibility Groups;

• Medically Needy Eligibility – individuals can become Medicaid eligible if they spend their own money on health care expenses (Spend-down).
Medicaid Eligibility (cont.)

• Additional flexibility to determine income eligibility:
  – “Income/Asset Disregards” through 1902(r)(2); or
  – Some optional groups allow coverage “up to” a FPL level, so states can set income levels at different levels below the maximum.

• Categorical and Medically Needy groups are an entitlement – no waiting lists or enrollment caps.
Medicaid Services

• Mandatory services include:
  – Hospital services & Nursing homes;
  – Physician Services, nurse practitioners;
  – X-rays, clinics, lab services.

• Optional services include:
  – Home and Community-Based Services
  – Prescription Drugs;
  – Dental;
  – Case Management;
  – Rehabilitation;
  – Personal Care.

• Other considerations:
  – If a person has other coverage (such as Medicare or private insurance), Medicaid only pays for services not provided through the other coverage;
  – Medicaid often assists with copays/premiums associated with other coverage.
Medicaid Services (cont.)

• Once a person comes into Medicaid, they have access to all of the services that the state covers and are medically necessary.
• Services must be statewide, comparable, delivered with reasonable promptness, and allow individuals to choose providers.
• States can define the “amount, duration and scope” of services to reasonably achieve their purpose.
Medicaid Waivers

• Allows the state to “waive” certain Medicaid requirements, including statewideness, freedom of choice, and comparability of services;
• Some waivers may allow states to have enrollment limits or waiting lists;
• All must cost the federal government less than traditional Medicaid program.
Medicaid Waivers (cont.)

• 1115 Waivers provide broad flexibility:
  – Can expand coverage to “non-categorical” groups;
  – Can implement managed care;
  – Can test new service-delivery methods.

• 1915(b) Waivers:
  – Can limit beneficiary choice of provider;
  – Allows states to enroll beneficiaries in managed care.

• 1915(c) Waivers:
  – Provide Home and Community-Based Services (HCBS), including:
    • Habilitation;
    • Transportation;
    • Personal Care.
  – Allows states to deliver services in the community for individuals who would otherwise be in an institution.
The Olmstead Decision

• On June 22, 1999, the U.S. Supreme Court ruled in Olmstead v. L.C. that “unjustified segregation of persons with disabilities constitutes discrimination…”

• This ruling significantly impacted developments in Medicaid policy – essentially mandating a shift away from institutionalization in favor of home and community-based services.
Other Medicaid LTSS

• A growing number of states are leveraging other options for providing long-term services and supports (LTSS) services, beyond 1915(c) waivers, such as:
  – 1115 LTSS waivers;
  – 1915(i) State plan benefits; or
  – 1915(k) State plan services.

• There are other options, including 1915(j) [self-direction], or Alternative Benefit Plans, that may impact LTSS/HCBS in a state.

• Waivers and state plan services have key differences
Managed Care

Managed care in Medicaid can include different delivery systems, including:
- Comprehensive contracts with MCOs;
- Contracts with limited benefit plans (e.g. dental or mental health);
- Primary Care Case Management and other “managed fee-for-service”;
- Program for All-inclusive Care for the Elderly (PACE) Plans.

Managed Care generally requires a waiver/disregard of several core Medicaid policies:
- Comparability
- Statewideness
- Freedom of Choice
Managed Care and MLTSS Growth Continues, but Slows

• Historically, Medicaid managed care was largely limited to children, parents, pregnant women, and other “less complex” populations;

• Initially, many states began including primary and acute care for some seniors and individuals with disabilities;

• A growing number of states are expanding managed care to encompass comprehensive benefits, including LTSS.
Current MLTSS Status
Funding Focus on HCBS: ARPA

• 10% Increase to HCBS FMAP
• States must submit plans to the Federal Government (CMS) on how to spend the money
• Key themes in plans include:
  – Provider rate increases/bonuses
  – Recruitment/retention incentives
  – Training and outreach
  – Increased/expanded services
Funding Focus on HCBS

- Biden “Build Back Better” proposal included $400 billion for HCBS.
- Build Back Better reconciliation bill has reduced the funding to ~$150 billion.
- Provides 6% FMAP increase to all HCBS in perpetuity.
- Significant requirements placed on states to qualify for the funds.
Concluding Thoughts

• Medicaid is a highly complex and at times confusing program.
• States have broad discretion in designing, developing, and implementing their programs, so there are significant differences in Medicaid programs across the states.
  – No two state Medicaid programs are exactly the same.
• Current policy in Medicaid is heavily focused on HCBS.
• With health care costs and the number of older adults in the U.S. continuing to rise, pressures on Medicaid and other social service programs can be expected to mount, rather than lessen.
• This means that it is of critical importance for policymakers and citizens alike to be informed on Medicaid policies and issues.
Thank you!

Damon Terzaghi
dterzaghi@advancingstates.org
15 Minute Break: 3:30-3:45 p.m.
Aging & Disability 101 Intensive
An Overview of CILs and the Independent Living Movement
Background: A Note on Language

• Person-first language
  • People with disabilities
  • Woman with MS
• Identity-first language
  • Disabled person
  • Autistic man
Background: What is Independent Living?

• People with disabilities are the best experts on their own needs.
• People with disabilities deserve equal opportunity to decide how to live, work, and take part in their communities.
The Independent Living Network

• Federal: Independent Living Administration (ACL/HHS) – housed within the Administration on Disabilities (AOD) in the Administration for Community Living.

• National: National Council on Independent Living (as well as Association of Programs for Rural Independent Living & National Association of Statewide Independent Living Councils)

• State: Statewide Independent Living Councils, Associations

• Local: Centers for Independent Living
The National Council on Independent Living (NCIL) is the longest-running national cross-disability, grassroots organization run by and for people with disabilities.

NCIL represents thousands of organizations and individuals throughout the US including:

- Individuals with disabilities
- Centers for Independent Living (CILs)
- Statewide Independent Living Councils (SILCs)
- Other organizations that advocate for the human and civil rights of people with disabilities.

www.ncil.org
The Independent Living Network: APRIL & NASILC

- **Association of Programs for Rural Independent Living (APRIL):**
  - A national grassroots, nonprofit membership organization concerned with the independent living issues of people with disabilities living in rural America.
  - Represents members from Centers for Independent Living (CILs), Satellite and branch offices, Statewide Independent Living Councils (SILCs), and other organizations and individuals.
  - www.april-rural.org

- **National Association of Statewide Independent Living Councils (NASILC):**
  - Aims to provide resources to SILCs across the nation and promote collaboration with their partners to advance IL values.
  - Officially born in 2019 out of the annual SILC Congress event.
  - nasilc.org
The Independent Living Network

• Statewide Independent Living Councils (SILCs)
  • Each state must establish and maintain a governor-appointed SILC
  • SILCs determine the needs and direction for the IL program in the state
  • Develop the State Plan for Independent Living (SPIL) with the CILs
  • Monitor, review, & evaluate SPIL implementation
  • Advise CILs
  • Identify the need for expanded services
  • Coordinate activities with other entities in the state
The Independent Living Network

- Centers for Independent Living (CILs)
  - Consumer controlled
  - Community based
  - Cross-disability
  - Non-residential
  - Nonprofit agencies
  - Designed and operated by people with disabilities
The Independent Living Network

• CIL Core Services
  • Information & referral
  • Independent living skills training
  • Individual and systems advocacy
  • Peer counseling
  • Transition from institutions to community-based residences
  • Assisting individuals to avoid institutional placement
  • Transition of youth with significant disabilities from secondary education to postsecondary life.

• Additional services (vary by community needs)
Resource: CIL/SILC Directory

COVID-19

• Ensuring continuity of services, filling gaps
• Responding to evolving and escalating needs
• Resource/skill-sharing, capacity-building, T&TA
NCIL’s 2021 Legislative Priorities

- Rehabilitation Act/ IL Funding
- LTSS
- Housing
- Civil Rights/ ADA
- Transportation
- Healthcare
- Employment
- Emergency Preparedness
- Voting Rights
- Mental Health
Resource: Upcoming Events

Upcoming Trainings

Coordinating Accessible & Engaging Virtual Events for CILs & SILCs: A Panel Discussion of Promising Practices - December 8, 2021

All upcoming trainings:
ncil.org/training/

Training archives can be found here:
ncil.org/ncil-training-on-demand/
ilru.org/training-on-demand
Call for Sessions Now Open for the 2020 HCBS Conference!

January 24, 2020 by theadvocacymonitor - Leave a Comment

Advancing States is pleased to announce the opening of its Call for Sessions for the 2020 Home and Community-Based Services (HCBS) Conference, August 31-September 3, 2020 in Washington, DC.

For the last 35 years, the HCBS Conference has convened state and federal agencies around improving systems that deliver long-term services and supports (LTSS) for all ages and abilities. The HCBS Conference attracts more than 1,500 attendees from over 50 states and territories and highlights best practices from across the country in home and community-based services.
For additional information or questions:
www.ncil.org

Lindsay Baran, Policy Director, NCIL - Lindsay@ncil.org
Aging & Disability 101 Intensive
Aging & Disability Director Panel
Abby – Georgia

• What the Older Americans Act Means to Me
  – The OAA is a guide. It should allow for state to state innovation while also establishing the “guard rails” for the aging & disability network.

• What I Wish I Knew
  – The future is bright—change is constant
  – You’ll never please everyone
Georgia Cont.

• Tips and Tools of the Trade
  – Find ways to work smarter vs. working harder
  – Embrace all personality and skill sets

• Pandemic Problems: Ramping Down and Ramping Back Up
  – Workforce & political pressures
  – Establishing the new norm
Linda – Iowa

Developing a unified system for older Iowans and disabled Iowans to age in place and live in their communities

In-Home Services - Chore, Homemaker

Home Modification - CAPABLE, Resource Hub, Livable Homes Coalition

Nutrition Services - Iowa Cafe Restaurant Partnership, Home Delivered Meals

Long-Term Care Ombudsman: Resident-Driven Advocacy, Volunteers, Managed Care Ombudsman

Transitional Services - Return to Community, Assistive Technology

Transportation - Lyft/Uber, Regional Transits, RSVP Volunteers
Previous Organizational Structure

Director’s Office
Assistant Director

Programs

New Organizational Structure

Director’s Office
Assistant Director

Programs
Planning/Evaluation
Admin

OAA Service Delivery

<table>
<thead>
<tr>
<th>Information &amp; Service Assistance (Mandatory)</th>
<th>Nutrition &amp; Health Promotion (Mandatory)</th>
<th>Services to Promote Independence (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Case Management</td>
<td>- Congregate Nutrition</td>
<td>- Outreach</td>
</tr>
<tr>
<td>FC Case Management</td>
<td>FC Congregate Nutrition - Optional</td>
<td>Personal Care</td>
</tr>
<tr>
<td>ORC Case Management - Optional</td>
<td>ORC Congregate Nutrition - Optional</td>
<td>FC Respite Care</td>
</tr>
<tr>
<td>EAPA Assessment &amp; Intervention</td>
<td>Health Promotion: Evidence-Based</td>
<td>ORC Respite Care</td>
</tr>
<tr>
<td></td>
<td>Health Promotion: Non Evidence-Based</td>
<td></td>
</tr>
<tr>
<td>- FC Counseling</td>
<td>Home Delivered Nutrition</td>
<td>FC Support Groups</td>
</tr>
<tr>
<td>ORC Counseling - Optional</td>
<td>FC Home Delivered Nutrition - Optional</td>
<td>ORC Support Groups</td>
</tr>
<tr>
<td>- Information &amp; Assistance</td>
<td>ORC Home Delivered Nutrition - Optional</td>
<td></td>
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<tr>
<td>FC Information &amp; Assistance</td>
<td>Nutrition Counseling</td>
<td>FC Support Groups</td>
</tr>
<tr>
<td>ORC Information &amp; Assistance - Optional</td>
<td>Nutrition Education</td>
<td>ORC Support Groups</td>
</tr>
<tr>
<td>EAPA Consultation</td>
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<tr>
<td>- Legal Assistance</td>
<td></td>
<td>- Training &amp; Education</td>
</tr>
<tr>
<td>- Options Counseling</td>
<td></td>
<td>FC Training</td>
</tr>
<tr>
<td>FC Options Counseling</td>
<td></td>
<td>ORC Training</td>
</tr>
<tr>
<td>ORC Options Counseling - Optional</td>
<td></td>
<td>EAPA Training &amp; Education - Mandatory</td>
</tr>
</tbody>
</table>

- Adult Day Care/Health                      | - Behavioral Health Supports            |
- Assisted Transportation                     | - Chore                                 |
- Emergency Response Systems                  | - Emergency Response System             |
   FC Emergency Response System               | - FC Home Delivered Nutrition - Optional|
   ORC Emergency Response System              | - ORC Home Delivered Nutrition - Optional|
- Homemaker                                  | - ORC Congregate Nutrition - Optional   |
- FC Information Services                     | - FC Supp mental Services                |
- ORC Information Services                    | - ORC Support Groups                     |
- Material Aid                               | - Training & Education                   |
- FC Supplemental Services                    |   FC Training                            |
- ORC Supplemental Services                   |   ORC Training                           |
- EAPA Training & Education - Mandatory      |   EAPA Training & Education - Mandatory  |
Susan – Washington

• What the Older Americans Act Means to Me
  – Encourages grassroots planning and advocacy at the local level, with guides to keep it on the rails.
  – Blueprint to ensure critical areas are addressed.

• What I Wish I Knew
  – In my current role for about 10 years. 23 years in the Aging Network. I learned lessons about true partnership with AAAs. We have become more collaborative than as a top-down funder.
Washington Cont.

• **Tips and Tools of the Trade**
  – Keep the vision of choice, dignity and independence always at the forefront.
  – When faced with a challenging question, don’t accept the easiest answer. Work to find the best solution to see if you can get to “yes”.

• **Pandemic Problems: Ramping Down and Ramping Back Up**
  – Keep policies “evergreen” by linking to the most current guidance when feasible. Refer to Local Health Jurisdictions as authority to tap into the diversity across your state.
  – Leverage new policies and lessons learned to improve service delivery and access going forward
Thank you all for attending this intensive!

Any questions? Adam Mosey amosey@advancingstates.org