



advocacy | action | answers on aging

National Policy Updates

Aging and Disability

AIRS Conference, Dallas, May 28, 2015

AAA Trends and Directions

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

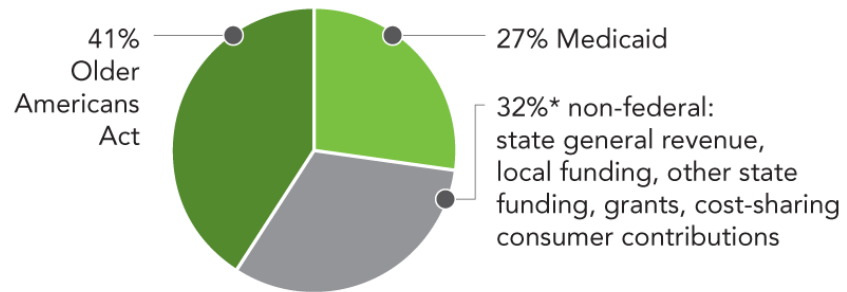
Limited Budgets

Average AAA Budget By funding source, 2013

**\$9.4
million**



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



*Ranked by most frequently cited

The roles that all AAAs fulfill are:

assess community needs and develop and fund programs that respond to those needs;	educate and provide direct assistance to consumers about available community resources for long-term services and supports;	serve as portals to care by assessing multiple service needs, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost-effectiveness of services; and	as custodians of the public interest, demonstrate responsible fiscal stewardship by maximizing use of public and private funding to serve as many consumers as possible.
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Speaking of fiscal stewardship, AAAs also leverage federal dollars, building on modest OAA funding to expand the economic support and development of each community for HCBS. **The U.S. Administration on Aging estimates that for every \$1 of federal OAA investment, an additional \$3 is leveraged.**

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

68%

State General Revenue

55%

Local Funding

52%

Medicaid Waiver

47%

Other State Funding

40%

Consumer Cost-Sharing

Programs and Services

Percent of AAAs	Designated as ...	Their role ...
72%	Aging and Disability Resource Centers (ADRCs)	Help all consumers connect to services regardless of age or disability.
62%	State Health Insurance Assistance Programs (SHIPs)	Provide direct health insurance counseling to older adults (e.g., selecting a Medicare Part D plan).
Percent of AAAs	Serve as ...	Their role ...
57%	Local Long-Term Care Ombudsman	Funded by OAA, act as a resource for consumers living in nursing homes and other institutions.

Partnerships

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

Adult Protective Services	85%	Disability service organizations	75%
Transportation agencies	84%	Public Housing Authority	75%
Medicaid agencies	83%	Faith-based organizations	66%
Advocacy organizations	82%	Community health care providers	60%
Emergency Preparedness agencies	79%	Businesses	46%
Hospitals	79%	Managed Care/HMO networks	42%
Mental Health organizations	77%		

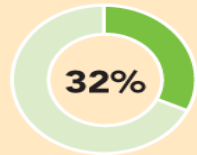
Evidence-Based Health and Wellness: 90% of AAAs now offer these tested and proven approaches to supporting older adults' health. (That's up from just over half in 2007.)

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

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

including HCBS. AAAs are especially involved in these types of initiatives:

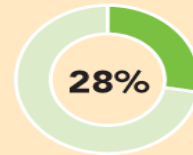
Veteran-Directed HCBS



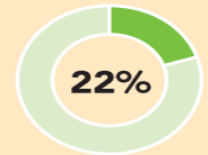
Medicaid Managed Care



State Duals Demonstration



Section 1115 Medicaid Demonstration Waiver



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

Livable Communities are good places to grow up and grow old. More than 70 percent of AAAs are working with local government, business, nonprofit and consumer partners to develop livable communities for all ages. Common livable communities practices AAAs have adopted include:

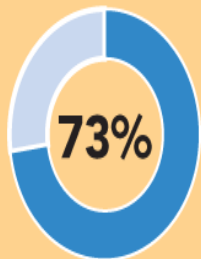
- addressing housing, transportation, land use and other development issues with other public entities (81%)
- coalitions to promote coordination across service areas (54%)
- projects to promote aging in place (50%)

AAAs Serve a Broad Range of Consumers

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

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

Consumers with a disability or chronic illness



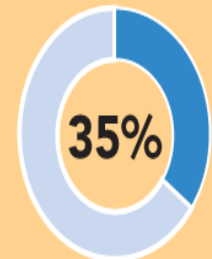
Caregivers of all ages



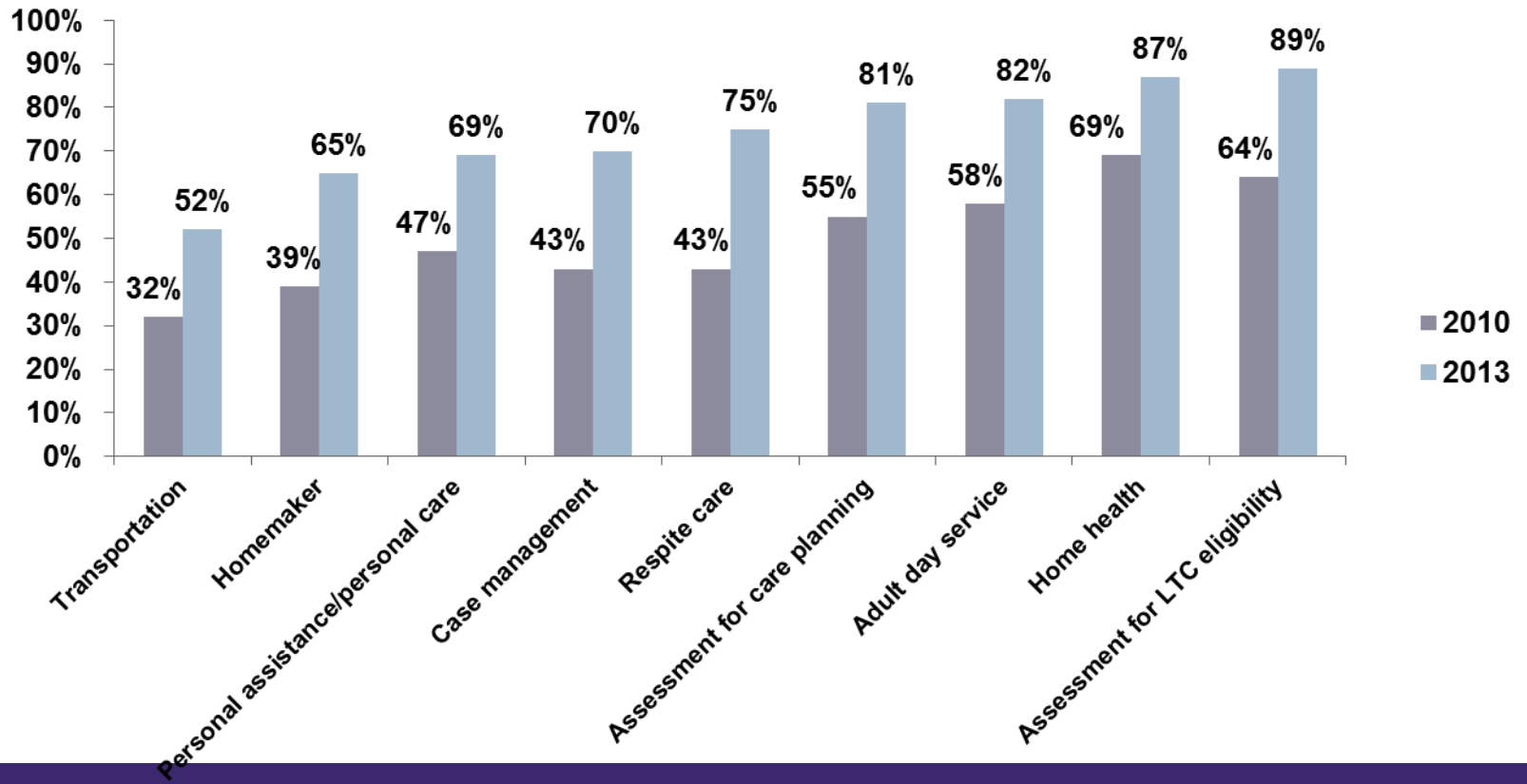
Veterans of all ages



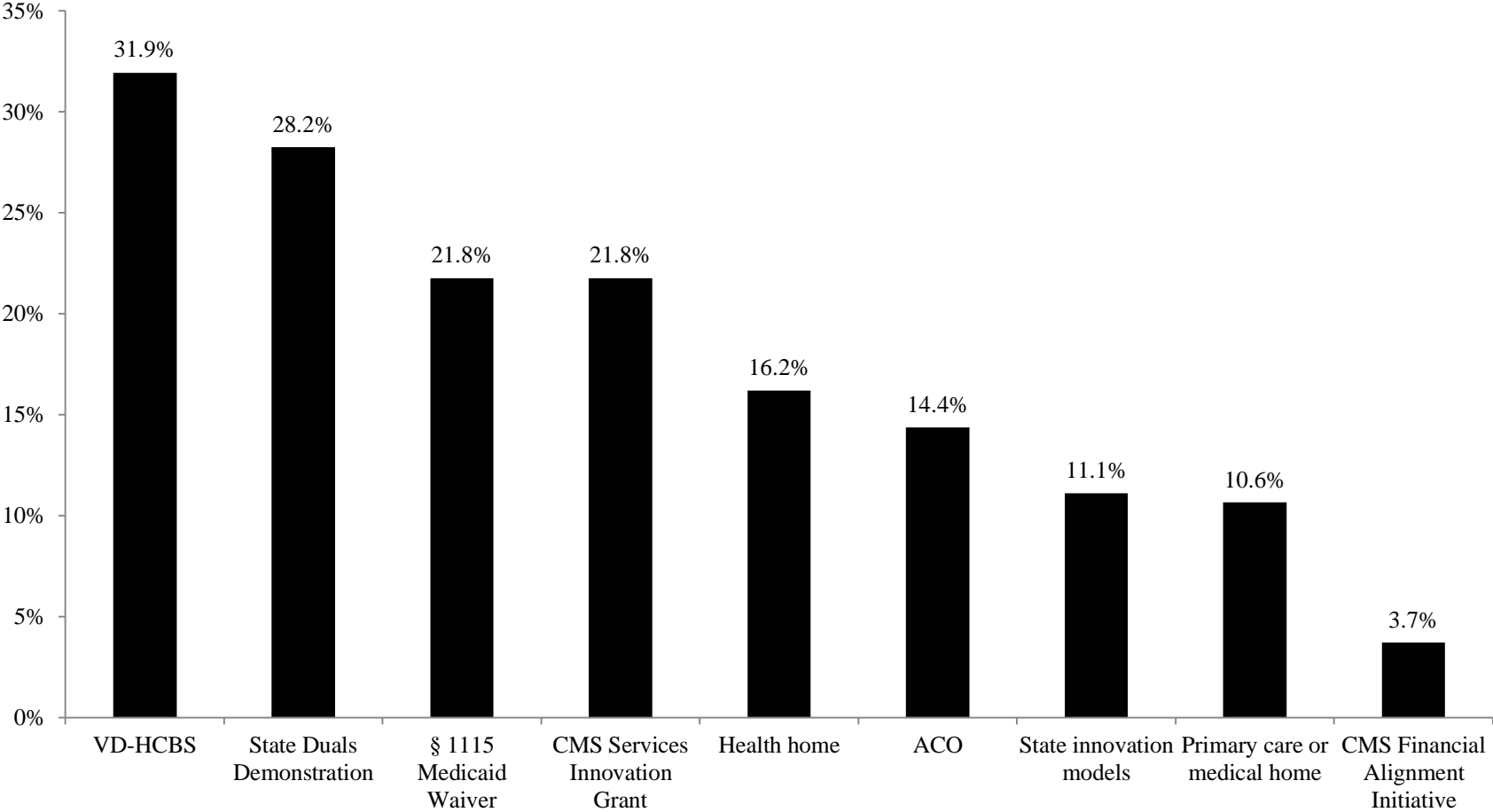
Others



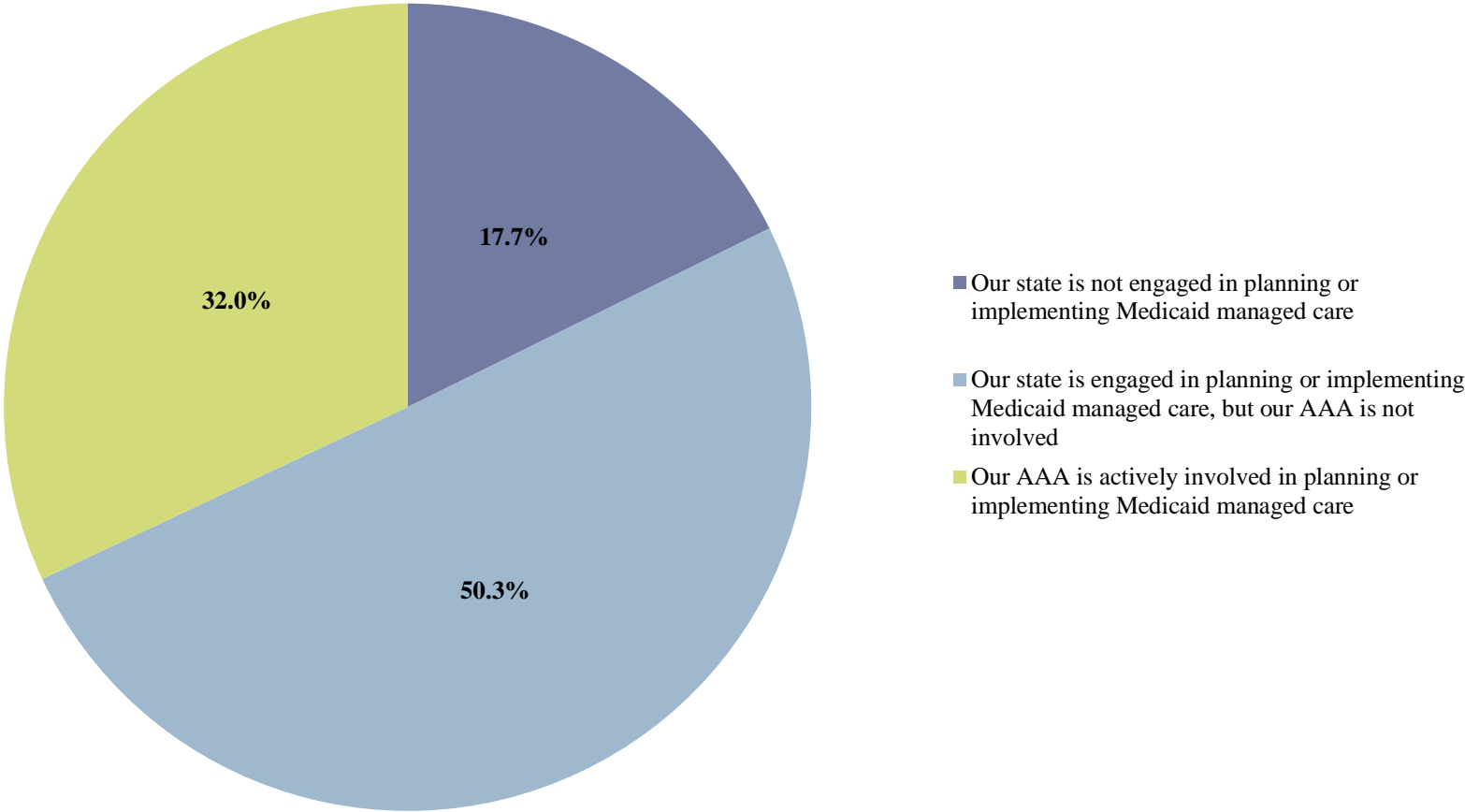
Proportion of AAAs Serving Consumers in Addition to those 60+ (among those who offer the services)



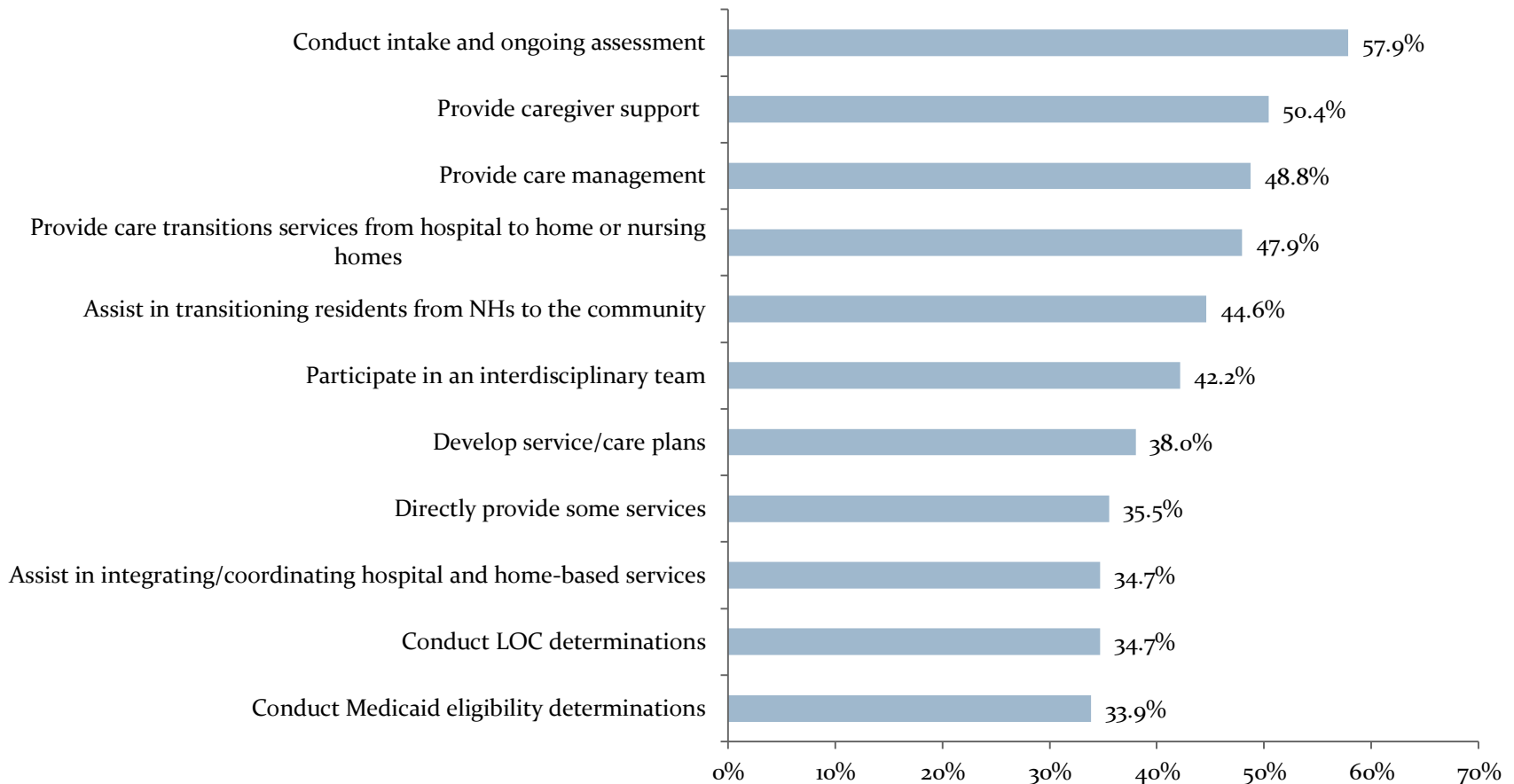
AAAs Involvement in Integrated Care



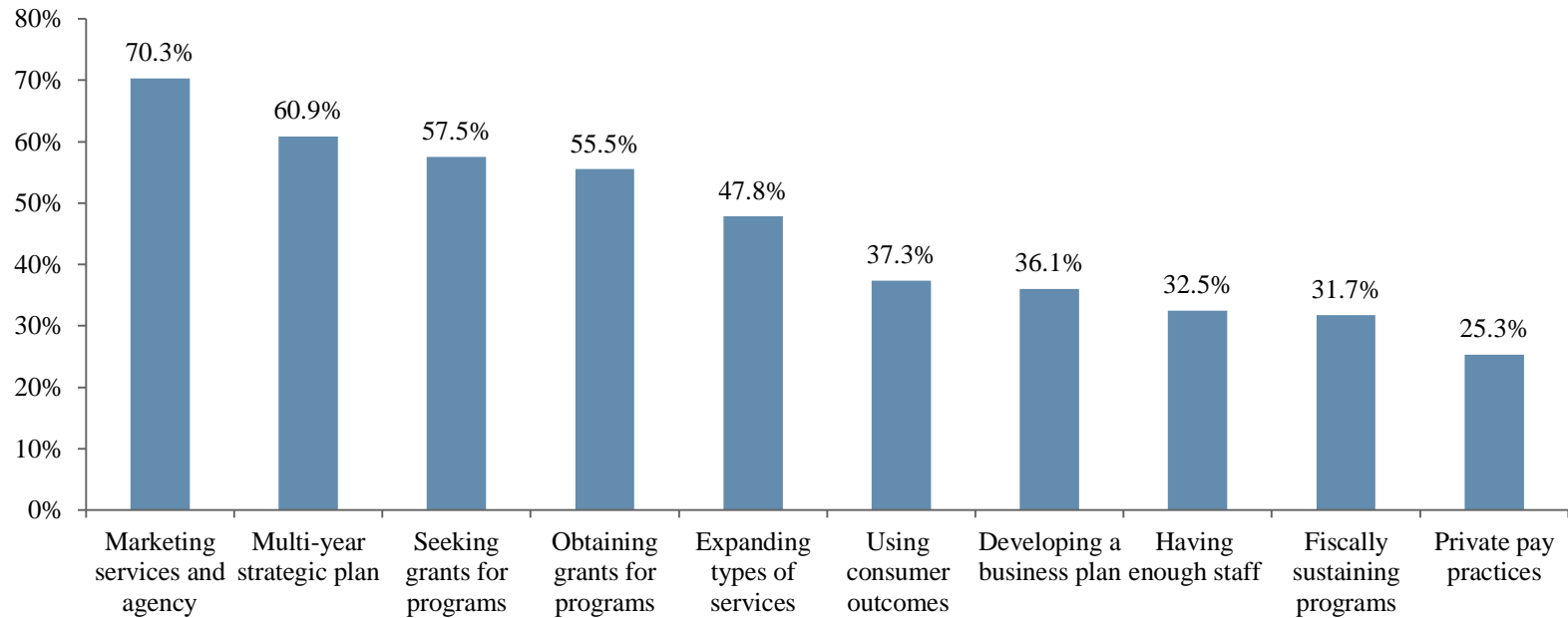
AAA Involvement in Managed Care



Medicaid Managed Care Services AAAs Provide (2013)



AAA Strategies for Business Development and Sustainability



Reauthorization of the Older Americans Act

**Where are We and
What's Next?**

How Did We Get Here on OAA Reauthorization?

- Reauthorization “expired” in 2011
- Key Hill offices not interested in opening up the Funding Formula (FF) issue because they know it brings pain
- Advocacy groups neutral on FF changes that drive differing results among states
- Senate bill came for vote in HELP Committee in Fall 2013 with no changes to FF other than year update to Hold Harmless Provision.

How Did We Get Here on OAA Reauthorization?

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

How Did We Get Here on OAA Reauthorization?

- Key negotiators (Sanders, Burr) could not seem to agree on what was a reasonable (political!) compromise so nothing happened until Dec. 2014; 11th hour effort from Sanders to offer compromise was rejected by Republicans
- 114th Congress: New leadership at HELP Committee introduces similar compromise to older bill (S. 192), which passed unanimously Jan. 28, 2014

What's in S. 192?

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

S. 192's FF Compromise Language

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

Next for OAA Reauthorization

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

Next for OAA Reauthorization

- Have started conversations in House; advocates hope they will start from S. 192 and tweak modestly
- But there could be some contentious changes from House Members:
 - “Such Sums” language removed? Setting authorization at current approps or just above?
 - Changes to some OAA titles? (SCSEP, etc.)

Advocacy Needed!

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

Resources

- **n4a staff and n4a.org!**
- MoC websites
 - Contact information
 - Bio information
 - District information
 - Legislative background
- House and Senate Member Contact Sites:
 - House: <http://www.house.gov/representatives/>
 - Senate: http://www.senate.gov/general/contact_information/senators_cfm.cfm
- Other helpful sites with MOC record/legislative info:
 - www.congress.gov
 - <https://www.govtrack.us/>



— Celebrating 20 Years —
Connecting You to Community Services



THE AGING NETWORK'S
VOLUNTEER COLLABORATIVE

Engage the wisdom of age.



Aging and Disability Partnership

for Managed Long-Term Services and Supports

NCST

*National Center on
Senior Transportation*

Livable Communities Collaborative

n4a
JULY 11-15, 2015
ANSWERS
ON PHILADELPHIA
AGING
40th Annual Conference
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Questions?

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