

ElderSource Advisory Council Meeting

10688 Old St. Augustine Rd.

Jacksonville, Florida

Thursday August 17, 2023

12:30 PM

Call-In Number: 1-929 436-2866

Meeting ID #: 842 548 1583

AGENDA

- | | |
|--|---------------------------------|
| 1. Call to Order | Cheryl Jefferson, Chair |
| 2. Signatures – In-kind Match & Travel Vouchers | Cheryl Jefferson, Chair |
| 3. Roll Call – Sherry Holmes, Administrative Assistant | Sherry Holmes, Admin. Assistant |
| 4. Approval of Council Minutes (Meeting June 15, 2023) | Cheryl Jefferson, Chair |
| 5. 2024-2027 Area Plan | Janet Dickinson, Planner |
| 6. Advocacy | Linda Levin, CEO |
| A. Federal | |
| B. State | |
| C. Local | Tameka G. Holly, COO |
| 6. County Reports | |
| Baker | |
| Clay | |
| Duval | |
| Flagler | |
| Nassau | |
| St. Johns | |
| Volusia | |
| 7. Old Business | |
| 8. New Business | |
| 9. Date of Next Meeting – October 19, 2023 at 12:30 PM | |
| 10. Public Comments | |
| 11. Adjourn | Cheryl Jefferson, Chair |

Inclusion Statement: ElderSource values all people – including but not limited to all nationalities, socio-economic backgrounds, abilities, races, genders, religious perspectives, sexual orientations, and gender identities – in everything we do. We welcome the unique insights and perspectives of all persons in our quest to fulfill our mission.

Mission: To empower individuals to age with independence and dignity by providing leadership, direction, advocacy, and support for a comprehensive coordinated continuum of care.

**Advisory Council Meeting
10688 Old St Augustine Rd
Thursday June 15, 2023
12:30 PM**

Via Zoom

Present

Pamela Sanders – Baker
Diane Eckert – Clay
Stevie Taylor – Clay
Bernie Fitzgerald – Flagler
Joanne Hinkel – Flagler
Latonja Best – St. Johns
Frances Chew – Volusia

Absent

Cheryl Jefferson – Duval (Excused)
Earnest Berrian – Duval
Ingrid Montgomery – Duval (Excused)
Valerie Thomas – Duval
Barbara Solomon – Flagler
Chernice Benjamin – Nassau (Excused)
Albert Abbatiello – St. Johns (Excused)
Carol DeMarco – St. Johns (Excused)
Ashley Jennings – Volusia (Excused)

Staff and Guest

Linda Levin, CEO
Tameka G. Holly, COO
Fred Richards, Plan/Prgs/Compl/Inclu.
Janet Dickinson, Planner
Sherry Holmes, Administrative Assistant

Meeting Called To Order

Bernie Fitzgerald called the meeting to order at 12:35 PM.

Roll Call

Sherry Holmes, Administrative Assistant called the roll, and a quorum was present.

Approval of Minutes

A motion to approve the minutes from the April 20, 2023, meeting was made by Joanne Hinkel and seconded by Pamela Sanders. Motion passed unanimously.

Nominating Committee

Stevie Taylor, member of the Nominating Committee, noted that the committee met on June 6 at 11:00 AM to review the applications of four candidates. The committee recommends that all four

candidates be considered as members of the Advisory Council because they each bring a wealth of information and knowledge.

A motion to accept the applicants Christy Fitzgerald, Christine Hackney, Steven Sherman, and Vivian Jones for membership was made by Stevie Taylor and seconded by Joeann Hinkel. Motion passed unanimously.

2024-2027 Area Plan

Janet Dickinson, Planner discussed the Area Plan with the group. The new Area Plan begins January 2024 and ends December 2027. The completed Plan will be due to the Department of Elder Affairs (DOEA) in September. The Program Module is due on September 15, 2023 and the Contract Module is due on October 3, 2023. Janet discussed the following areas:

- Progress Report
- Update on Up-coming Public Hearings
- County Profiles/Socio-Demographic Information
- SWOT Analysis with Advisory Council Input

Members participated in the SWOT analysis by acknowledging some of the strengths, weaknesses, opportunities, and threats in their counties.

Strengths:

Baker –Baker County’s strength is transportation. They have one of the best transportation systems for the elderly and disabled.

Flagler – Flagler noted that the support offered under the County Government is a strength in that they do not have concerns that a non-profit would have. Their focus can be on the Programs without the worry of fund raising.

Flagler and Volusia – A newspaper called “Seniors Today” is published within these two counties. The newspaper includes information from Flagler and Volusia on topics that are of concern to seniors. This paper is well distributed and delivered to various businesses by seniors. Newspapers are everywhere. The reach and circulation are amazing. Seniors appear to prefer the hard copy newspaper as opposed to electronic copies. This is an attractive feature for seniors.

Weaknesses:

Baker County –Poor services is a barrier. There are no local providers, social workers and no one to provide regular services. The services offered on the website are not local and this makes it exceedingly difficult to get them. Also, there are services listed on the website, but they do not exist.

Flagler –Vendors for the In-Home services have staffing issues, and most are trying to rebuild after COVID. Getting enough vendors to cover the services is a nightmare.

Rates are also a problem. CNA's and HHA's are paid almost the same rate that we would get from the County. Another weakness is that people do not know what ElderSource can do for them. Forming a committee or having a conversation on how to do better with branding is needed.

Opportunities:

Linda Levin noted that Andrea Spencer, VP of Communications spends a great deal of time communicating and reaching out to the media and sending them stories. Andrea does a considerable amount of networking and outreach events. Getting the attention of the media is much more difficult these days. Paid advertising is better but expensive. Linda has offered to invite Andrea to come and talk to the Advisory Council. Janet suggested that communication could be the topic for the next meeting if Andrea is available. The members agreed to the suggestion.

Baker County – A newspaper called the “Good News” prints only good news and a suggestion for ElderSource is to post a column for seniors indicating the services they provide.

Flagler County – Radio opportunities are being utilized by our local Veterans Services and the County; both have radio spots.

Threats:

Baker County – The cost of services, and the long wait list, makes the people feel forgotten. They eventually give up on trying to get services. Older apartments are turning into Condos forcing seniors to relocate or buy the apartment.

Flagler County - Homeowners Insurance has become a big issue as insurance companies are requiring a new roof on many homes or you face the threat of non-renewal of policies. This is a scam where insurance companies are working with roofing companies. What can we do about it?

There are a lot of Flagler sprawl areas where mobile homes are in such bad shape as there is no one established to fix or repair them. People are living in poor conditions. Any replacements due to the Hurricanes will take about three years and people are under the impression that they will be getting a new replacement soon. There is no Programing in these areas and people are forced to live in what they have.

Affordable housing in general varies, depending upon your interpretation of affordable housing. Some seniors 85 years old and up receive a social security check for less than \$1,000 a month. New housing goes up, but Section 8 is closed. Rents are rampantly increasing.

Janet will be available for Council members to contact her individually and provide their SWOT information. A draft of the full Area Plan will be provided to members prior to the next meeting. There will be an open discussion on the Area Plan at the August 17 meeting. The process will be for the Advisory Council and then the Board of Directors to review and approve.

Janet will hold the Volusia County Public Hearing on Thursday June 22 from 1:30 PM – 2:30 PM in the President’s Banquet Hall at Bethune-Cookman University located in Daytona Beach, FL. The Duval County Public Hearing is in the planning stage for July or August.

Disaster Preparedness Emergency

Janet Dickinson discussed ElderSource’s Emergency Disaster Preparations.

- Emergency-Disaster Contacts
- Emergency Preparation Activities

See Power Point slides for detailed information.

County Reports

Volusia

No Representation

St. Johns

Latonja Best

- Latonja noted that a lot of construction is happening in the County where luxury apartments are being built that are very affordable for our seniors.

Nassau

No Representation

Flagler

Joanne Hinkel

- Joanne corrected a statement in our April 20, 2023 minutes where Bernie stated that the “Church on the Rock had a wonderful nutrition program”. Joanne noted that Church on the Rock is the location where meals are served to seniors and the Flagler County Board of Commissioners is providing those meals.

Duval

No Representation

Clay

Stevie Taylor

- Stevie noted that they are working on some things to help the homeless Veterans in Clay County to make sure Veterans have the benefits they deserve.

Diane Eckert

- Diane has someone interested in the Advisory Council and is requesting an application for that individual.

Baker

Pamela Sanders

- Pamela noted that she is desperately trying to find participants for Baker County. Pamela has two candidates in mind and has requested two applications.
- The Council on Aging is back-up and serving lunches.

Old Business

None

New Business

None

There was no further business, and the meeting was adjourned.

Meeting Adjourned at 1:34 PM

Minutes prepared by Sherry Holmes, Administrative Assistant

These minutes were adopted by vote of this Advisory Council on _____.

(Date)

Secretary: _____ Stevie Taylor

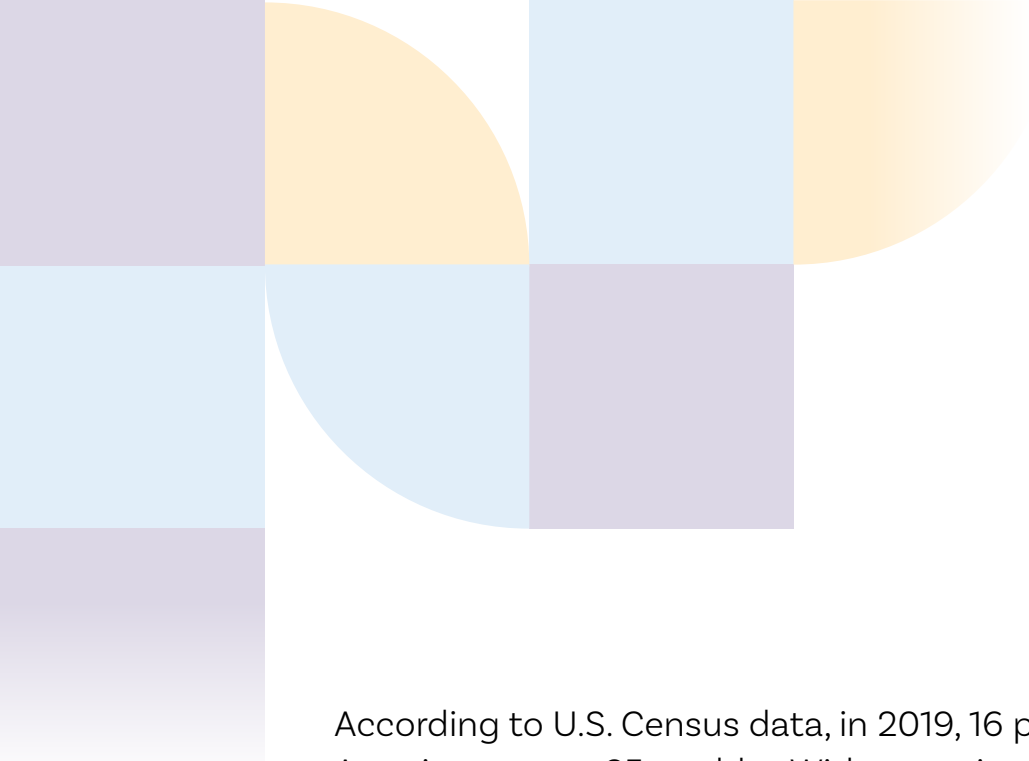


Leaders in Aging Well at Home

Policy Priorities 2023

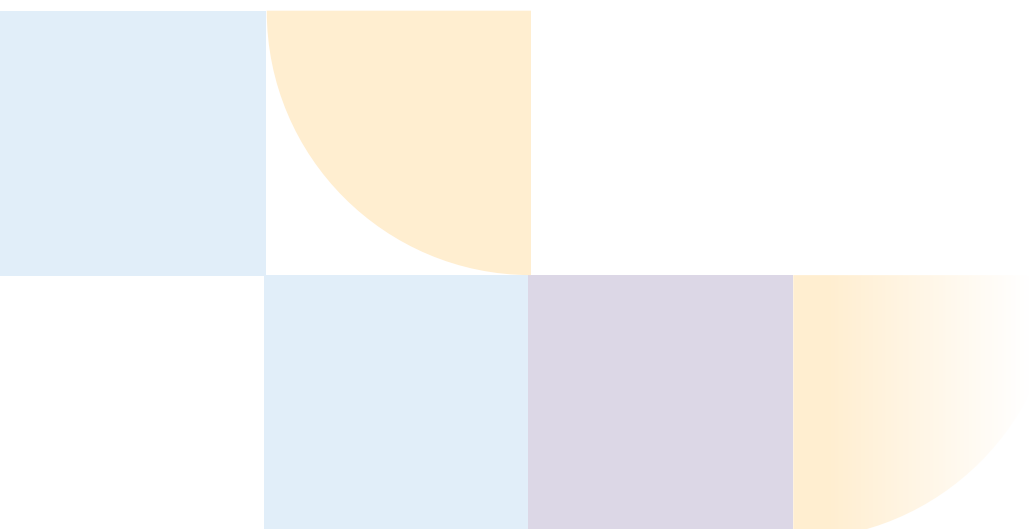


Promote the Health, Security and Well-Being of Older Adults



According to U.S. Census data, in 2019, 16 percent of—or 54.1 million—Americans were 65 or older. With an estimated 10,000 people turning 65 each day: by 2040, an estimated 80.8 million—or one in five Americans—will be 65 or older, a full 21.8 percent of the population.ⁱ And by 2034, older adults are expected to outnumber children under 18 for the first time in history.ⁱⁱ

The population of older adults is also becoming more diverse, and the proportion of non-White older adults will continue to significantly increase over the next several decades.ⁱⁱⁱ Yet one thing this rapidly growing and diverse demographic cohort agrees on is the overwhelming desire to age at home rather than in institutional settings: 85 percent of those age 65 and older want to remain in their home and community as they age.^{iv}





The Future of Aging is Now

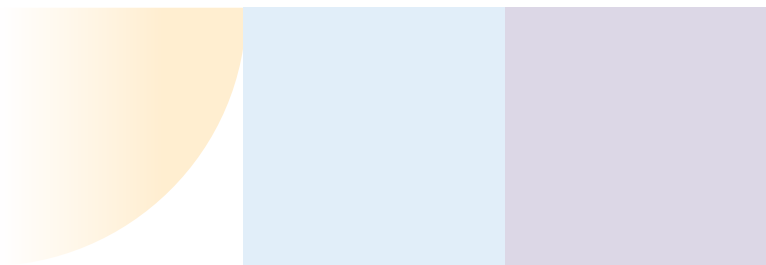
Our nation is deeply immersed in the opportunities, challenges, realities and necessities of a society with an expanding aging population. COVID-19's tragedies shone a spotlight on the varied needs of this population and this new demographic reality must inform policy debates and decisions across a spectrum of critical issues.

USAgings represents and supports the national network of Area Agencies on Aging and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. To support our members in this work, each year USAgings develops a set of its top policy priorities that guide our legislative and administrative advocacy efforts to support the growing number of older Americans and caregivers.

USAgings's 2023 *Policy Priorities* focus on our top priorities only—investing in the critical services provided by the Older Americans Act, providing caregivers with needed help and support, prioritizing Medicaid home and community-based services and supporting healthy aging by strengthening the intersection of health care and social services—and thus do not reflect all of our policy positions or limit what we may advocate for this year. These priorities are based on our members' experience in directly supporting older adults, people with disabilities and caregivers in their communities and are focused on the actions that the Biden Administration and Congress must take to ensure that all Americans can age well regardless of where they live or who they are.

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Support

Aging Well at Home by Investing in Older Americans Act Programs and Services

Role and Impact of Area Agencies on Aging

For 50 years, AAAs have served as the local leaders on aging by planning, developing, funding and implementing local systems of coordinated home and community-based services that enable older adults to age well at home and in the community. AAAs lead local networks of providers to deliver these person-centered services to older adults, caregivers and—increasingly—to younger adults with disabilities. AAA services include information and referral/assistance in-home care, congregate and home-delivered meals, adult day care, case management, transportation, legal services and caregiver support/respite and more.

The Older Americans Act (OAA) is the cornerstone of the nation's non-Medicaid home and community-based services (HCBS). Each year, through the OAA, nearly 11 million older Americans receive critical support from the nationwide Aging Network, which consists of states, AAAs, Title VI Native American Aging Programs and tens of thousands of local service providers.

The Aging Network is based on the principle that states and local governments should have the flexibility to determine, coordinate and deliver the supports and services that most effectively and efficiently address the needs of older adults and caregivers in their communities. The Aging Network supports older Americans by delivering a range of services such as in-home personal care, home-delivered and congregate meals, transportation, disease prevention/health promotion activities, legal services, elder abuse prevention and intervention, and more.

Surveys from the Administration on Aging (AoA), part of the U.S. Administration for Community Living (ACL), show that **every \$1 in federal funding for the OAA leverages nearly an additional \$3 in state, local and private funding.**^v

Signed into law in 1965 alongside Medicare and Medicaid, the OAA was renewed in 2020 with bipartisan support. Because the OAA relies on discretionary federal funding in contrast to the mandatory spending fueling Medicare and Medicaid benefits, the OAA is much smaller than those health care programs. The OAA charges AAAs with using the federal funds to leverage state, local and private funding to build comprehensive systems of HCBS in their communities. Furthermore, AAAs engage hundreds of thousands of volunteers who donate millions of volunteer hours each year, further leveraging public and private investment and helping them serve more people.

OAA services like those provided by AAAs in the community can delay or prevent the need for higher level or more expensive (i.e., nursing home) care, postponing impoverishment and eligibility for the means-tested Medicaid long-term care program. By supporting the health of older adults through evidence-based wellness programs, nutrition services, medication management and many more services provided at home and in the community, OAA programs and services also save Medicare—and the nation—money.

Appropriators must recognize that they must dramatically increase funding for these programs to meet the ongoing and rising need that exists due to the rapidly aging population.

Throughout the COVID-19 crisis, the Aging Network has served more older adults than ever before by providing life-saving services thanks to federal emergency relief funds. High levels of need experienced by older adults have not faded away, and AAAs continue to serve an influx of older adults, with demographic trends only pointing to increased need in the near future.

While USAging consistently supports increased annual funding for *all* titles of the OAA, it is also vital that funding increases are not wholly concentrated in one title of the Act. Not everyone needs the same service, although many who need the most common, meals, also need other services such as in-home help, transportation, case management and home modifications and repairs, which are funded in other OAA titles.

The OAA is intended to address all the needs of the older adults and caregivers it serves, yet some OAA titles are funded at a fraction of others and even the best-funded subtitles aren't funded enough to address the increasing levels of need among the growing older adult population. It is often the case that critical nutrition services under OAA Title III C receive meaningful increases, but no equivalent investment is made in other, equally important OAA programs and services.



Title III B Supportive Services include most of the other services that older adults and their caregivers need, such as in-home assistance, transportation, respite care, home modifications and repairs and access to other services and resources via the AAA's information and referral/assistance system—all of which are funded under Title III B. The beauty of the OAA is that it allows states and local agencies to provide services that people need locally; however, that requires both a well-balanced approach to federal funding and maximum local flexibility.

Therefore, while all OAA subtitles require immediate increases to meet the current and future needs of older adults, on behalf of our AAA and Title VI Native American Aging Program members—who administer these programs locally and witness the critical pressure points as the older adult population continues to grow—**USAgings urges Congress to prioritize the following OAA services when developing the FY 2024 budget** for the Administration on Aging, housed within the U.S. Administration for Community Living, Department of Health and Human Services.

OAA Title III B Supportive Services is the bedrock of the Act, providing states and local agencies with flexible funding to provide a wide range of supportive services to older Americans. These services include in-home services for frail older adults, senior transportation programs, information and referral/assistance (e.g., hotlines to help people find local services, resources), case management, home modification and repair, chore services, legal services, emergency/disaster response efforts and other person-centered approaches to helping older adults age well at home. Services provided through Title III B are a lifeline for older adults living in the community, and they also connect older adults to other OAA services—for example transportation services funded by Title III B ensure older adults can reach the congregate meal sites that are funded by OAA Title III C.

The critical flexibility of this funding stream gives AAAs greater means to meet the needs of older adults at home and in the community, thereby eliminating the need for more expensive nursing home care—which usually leads to impoverishment and a subsequent need to rely on Medicaid to meet critical health care needs. The flexibility of OAA Title III B also allows AAAs to meet new and emerging needs in their communities, such as wellness checks for homebound older adults, activities to help older adults stay socially engaged (historically in-person but now also virtual programming) and supporting vaccine outreach and assistance. However, years of eroded funding prior to COVID-19 have resulted in local agencies losing ground in their ability to provide critical Title III B Supportive Services.

To address social isolation among older adults, AAAs use OAA Title III B funding to provide a wide range of engagement activities, wellness checks and other services designed to reduce the negative effects of isolation and loneliness (see box on the next page for details). While other OAA titles, such as the Title III C nutrition programs and Title III D Evidence-Based Health Promotion and Disease Prevention Programs have social engagement as a key component, the flexibility of Title III B has allowed AAAs, especially during the pandemic, to innovate, create, adapt and expand their offerings to specifically target the social isolation crisis.



The Cost of Social Isolation

It's widely known that staying engaged and socially connected has tremendous health benefits and, conversely, that social isolation and loneliness among older adults leads to the deterioration of a person's physical and cognitive health, resulting in personal suffering and greater national expense. Prolonged loneliness for an older adult is as medically detrimental as smoking 15 cigarettes a day.^{vi} Individuals who are socially isolated have an increased risk of heart disease, dementia, functional impairment and premature death.^{vii} Federally, social isolation and loneliness costs the Medicare program an estimated \$6.7 billion annually—or an added \$1,600 per socially isolated beneficiary.

The impact of underfunding Title III B affects the ability of local agencies to help their clients age at home and in the community and, ultimately, costs taxpayers money. When older adults are healthier, Medicare saves money; when frail older adults receive in-home services that prevent or delay nursing home admissions, Medicaid saves money.

COVID-19 relief funding for OAA in the Families First, CARES and the American Rescue Plan Acts gave a much-needed infusion of resources to the Aging Network to assist more older adults just as they were, as a population, more vulnerable to health crises and loss of independence. However, these new clients continue to need support—and may need more help as they age. Between previously unaddressed need and the aging of the population, there is simply no “return to normal” to pre-pandemic funding realities when it comes to OAA programs and services. Without bold investment in FY 2024, the expiration of the COVID-relief funding will create massive service cliffs across a range of OAA programs, but most especially Title III B and Title III C.



When older adults can't access these supportive services, their health and independence declines and they become more at risk for spending down their financial resources to become eligible for Medicaid and going into a nursing home. Their unpaid caregivers are also affected when services are reduced or eliminated due to loss of funding, which can then result in escalating stress and economic pressure on the family member if the total need for care is more than the caregiver can handle while holding down family and job responsibilities.

The time now has come for Congress to recognize the value of the Older Americans Act as the critical non-Medicaid HCBS resource that meets these goals and invest accordingly. USAging commends the Biden Administration for recognizing in the FY 2024 budget how critical these Title III B services are and calling for a 22 percent increase over last year. We are grateful for President Biden's leadership and believe Congress should consider that recommendation as a starting point, not a ceiling.

To meet the high and rising demand for cost-effective supportive services, we call on Congress to double OAA Title III B over FY 2023 levels in FY 2024, for a funding level of \$820 million.

OAA Title VI Native American Aging Programs

are a primary authority for funding aging services in Indian Country, where elders are the poorest in the nation. Title VI Part A largely provides nutrition services but also provides wrap-around supportive services such as those found in Title III B. Title VI Part C funds family caregiver support programs for those caring for older adults, as well as older adults caring for adult children with disabilities or grandchildren or relative children. These services are intended to supplement the overall OAA programs and services by giving tribes added resources to respond to the most urgent needs of older adults in Indian Country.



We encourage policymakers to build on COVID-19-relief funding for tribal aging programs and increase Title VI appropriations levels given the current and future needs of American Indian elders and the years of insufficient growth in funding to meet the escalating need.

USAging applauds the Biden Administration for recommending in its FY 2024 budget an 83 percent increase in funding to the Title VI Native American Part A nutrition and supportive services program and a 32 percent increase to the Title VI Part C caregiver services. We are grateful for the President's focus on these small but critical programs that support some of the most vulnerable elders in the nation.

We urge Congress to double funding for Title VI over FY 2023 in FY 2024 to reach at least \$76.5 million for Part A (nutrition and supportive services) and \$24 million for Part C (family caregiver support).

Our final top appropriations request for OAA is Title III E, the National Family Caregiver Support Program, which is detailed on pages 6-7.



Recognize

and Support Caregivers

Role and Impact of Area Agencies on Aging

In addition to providing the wide range of home and community-based services mentioned previously, AAAs also provide critical services to family caregivers of older adults, as well as older adults who are caregivers for younger relatives. AAAs also contract with or employ paid caregivers, from direct care workers providing in-home help with the activities of daily living (ADLs), such as bathing and dressing, to case managers who coordinate care for clients, especially those most vulnerable such as people living with cognitive impairments or chronic health conditions.

The historic increase in older adults as a percentage of the overall U.S. population also coincides, unfortunately, with inadequate numbers of both professional and unpaid caregivers who are necessary to support them.

Family Caregivers in Crisis

Family caregivers need more support—and they need it now. We must invest in these unpaid family and friend caregivers in myriad ways, to support them in doing these critical jobs. Without the support of informal caregivers of older adults, we will face national challenges including increased Medicaid and Medicare

spending and, ultimately, the unnecessary suffering of older adults if not addressed immediately. Overburdened caregivers are also at risk of negative health effects as a result of their caregiving duties—another driver of health care costs and risks to the caregiver's own health, financial security and independence over time.

There are an estimated 53 million unpaid caregivers in the U.S.^{viii} AARP estimates that family caregivers provide \$600 billion worth of support to friends and family annually.^{ix} The financial value of this unpaid care rivals the entire federal Medicaid budget.^x Whether they recognize it or not, communities, states and the federal government depend on the work of unpaid caregivers to meet the HCBS needs of our nation's growing aging population.

Through the OAA's Title III E National Family Caregiver Support Program (NFCSP), those who care for friends and family members as they age receive support through training, respite, support groups and other programs.

The NFCSP funds local AAAs to assist older caregivers and family members caring for older loved ones by offering a range of in-demand supports to family caregivers in every community. Steady and sustained increases are needed to adequately invest in this modest federal program that now supports just a fraction of the 41.8 million caregivers for people age 50 and older^{xi} and, if properly funded, could prevent billions in more expensive institutional care costs that rely on taxpayer funding.

Though extremely valuable, given limited funding, the NFCSP does not begin to meet the need for these services. We urge Congress to expand federal funding for current caregiver support programs and to explore policy solutions to ensure that caregiver support becomes a vital component of state and federal LTSS-delivery reform.

USAgings commends the Biden Administration's FY 2024 budget for recognizing the value of these Title III E caregiver services by calling for a 22 percent funding increase over FY 2023. We are grateful for the President's leadership and urge Congress to use these recommendations as a guiding tool in the push for increased funding for these programs that support the nation's caregivers.



For FY 2024, we encourage Congress to double-over-FY 2023 its appropriations for the National Family Caregiver Support Program to reach \$410 million for the only national program supporting the family caregivers of older adults who provide the lion's share of long-term care in this country.

In 2022, the U.S. Administration for Community Living released the **National Strategy to Support Family Caregivers**, a result of years of work by two advisory councils at the urging of Congress, which passed the RAISE Family Caregivers Act in 2018.

We urge Congress and the Biden Administration, as well as state and local policymakers, to ensure that the National Strategy is implemented and built upon to improve the lives of our nation's 53 million unpaid caregivers—and those they care for.

USAgings supports next steps to:

- **Build on the current federal infrastructure of supports and services for family caregivers** and those in their care. We also urge Congress to highlight where further investment is needed under OAA programs and services and other family caregiver-related programs such as the National Family Caregiver Support Program (OAA Title III E), OAA Title VI Part C Family Caregiver Supports, Lifespan Respite Care Program and the Community Care Corps, all of which are administered by the U.S. Administration for Community Living, HHS.

- **Expand access to HCBS options** (whether through Medicaid, Medicare or the Veterans Health Administration). Additional Medicaid HCBS funding is needed to expand access to more older adults and people with disabilities. Because states tend to put more resources into less-desired and more costly institutional care, there are too many waitlists for HCBS—further straining the family caregivers of people who should be eligible for these critical services.
- **Elevate the grave issue of direct care workforce shortages** and recognize that we are facing workforce shortages in other Aging Network roles that may also have a detrimental impact on older adults and caregivers if not resolved.
- **Ensure that any recommendations made to expand or require use of evidence-based caregiver assessments take into consideration the roles of various care professionals**, including experts in social care such as those employed by AAAs, and not assume that medical professionals are best positioned to conduct proper assessments.
- **Increase research on the ROI of caregiver support** for unpaid, family caregivers, including specifically evaluating the return on investment of family caregiver services and supports, which could then be leveraged to expand investment in these vital programs. Some of the ROI evaluation for programs supporting older adult caregivers and caregivers of older adults could be conducted by funding the research, demonstration and evaluation center added to the Older Americans Act in 2020.



A Stronger Workforce is Needed to Support an Aging Nation

USAging urges Congress and the Biden Administration to elevate the grave issue of direct care workforce shortages, and to recognize workforce shortages faced in other Aging Network roles that may also have a deleterious effect on caregivers if not resolved. This crisis will only continue to have increasingly negative impacts on family caregivers and those they care for if major changes are not made now.

Directly put, our nation does not have the long-term care workforce it needs. We simply do not have enough direct care workers to support the numbers of older adults who need personal, in-home or institutional support. The pay is low (an average of \$20,200 annually^{xii}), the work is hard and the career ladder is nonexistent, so we have incredible churn and severe shortages of talent. However, we will need millions more of these critical and undervalued workers in the next two decades. According to PHI, the home care workforce is projected to add one million new jobs from 2019 to 2029—more new jobs than any other occupation in the U.S.^{xiii} However, this isn't enough to meet current and future needs of our nation's aging population.

Regardless of the size of the communities they serve, USAging members report the same problems: not enough direct care workers to provide the care their clients currently require; tremendous turnover among the existing labor force; and rising wages in other industries that make it difficult to compete for workers.

In addition to direct care workers, many AAAs and their community partners face difficulties recruiting and retaining other aging professionals such as social workers, case managers and program specialists. In a 2022 USAging survey, 98 percent of AAA respondents told us that workforce shortages have had some impact on their ability to provide personal care services; 69 percent indicated it has made a major impact.^{xiv}

In the same survey, 99 percent of responding AAAs reported that older adults in their service areas experienced social isolation and loneliness due to workforce shortages.^{xv} Since we know that social isolation and loneliness can lead to adverse health effects including premature cognitive and physical decline, this ultimately creates increased burden on family caregivers.

USAging supports the following policy changes for consideration by Congress and the Biden Administration:

- **Expand investment in OAA and Medicaid HCBS programs** to enable states, AAAs and other providers to raise wages and attract and retain workers. (See the previous OAA section and the subsequent Medicaid section for details.)
- **Create a national caregiving workforce taskforce** to make recommendations on short and long-term solutions to address this national crisis.
- **Elevate the profession** of direct care work through career ladders and advanced training opportunities. Consider changes to the scope of practice standards that would elevate the role of direct care workers.

- **Increase the appeal of a direct care career path**, not only via wage increases, but also by developing or expanding other benefits that define a more stable and desirable job, including expanded retirement and health care benefits, offering benefits for part-time workers, student loan forgiveness and other innovative approaches.
 - **Encourage policies that address the daily barriers** workers face such as uncertain work hours as clients' needs abruptly change and limited opportunities for mentoring or on-the-job training and more.
 - **Expand training programs** to encourage more workers to go into aging services and direct care work. Consider paid apprenticeships and integrating aging services into vocational opportunities for high school students, which could also provide a cross-generational benefit. We must build a workforce pipeline that reflects the urgent need our aging nation has for these professionals.
 - **Develop comprehensive immigration policies** that reflect the need for a much larger direct care workforce and the provision of high-quality, consistent care to older adults and people with disabilities. Thirty-one percent of current direct care workers are immigrants.^{xvi}
 - **Encourage and support pilots that promote innovation and entrepreneurial opportunities** for individuals, nonprofit organizations and companies to boost the supply of direct care workers and agencies.
 - **Provide incentives to employers** to hire or otherwise support non-traditional or under-tapped workers, such as older workers, the family members of care recipients, the underemployed or those interested in being self-employed.
- Our nation's caregiving workforce issues will only get worse over the next decade without swift and sweeping investment and attention.



Prioritize

Medicaid Home and Community-Based Services Options to Reduce Unnecessary Institutionalization

Role and Impact of Area Agencies on Aging

Historically, two-thirds of AAAs have played a key role in their state's Medicaid HCBS programs by performing assessments, leading case management and coordinating services. AAAs have also evolved along with changing state Medicaid systems, and 37 percent of AAAs now contract directly with managed care organizations (MCOs) to assist in implementation of their state's managed Medicaid HCBS program.^{xvii}

Just as they are OAA experts, AAAs are also critical in helping older adults and people with disabilities access Medicaid HCBS. Specific roles vary by state, but common AAA Medicaid HCBS roles (whether provided directly for the state or via a contract with an MCO) include needs assessment, functional eligibility determination, case management, care coordination, service provision and more. All AAAs can help consumers learn more about their Medicaid HCBS options.



It is through this lens that USAging members approach Medicaid policy: as Medicaid service providers and/or as advocates for the needs of all older adults as charged in the OAA, which gives them insight into how this program can be more effective in meeting the needs of the population it is designed to serve.

USAging and its members also believe that Medicaid consumers should have the option to receive care in their home vs. in an institution. HCBS options are nearly always less costly per person and are vastly preferred by consumers, yet a bias for institutional care still exists in federal statute and therefore, in 39 states, consumers are often forced to leave their homes permanently to receive care despite an overwhelming preference among this population to continue living at home and not in institutional settings.

Medicaid HCBS is a Lifeline for Older Adults

Federal and state policymakers must recognize and respect the role that the Aging Network has served in developing and providing Medicaid HCBS, both in traditional waiver programs and managed care initiatives. USAging supports innovation in these areas but this innovation must not drive the unnecessary duplication or reinvention of existing systems that already serve older adults well. When considering short or long-term policy changes to Medicaid, it is imperative that Congress and the Biden Administration understand the realities facing older adults receiving Medicaid.

The federal-state Medicaid partnership is the backbone of our nation's current long-term services and supports (LTSS) system and the HCBS waivers that enable millions of vulnerable older adults and people with disabilities to retain their independence. While Medicaid is the largest provider of HCBS, decades of underfunding and a national patchwork of programs leaves at-risk older adults who want to age in their homes susceptible to inadequate supports or to lack of access to essential HCBS.

Rebalancing to Save Money and Expand Access

As the largest public funding source for LTSS, Medicaid has been and will continue to be further affected by the rapid growth in size and evolving needs of our nation's aging population. Couple this with the enduring nature of COVID-19 and subsequent economic uncertainty, sustainable funding for essential Medicaid HCBS remains at risk nationwide, influencing a historic imbalance that erroneously favors institutional care for Medicaid beneficiaries. Rebalancing efforts—designed to correct Medicaid's inherent bias towards more expensive, less-desired and, often in the pandemic, possibly more life-threatening institutional care—must be supported and expanded, and at the very least preserved.

39: The number of states that have a waiting list for at least one HCBS waiver.

More than 665,000: The number of people on HCBS waiver waiting lists nationally at any point in FY 2020.^{xviii}

We applaud the Biden Administration's continued support for critical HCBS investments that address not only access to these essential services that help older adults avoid unnecessary nursing home care but also the need to expand and strengthen the direct care workforce holding up this system of in-home care. The scope and scale of needed investments must grow. We call on Congress to:

- **Make a major investment in Medicaid HCBS in 2023** to adequately address pressing workforce and access problems. The Better Care Better Jobs Act (S.100), which echoes a Biden Administration priority, would significantly invest in the Medicaid HCBS workforce and increase access to services for older adults and people with disabilities via an enhanced Federal Medical Assistance Percentage along with other incentives to states. It is imperative that this level of major investment be made swiftly to address current and anticipated future needs.

- **Remove the institutional bias** in Medicaid that allows states to make HCBS an optional service and not required as institutional care is. This would go a long way to rebalancing care for older adults: 59 percent of older adults and adults with physical disabilities receiving Medicaid LTSS are living in institutional settings.^{xix} The recently introduced Home and Community-Based Services (HCBS) Access Act is designed to ensure older adults and people with disabilities have a real choice of whether to receive care in their own homes or in an institution. The bill would create parity and ultimately eliminate HCBS waiting lists and the need for states to repeatedly apply for HCBS waivers, increasing HCBS access for those who are eligible to receive them.
- Permanently authorize the **Money Follows the Person** program to support individuals transitioning from institutional care to home or community-based settings.

Note: One of the most pressing Medicaid HCBS challenges reported by AAAs is securing sufficient direct care workers. This widespread workforce issue is addressed in our Caregivers priority, which can be found on page 6.





Connect

Health Care and Aging Sectors to Improve Care and Reduce Costs

Role and Impact of Area Agencies on Aging

As long-standing, trusted community resources on healthy aging and home and community-based services (HCBS), AAAs are experts at providing programs and care that address social and environmental factors that affect health outcomes. These social determinants of health (SDOH), or social drivers of health, include, but are not limited to, access to housing, employment, nutritious food, community services, transportation and social support.

The Aging Network has an established local infrastructure that, with much-needed investments, can successfully support the integration of a more holistic health care delivery system that bridges acute health care and community-based services. There is a long history of community partnerships between AAAs and health care entities but these relationships are evolving to more formal contracting relationships that allow for AAAs to be paid for their role in achieving better health outcomes. In a 2021 survey, 47 percent of AAAs report having health care contracts.^{xx} This work has led to innovative models of service delivery to improve health care, such as the development of AAA-led regional and statewide networks of community-based organizations (CBOs) ready to fill service gaps.

Even prior to the pandemic, the U.S. health care system was morphing from volume delivery to a value-based payment paradigm, placing more emphasis on the quality of care rather than the quantity of services provided. This evolution creates new opportunities for health care entities to work with AAAs and the Aging Network to better deliver SDOH services in order to meet the health and wellness needs of our nation's aging population.

As medical and social systems explore and prioritize contracting and collaboration, the health care sector has taken a closer look at how social factors impact health—particularly for those who have chronic conditions or other complications that are expensive to manage. Addressing these factors improves long-term health and wellness outcomes. However, much work remains to fundamentally integrate the historically disparate medical and community-based care systems.

USAgings urges federal policymakers to recognize, engage and preserve the full potential of AAAs and the Aging Network in improving health and reducing costs, particularly in the following areas.

New Integrated Care Models Must Build on, Not Supplant or Exploit, the Aging Network's Existing Experts and Systems

For most older adults, health happens and is supported at home and in the community not in medical settings. AAAs are instrumental in supporting the health and well-being of older Americans at home. As a result, their targeted services can help achieve positive health and functional outcomes for older adults, including those with complex care needs. However, even though well-established as community nexuses for addressing older adults' SDOH needs, AAAs' contributions to overall health are too often overlooked by health systems, payers and policymakers. Or worse, health care providers and payers attempt to build their own systems of social care referral or service provision instead

of leveraging the extensive expertise and long-standing services of AAAs, which have been providing person-centered care to older adults for decades. AAAs are the specialists on aging well at home. They are social clinicians adept at supporting older adults' multi-faceted care needs.

Another issue is that social health access referral platforms (SHARPs) which are often paid by health care payers to refer their members to AAAs and other community-based organizations (CBOs), do not pay the AAA or CBO for the needed service. USAgings and AAAs must be at the table as these new systems are being developed and implemented to help ensure there is no duplication, waste of resources or other unintended consequences such as poor service to older adults and their families. To be person-centered means providing an integrated experience for the consumer, taking the whole person and their needs into consideration and helping them access needed services. Doing so requires that all of the systems—health care, social care (including AAAs and CBOs) and the technology vendors who want to assist communication between the two (i.e., SHARPs)—be in sync.





As such, we urge the Biden Administration and Congress to recognize the role of AAAs and other CBOs in bridging the gap between acute and community-based care and ensure they are also appropriately and adequately compensated for those roles in helping health care payers and providers meet patient care goals and quality benchmarks.

Specifically, we urge policymakers to:

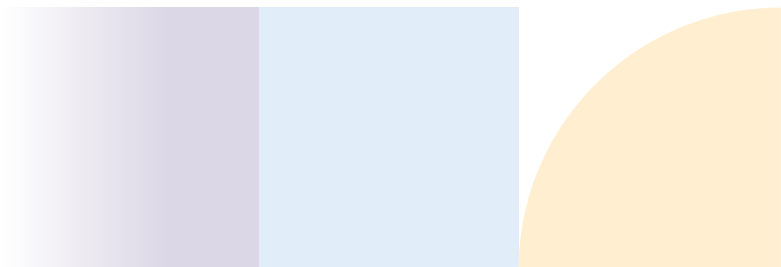
- Maintain and strengthen person-centered consumer access to services—and assistance with planning and decision-making—with long-standing and trusted **Aging Network Information and Referral/Assistance (I&R/A)** platforms and services, which operate at the federal, state and local levels. SHARPs and other apps from for-profit companies have recently arrived on the scene, promising the health sector that they alone can most efficiently connect patients to services that address health-related social needs. While technology can be an important tool in connecting the health care and social sectors, it is imperative that the core values of providing person-centered care (which often needs to be conducted in person) are not lost. Furthermore, the 50-year-old AAA infrastructure that Congress has charged to actually make referrals, conduct thorough assessments, coordinate care and provide direct services to older adults with complex care needs should not be overridden, wasted or exploited by erroneously unloading patients on underfunded social services systems such as AAAs without reimbursement. AAAs

already have I&R/A staff extensively trained to support older adults and caregivers, case managers who specialize in person-centered and complex care, and networks of providers at the community level to deliver all the other social care services their clients require.

Unfortunately, the implementation of SHARPs is often not done in collaboration with local leaders, such as AAAs, and/or does not provide the payment mechanism necessary to truly be a valuable service in connecting consumers to real local services. This can lead to inefficient systems, poor referrals, waiting lists for services and the needs of the consumers they are intended to serve not being met.

- Ensure that **new social care models or coding standards or systems** take into consideration the extensive work already invested in by federal, state and local governments, such as the data collection under the Older Americans Act, Medicaid and other robust systems. Coordinating across multiple disparate systems is a major challenge, but if it is to be done successfully, it must take into consideration the realities and strengths of the social services world and not intentionally or inadvertently medicalize social care. To ensure this is the case, the Aging Network must be at the table as these coding standards or systems are being imagined, developed and implemented.

Without fully recognizing and supporting the value provided by existing cost-efficient systems, any new policy efforts will fail beneficiaries, unnecessarily undermine existing successful systems and potentially reduce the quality of care for older adults who most need these services.



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USAgging

USAgging is the national association representing and supporting the network of Area Agencies on Aging and advocating for the Title VI Native American Aging Programs. Our members help older adults and people with disabilities throughout the United States live with optimal health, well-being, independence and dignity in their homes and communities.

Our members are the local leaders that develop, coordinate and deliver a wide range of home and community-based services, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, transportation, evidence-based health and wellness programs, long-term care ombudsman programs and more.

USAgging is dedicated to supporting the success of our members through advancing public policy, sparking innovation, strengthening the capacity of our members, raising their visibility and working to drive excellence in the fields of aging and home and community-based services.



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April 2023

2024-2027 Area Plan

- Introduction to the Area Plan – *ready for final review/approval*
- Program and Contract Module Certification – *signoff to be completed once final draft reviewed and approved*
- AAA Board of Directors; AAA Advisory Council – *overall completed*
- Funds Administered and Bid Cycles; Resources - *overall completed*
- Executive Summary; Mission and Vision Statements - *ready for final review/approval*

- Profiles (*identifies counties, communities, data on socio-demographics, resources, services, partnerships, etc.*) – *narratives are completed and ready for final review; adding some final touches to graphs and charts*
- Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis – *narrative is close to completion; will add any salient info gained from final Public Hearing once completed*

- Performance and Targeted Outreach (*looks at populations that we have done well at reaching, and those needing improvement; lists outreaches planned for 2024*) - *narratives are nearing completion; still inputting some provider outreach activities*
- Unmet Service Needs and Opportunities (*access to services; caregivers; communities; health care, HCBS*) – *finalizing narratives*

- Emergency Preparedness (coordination, county contacts, critical services, assessment)- **ready for final review/ approval**
- Strategies part of Goals and Objectives – **partially completed**
Goal areas:
 - 1) *strengthen & streamline capacity*
 - 2) *Dementia awareness & age-friendly*
 - 3) *Healthy living & engagement*
 - 4) *Safety – abuse, neglect, exploitation*
 - 5) *Disaster Prep & resiliency*

- Direct Service Waiver Request Forms - *signoff to be completed once final draft reviewed and approved*

Waivers being requested:

- 1) Intake (standard intake and screening instruments)*
- 2) Telephone Reassurance program*
- 3) Community Health Navigator program*
- 4) Tablet/technology services*
- 5) TCARE (Tailored Caregiver Assessment and Referral Program) Caregiver*
- 6) Powerful Tools for Caregivers*
- 7) Virtual Caregiver Support Group*

- Assurances & Attestations- *signoff to be completed once final draft reviewed and approved*