

The Older American's Act and Area Agencies on Aging

Overview of financing, services and access

*Presented to the Joint Legislative and Executive
Committee on Aging and Disability*

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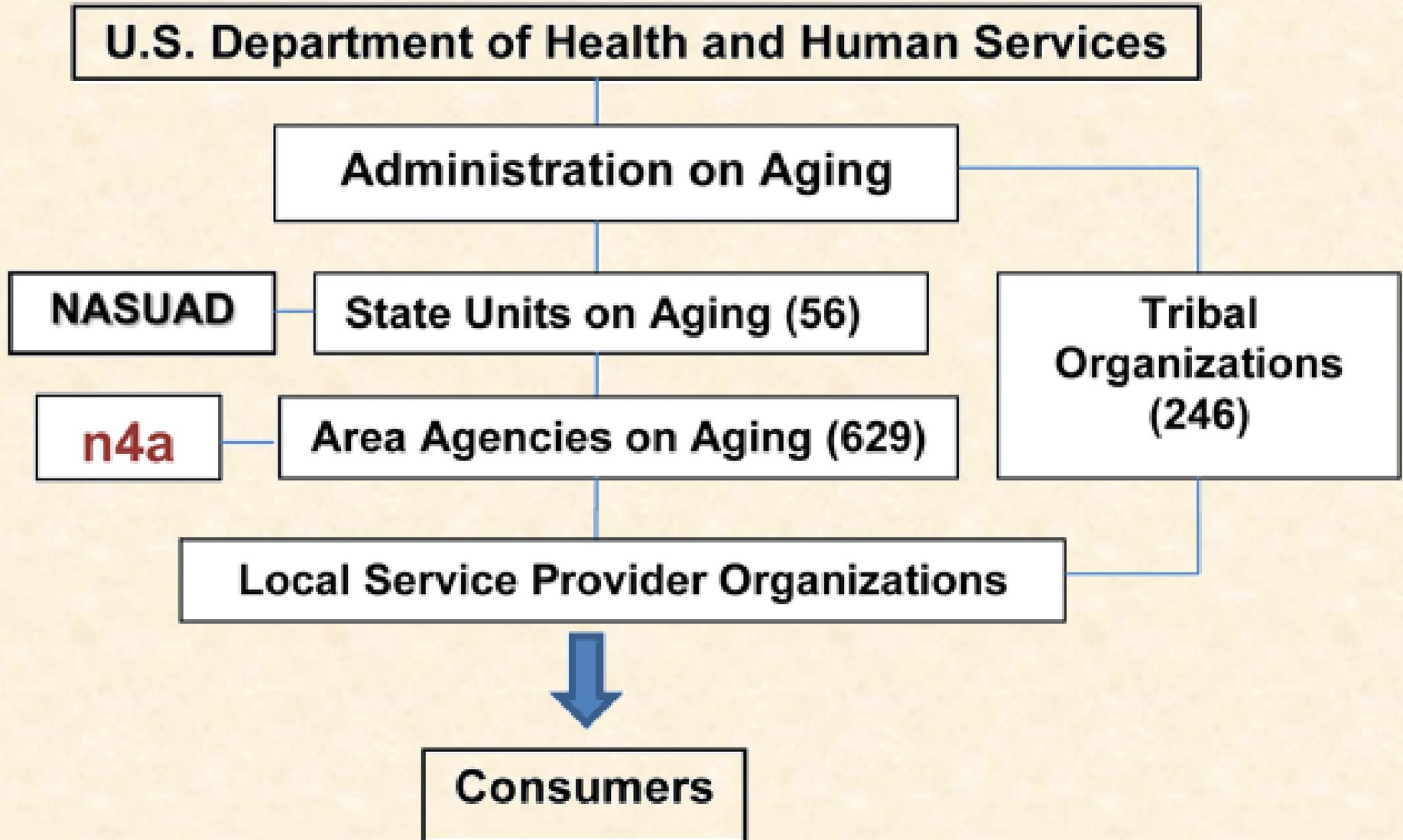
What this presentation will cover

1. The Older American's Act and the roots of Area Agencies on Aging
2. The non-Medicaid funding that Area Agencies on Aging administer
3. The services those funds purchase
4. Areas of priority for the future:
 - a. Aging in place
 - b. Health
 - c. Outreach, information, and assistance
 - d. Support for unpaid caregivers
5. The impact of being rural

The Older American's Act lists ten broad goals for older people

1. An adequate retirement income
2. The best possible physical and mental health
3. Suitable housing, independently selected
4. Full restorative services for those who require institutional care
5. Employment with no age-based discrimination
6. Retirement in health, honor, dignity
7. Pursuit of meaningful activity
8. Efficient community services which provide social assistance in a coordinated manner
9. Immediate benefit from proven research
10. Freedom, independence, and free exercise of individual initiative in planning and managing their own lives

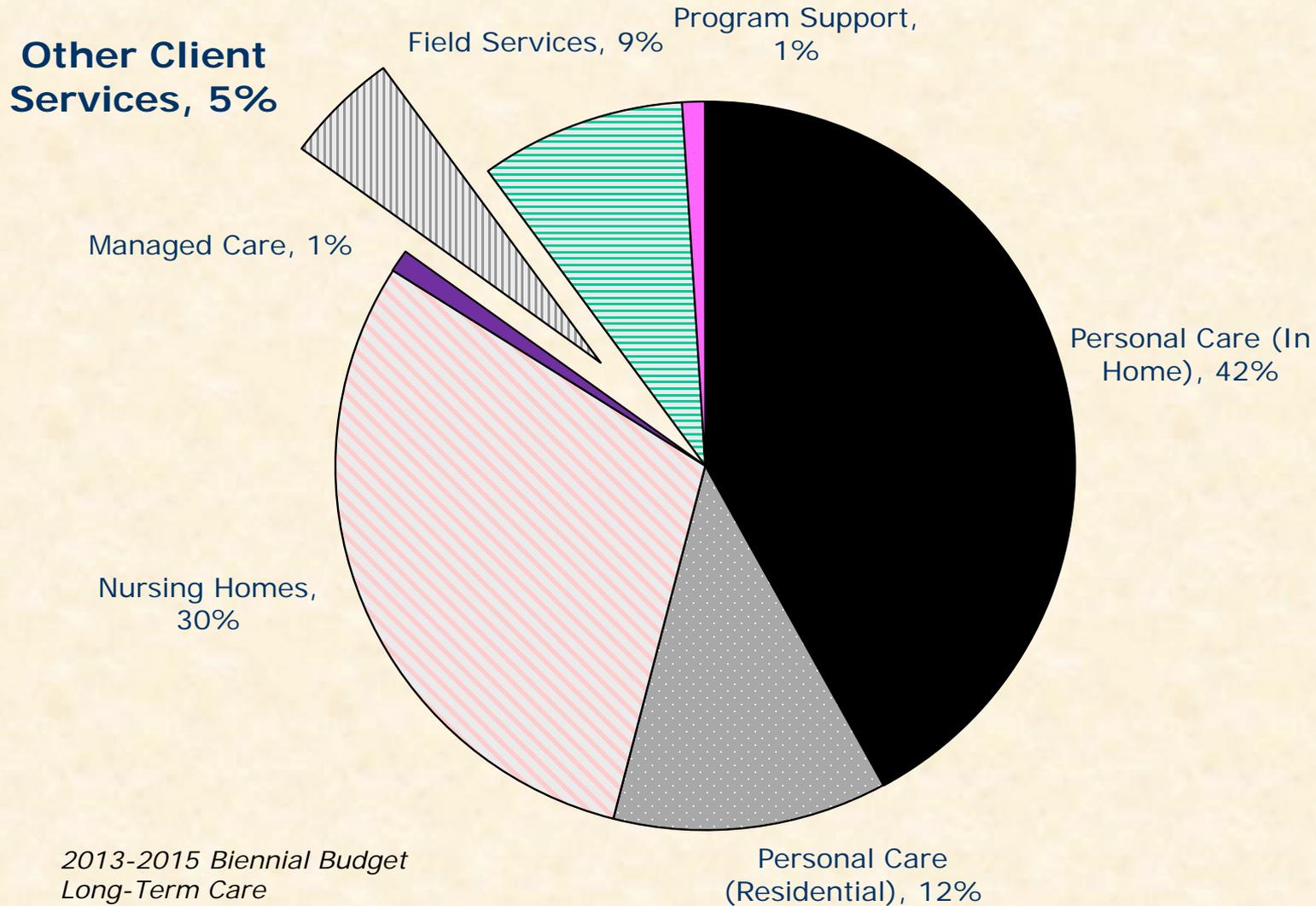
National Aging Services Network



Key Dates

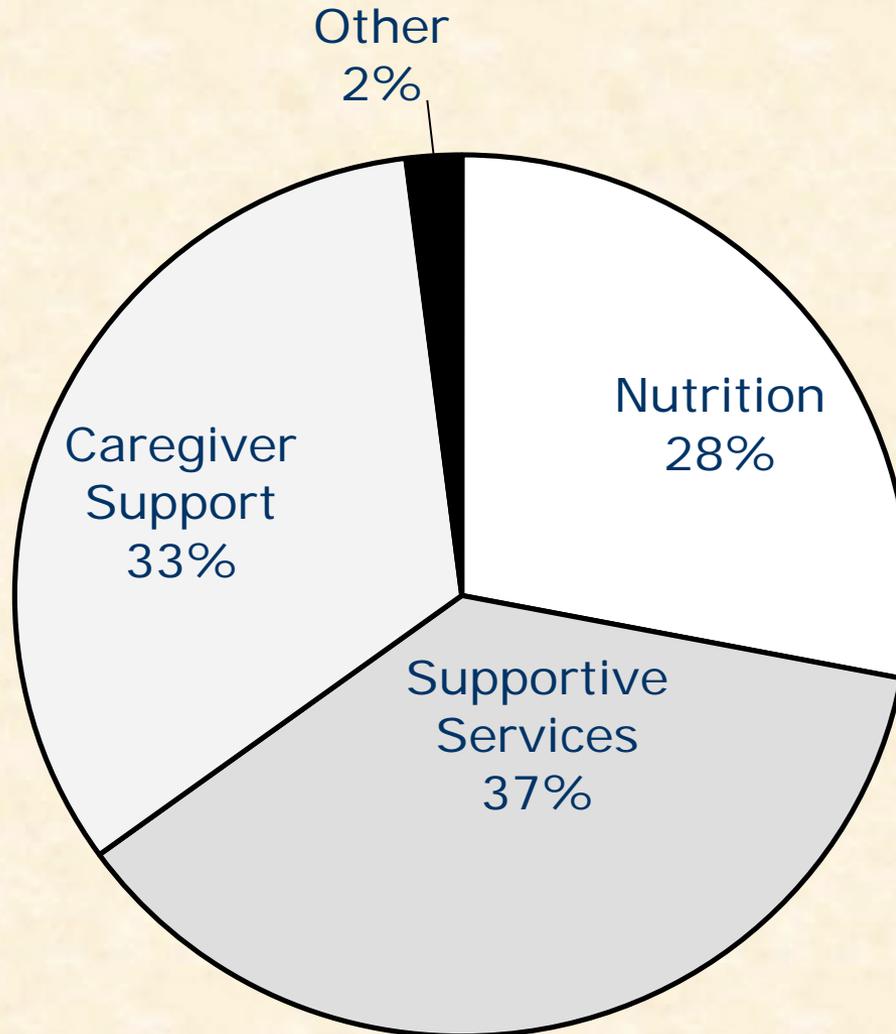
- 1965 Older Americans Act (OAA) signed into law as part of federal Great Society along with Medicare and Medicaid
- 1973 Older Americans Act establishes Area Agencies on Aging
- 1977 Washington enacts the Senior Citizen Services Act (SCSA)
- 1984 Washington state becomes a “first mover” in using Medicaid home and community-based services
- 1988 Washington state establishes the respite program to support unpaid family caregivers
- 2001 The Older American’s Act is expanded to include caregiver supports
- 2011 Washington state further expands the family caregiver support program

OAA, SCSA, and Family Caregiver Support combine to less than 5% of the LTC budget



OAA, SCOSA, and related state/federal funding provides nutrition, caregiver support, and supportive services

**\$46 Million
Annual
Funding**



Nutrition and supportive services

Nutrition

Group meals Home delivered meals
Access to fresh farmer's market produce

Supportive Services

Access

Information and assistance
Senior transportation
Case management/nursing services
Legal services

In-Home

Chore/personal care/bath assistance Minor home repairs
Visiting and telephone reassurance

Social and Health Services

Adult day care/day health Abuse prevention
Health screening/health promotion
Mental Health

Family Caregiver Support Program and “Other” activities

Caregiver Supports

Family Caregiver Support Program
Kinship Support and Kinship Navigator

Other Activities

Senior employment
Long-term care ombudsman
Foot care
Senior Newsletters

Age-related issues tend to cluster in predictable areas



Population growth that outpaces funding requires difficult choices

- When the Older American's Act was signed one in eight Americans was age sixty or older. It is now about one in six. By 2030 it will be one in four
- Area Agencies on Aging will continue to educate, advocate, and partner to make improvements on all key issue areas, but funding has not kept up and ability to fund "gap filling" supportive services has diminished
- Priority for limited funding is on:
 - Aging in place
 - Health
 - Outreach, information and assistance
 - Support for unpaid family caregivers

Successful aging in place means more people with long-term needs must be supported at home

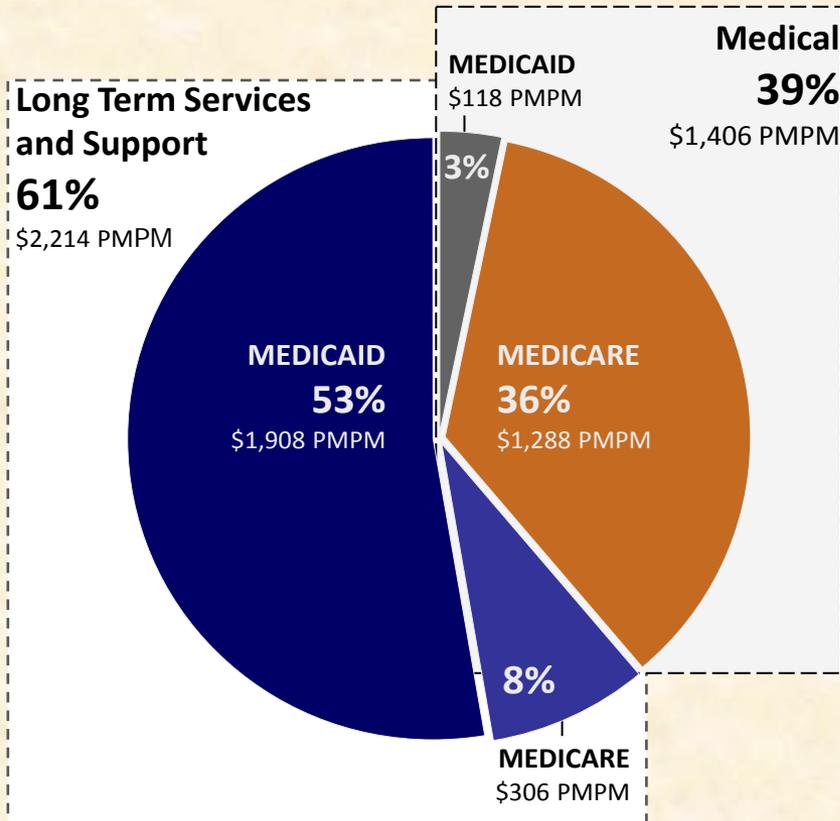
- Of the 40,000 people who receive Medicaid in-home care managed by AAA's, we want to be sure:
 - Those who need mental health treatment get it
 - Those who need substance abuse treatment get it
 - Those who are at risk for diabetes are screened
 - Hospitalizations only happen when necessary
 - Emergency room visits only happen when necessary
 - People who are discharged from hospitals are rehospitalized less frequently
 - Those whose body weight threatens their health have support to improve their condition

Medicaid and Medicare Medical and LTSS Expenditures

Persons receiving LTSS services in SFY 2011

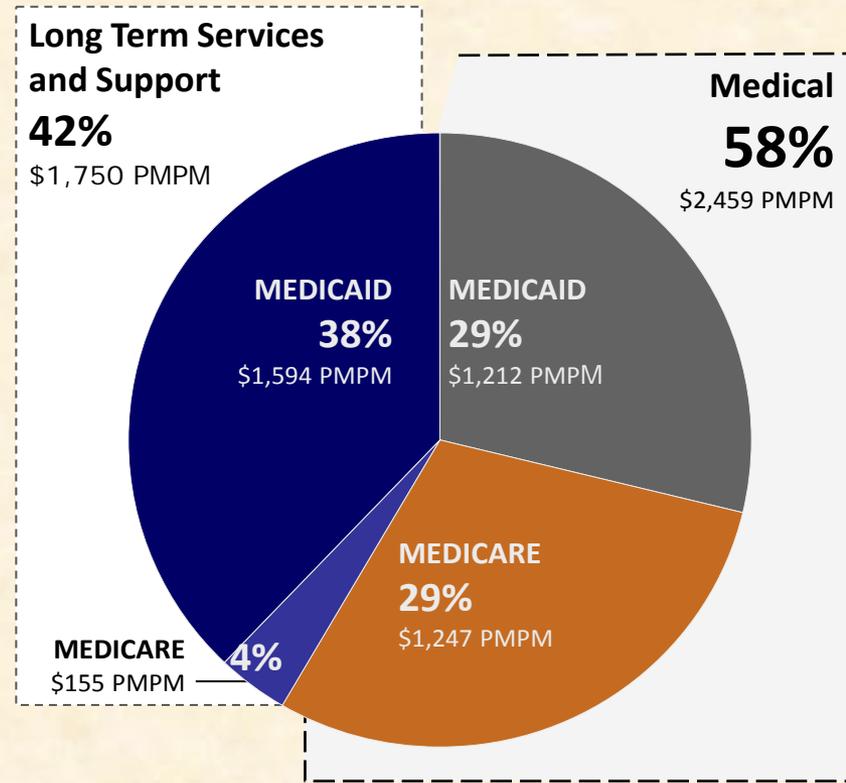
Elders

TOTAL EXPENDITURE PMPM = \$3,621
TOTAL = 45,445



Disabled

TOTAL EXPENDITURE PMPM = \$4,209
TOTAL = 25,216



SOURCE: RDA Integrated Client Database

Achieving better outcomes requires working the “demand side”

Health Homes: Care Coordinators help high risk clients keep the varied services many clients utilize coordinated (behavioral health, long term care, chemical dependency, primary care, etc). The Coordinators motivate clients take control of their health, and coordinate community resource referrals toward client goals

Care Transitions: A transition coach performs a home visit and follow-up after discharge from the hospital

Chronic Disease Self Management: Classes for individuals to assist them in managing their chronic illness using the Stanford University evidence-based program,

Chronic Pain Self Management: Classes for individuals to assist them in managing their chronic pain using the Stanford University evidence-based program

Providing information and sustaining family caregivers is critical

- 70% of people age 65+ will need long-term care
- 65% of people age 40+ report little or no planning for their LTC needs
- Private LTC insurance is out of reach for many
- 37% of people 40+ believe Medicare covers on-going in-home care. 44% believe long-term nursing home stays are covered. They are wrong.
- The result can be a too familiar path to Medicaid

1

- Someone has a need for care

2

- Family Caregivers become exhausted

3

- Out of pocket spending exhausts resources

4

- Medicaid

Aging and Disability Resource Centers are a “help desk” for those who don’t know where else to turn

Information and Referral:

Walk-in, dial-in, or log-in accessibility

Home visits

Information on services and supports.

Help understanding benefits and eligibilities

Linkage to local resources

Assistance with bewildering paperwork

Options Counseling:

Person-centered counseling and decision support for those who face aging or disability related issues

Community Outreach and Education:

Continual public engagement, resource fairs, publicity, flyers, brochures, community trainings

Each day 850,000 unpaid family caregivers in Washington:



- Provide emotional support
- Help with daily activities and household tasks
- Handle finances
- Help with personal care
- Provide necessary nursing care
- Manage healthcare
- Advocate

What Do Caregivers Need?

- Information about services and coping with caregiving issues
- Training for providing important care
- Someone to call when they feel overwhelmed
- A break...



2014 Family Caregiver Support Program Services

- Information, Education, and Service Coordination
- Crisis Prevention and Intervention
- Flexible Options for Respite
- Financial Eligibility Assistance
- Mental Health Counseling and Support
- Outreach to “Hidden Caregivers”
- In-home Training
- Respite
- Evidence-based supports:
 - Memory care and wellness
 - “Star-C” training to provide skill in managing difficult behaviors
 - “Powerful tools for caregivers” training
 - Chronic Disease Management

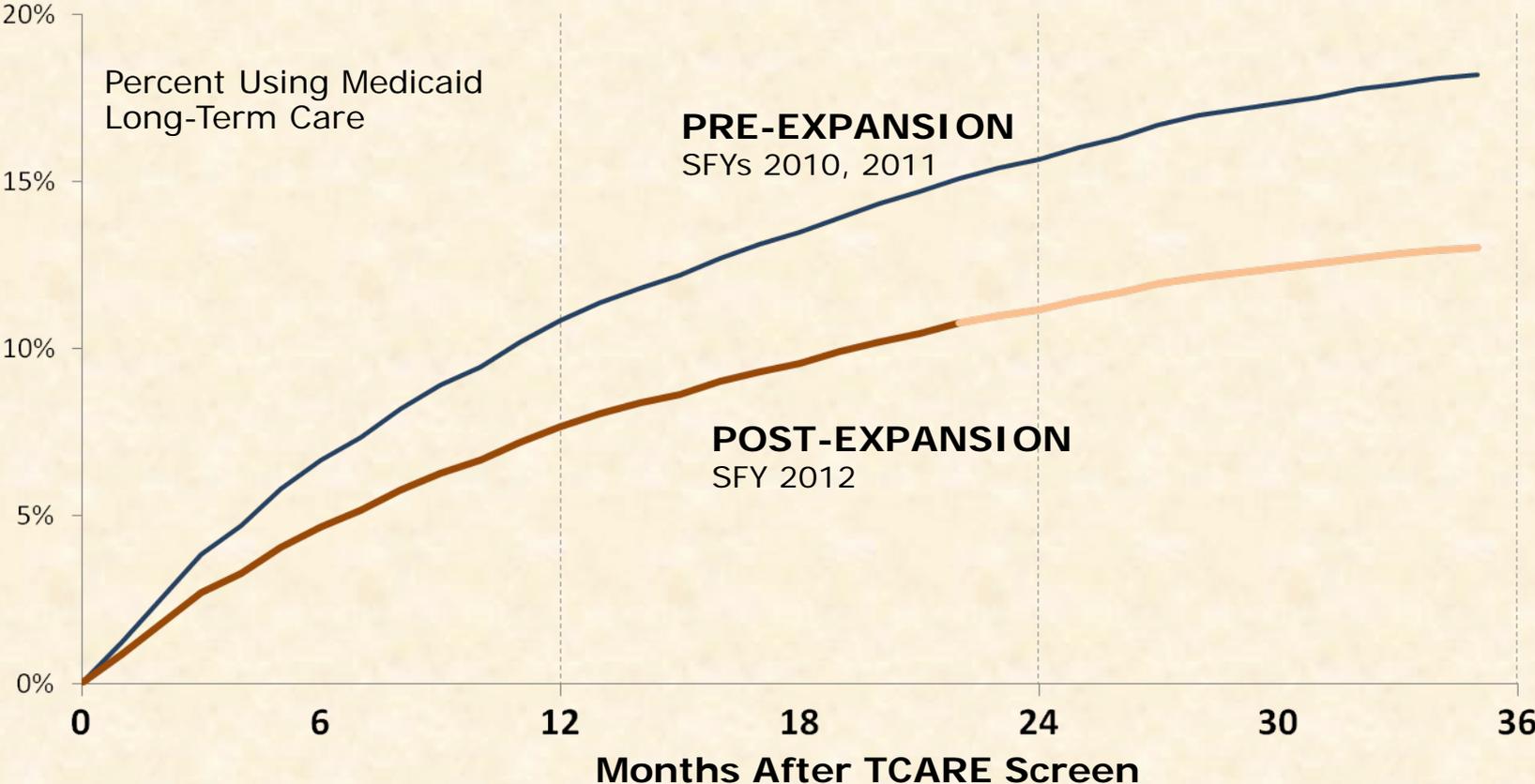
The Family Caregiver Support Program makes a difference

- 84% of caregivers reached show significant improvement in key outcomes
- Over half of the people receiving care had been diagnosed or had a probable diagnosis of Alzheimer's
- Another 30% had evidence of a memory problem
- The average cost to support a family caregiver is \$3,900 per year compared to the average for Medicaid in-home care of \$18,000 to \$20,000

Recent expansion has delayed enrollments in Medicaid

► Time from TCARE® Screen until First Use of Medicaid Long-Term Care

Pre- and Post-Expansion, Controlling for Baseline Differences



Source: DSHS Research and Data Analysis

The impact of being rural

- The challenge in urban areas is volume
- In rural areas, the challenge is supporting infrastructure:
 - ✓ To have administrative capacity
 - ✓ To provide specialized programs
 - ✓ To provide site-based programs
 - ✓ To communicate
 - ✓ To transport
- Achieving “critical mass” is a challenge for pilots, and where the “trickle down” distribution of statewide funding is small
- Rural areas are particularly challenged by the multiple effects of the recession on state and local funding, fund raising, and the apparent reluctance of Boomers to volunteer

Questions?

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