



advocacy | action | answers on aging

Developments in Aging and Disability Policy: A National Perspective

4th Annual I&R Training and Education Conference
Autumn Campbell, n4a

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Connecting You to Community Services



Aging and Disability
BUSINESS INSTITUTE

Connecting Communities and Health Care



engAGED

The National Resource Center
for Engaging Older Adults



Aging and Disability Partnership

for Managed Long-Term Services and Supports

Agenda

- Demography is Destiny
- An Aging Network on the Move
- Current Issues in Aging Policy
- Looking Toward the Aging Policy Horizon

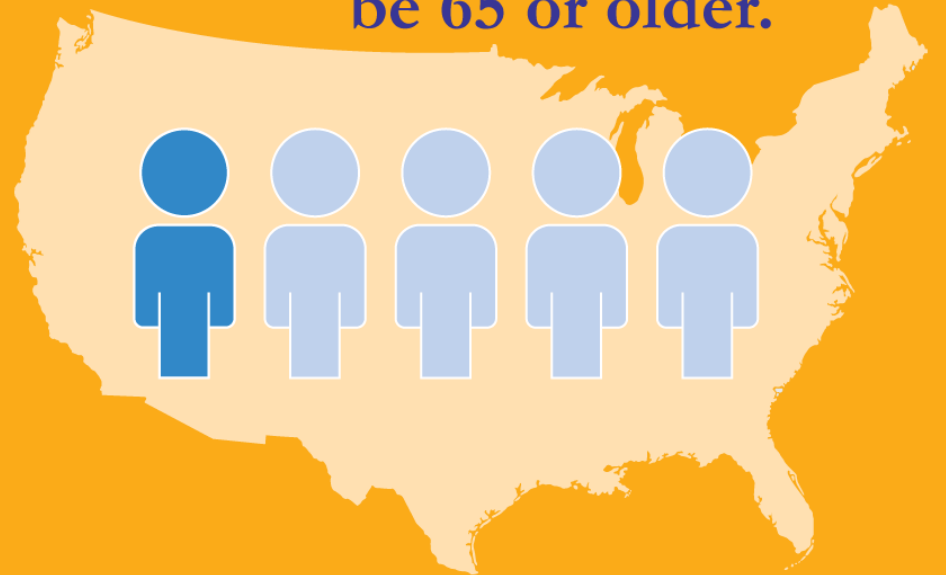
Demography is Destiny



An Aging Nation

Over the next two decades, the proportion of the U.S. population over age 60 will dramatically increase as the baby boomers reach this milestone. By 2030, more than 70 million Americans will be 65 and older, twice the number in 2000.¹

By 2030, **1 in 5** Americans will be 65 or older.





90%
of adults age
65 and older say
they hope to stay
in their homes
for as long as
possible.²

But to do so, many people will eventually need some level of service or support to live safely and successfully in their home or community.

An Aging Network on the Move



Growing Needs/Growing Numbers of Older Adults



Connecting You to Community Services

2016 Top 5 Purpose of Call to the Eldercare Locator	
Purpose	Percentage
Transportation	21%
Home and Community Based Services (HCBS) (In-Home Svcs 11%, Nutrition Svcs, 4%, Senior Center Programs 3%, LTC 2%, Case Management 1%, Employment 1%)	20%
Housing	9%
Medical Services and Supplies (Medical Services 6% and Medical Supplies and Equipment 3%)	9%
Health Insurance	6%

Funding and Coordination of the Aging Network



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)

Responding to the Needs: AAA Trends and Directions

- Increasing Demand for Services with Limited Budgets
- Serving Broader Population
- Expansion of Health-related Services
- Expansion of Work in Integrated Care
- Increased Interest and Activity in Business Acumen and Business Development to Meet Needs/Diversify \$

All AAAs offer five core services under the OAA:



The average AAA offers more than a dozen additional services. The most common non-core services offered by AAAs are:

- Insurance Counseling (85%)
- Case Management (82%)
- Senior Medicare Patrol (44%)

Aging Services Offered by AAAs

	Percent n=412
Legal assistance	92%
Respite care	89%
Benefits/health insurance counseling	85%
Transportation (non-medical)	85%
Case management	82%
Homemaker	74%
Personal assistance/personal care	74%
Options counseling	72%
Assessment for care planning	70%
Ombudsman services	70%

Aging Services Offered by AAAs

	Percent n=412
Enrollment assistance	64%
Home repair or modification	64%
Transportation (medical)	63%
Senior Center	61%
Emergency Response Systems	58%
Assessment for long-term care service eligibility	58%
Chore services	57%
Adult day service	55%
Evidence-based caregiver programs	51%

Outreach

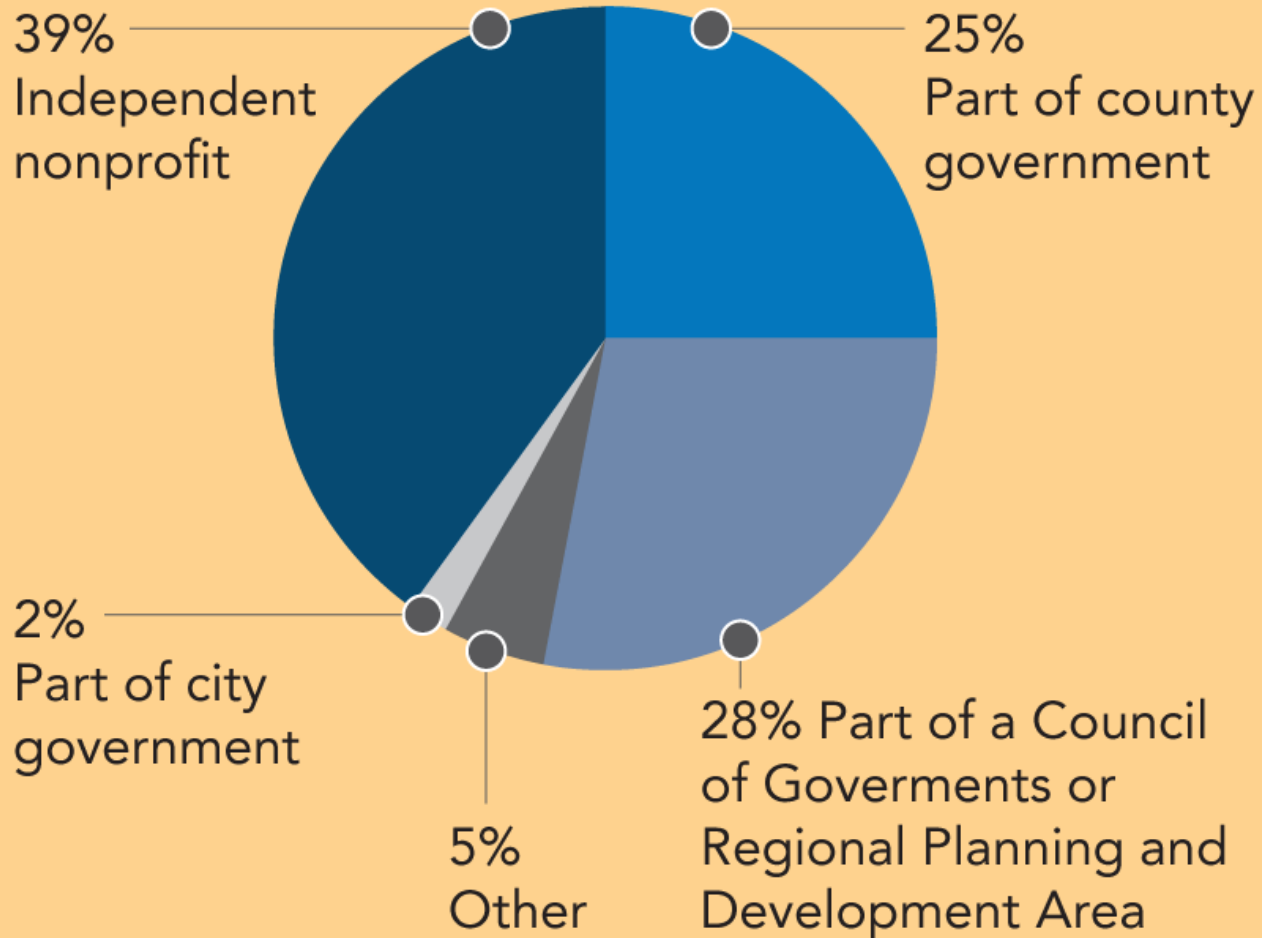
A core role of AAAs is to create local information and referral/assistance (I&R/A) hotlines to help consumers find aging and other HCBS programs.

With these resources and a portfolio of other outreach tools including public education, staff and volunteers, ADRCs and SHIPs, AAAs are able to assist clients match services and solutions to their individual needs, enabling consumers to age in place with increased health, safety and independence.

Nationwide Network with a Local Flavor

- In 2017, there are 622 AAAs serving older adults in virtually every community in the nation.
- In a few small or sparsely populated states, the state serves the AAA function.
- The OAA is foundational for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support the health and independence of older adults.

AAA Structure



Totals may not equal 100% because of rounding

AAAs vary widely in size as each state determines how many service areas to establish, which then determines the number of operating AAAs. For example, Wisconsin has 3 AAAs, but New York has 59.

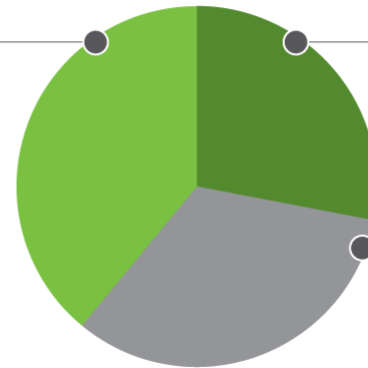


Average AAA Budget By funding proportion, 2016

**\$10.1
million**



39%
Older
Americans
Act



28% Medicaid waiver

32%* other federal funding,
state general revenue,
local funding, other state
funding, grants, cost-sharing
consumer contributions

(Ranges from \$200,000 to \$284 million)

*Ranked by most frequently cited

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

69%

State General Revenue

65%

Medicaid

56%

Local Funding

45%

Other State Funding

Emerging Sources

20%

Transportation

16%

Veterans

15%

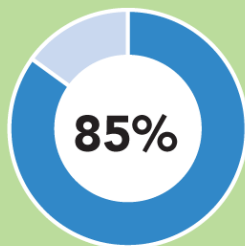
Health care payer

AAAs Serve a Broad Range of Consumers

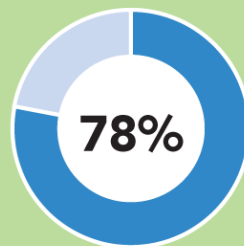
While all AAAs serve adults age 60 and older and their caregivers, they also serve younger consumers, including...

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

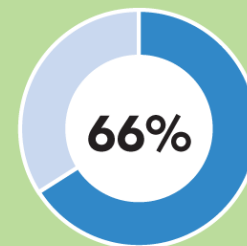
Consumers with a disability or chronic illness



Caregivers of all ages



Veterans of all ages



New Trends in the Aging Network

63%

Integrated Care: A majority (63 percent) of AAAs are involved in an integrated care delivery system, which are approaches that combines delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion across multiple systems, including HCBS.

45%

Care Transitions: Whether with federal funding or through local partnerships, AAAs have moved rapidly into providing care transitions services that help consumers make smooth transitions from hospital (or other care setting) to home, generally with an emphasis on reducing preventable readmissions or complications for the patient. Currently, 45 percent of AAAs have care transitions programs.

Broader Roles of AAAs

Other AAA Roles

Percent of AAAs	Designated as ...	Their role ...
77%	Aging and Disability Resource Centers (ADRCs)	Help all consumers connect to services regardless of age or disability.
68%	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 ...
59%	Local Long-Term Care Ombudsman	Funded by OAA, act as a resource for consumers living in nursing homes and other institutions.

Current Issues In Aging Policy



OAA Federal Funding Status



Dana Summers-Tribune Media Services

FY 2018-2019 Budget Deal (February)

The Good

Raises the Non Defense Discretionary (NDD) Spending Caps, Funds Medicare Outreach and Enrollment Activities, Closes the Donut Hole faster, Permanently repeals Medicare Therapy Caps

The Bad

Increases Medicare premiums for some, Does not make important Part B reforms (BENES Act, S.1909, H.R. 2575) or extend the Medicaid Money Follows the Person program (EMPOWER Care Act, S. 2227, H.R. 5306)

The Things to Watch

Service expansions in Medicare Advantage, Allocation of NDD sequester relief in FY19

FY 2018 Appropriations (March)

- HHS = \$98.7 billion (in FY 2017, it was \$87.1 billion), lots more money than in their summer bills
- Trump eliminations avoided
- Increases for many programs, some quite large in percent
- Round numbers show how imprecise the additional dollars were distributed, but programs with most advocacy were rewarded

FY 2018 Final Levels

Older Americans Act BIG INCREASES!

- + \$35 million for Title III B Supportive Services
- + \$40 million for III C 1 Congregate Nutrition
- + \$19 million for III C 2 Home-Delivered Meals
- + \$5 million for III D Preventative Health
- + \$30 million for III E National Family Caregiver Support Program
- + \$4 million for Title VI Native American
- + \$1 million for Title VII Ombudsman

FY 2018 Final Levels

Other Administration for Community Living

- State Health Insurance Programs preserved with \$2 million increase to \$49 million
- Elder Justice (APS) Initiative, 20% boost to \$12 million
- Aging and Disability Resource Centers boosted 32% to \$8 million
- CDSMP level at \$8 million, Falls Prevention level at \$5 million (Prevention and Public Health Fund)
- Lifespan Respite up 22% to \$4.1 million
- Holocaust Survivors doubled to \$5 million

FY 2018 Final Levels

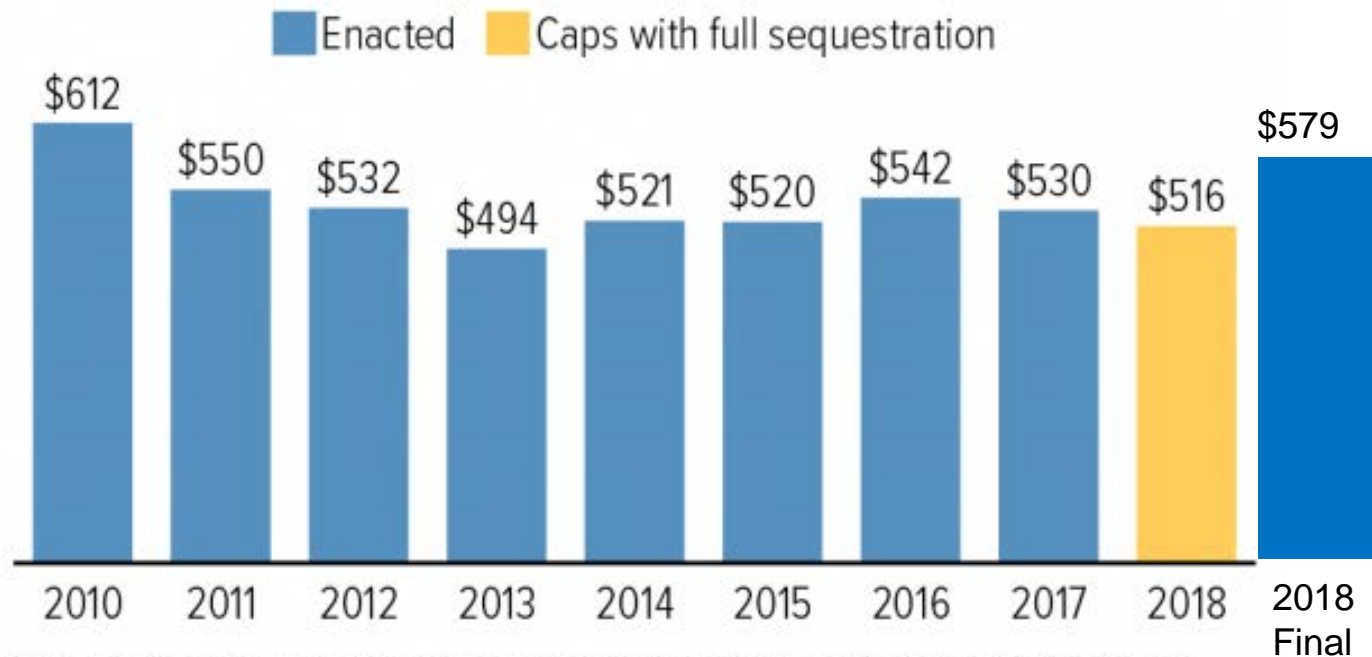
Other Agencies, Proposed for Elimination

- OAA Title V Senior Community Services Employment Program level funded at \$400 million (Dept. of Labor)
- Social Services Block Grant, \$1.7 billion
- Community Services Block Grant, \$715 million
- Low-Income Home Energy Asst, boosted \$240 million to \$3.6 billion
- Senior Corps, \$202 million
- Community Development Block Grant, \$3.24 billion, a boost of \$235 million

Even with the BBA's Increases, Still Below 2010 Levels

Non-Defense Appropriations

In billions of 2018 dollars

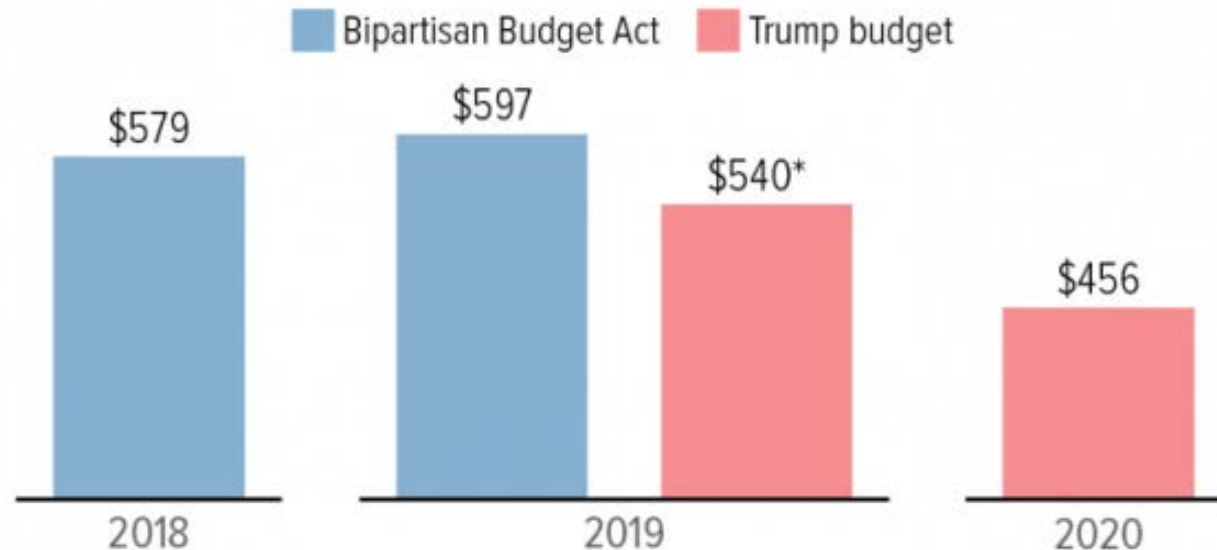


Notes: Reflects sequestration relief provided by the Bipartisan Budget Acts of 2013 and 2015. All amounts exclude funding for disasters, emergencies, program integrity, and Overseas Contingency Operations (OCO).

Source: CBPP analysis of data from the Congressional Budget Office and the Office of Management and Budget

Trump 2019 Budget Funds Non-Defense Appropriations Well Below Budget Deal Level in 2019 and Beyond

In billions of dollars



*Reflects the levels in the addendum to the Trump budget. However, the addendum also proposes other changes that would have the effect of reducing the funds available within the \$540 billion total for the non-defense programs traditionally funded under the Budget Control Act cap.

Note: All amounts exclude funding for disasters, emergencies, program integrity, and Overseas Contingency Operations (OCO).

Source: CBPP analysis of data from the Congressional Budget Office and Office of Management and Budget

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FY 2019 President's Budget

- \$4.4 trillion
- Rosy economic projections
- Doesn't take into consideration the budget deal
- Cuts NDD programs by 2% each year over the next decade
- Slashes overall domestic spending by nearly 1.7 trillion (42 percent below current funding levels) by 2028.
- Funding for NDD programs would fall from an already historically low percentage of national GDP—3.1 percent—to 1.2 percent of GDP by 2028 under the President's budget.

FY 2019 President's Budget

- Continues to drive **ACA** “repeal and replace” using Graham-Cassidy
- Would cut and restructure **Medicaid**, with some new twists this time, like asset tests
- Deep cuts to basic assistance programs like **SNAP** \$213B/10 years...amid Farm Bill talks
- Cuts **Medicare** by \$554 billion/10 years
- Reduces disability programs by \$72 billion, including **SSDI and SSI**

FY 2019 Funding Reality



FY 2019 Appropriations

- Congressional process well underway
- **Mostly flat “top-line” federal funding levels** that adhere to the recent Bipartisan Budget Agreement
- Some **“new” priorities may divert funding**
- Asking that “at a minimum” **Congress protect many of the increases** for Aging Programs that were included in the FY 2018 final funding bill
- Asking Congress **reject cuts** outlined in President’s FY 2019 Budget



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Advocacy Tools for FY 2019 OAA Appropriations

Join our efforts to protect funding for Older Americans Act (OAA) and other federal aging and health programs that support older adults and their caregivers! We hope the following resources help you take action, as well as engage local advocates in your area to speak out!

- [April 17 Advocacy Alert](#)
- [n4a's Letter to Congress](#)
- [Template Letter to Congress](#)
- [Template Grassroots Alert](#)
- [Key Committees for 115th Congress, 2nd Session](#)
- [Congressional Visit Tips](#)
- [Take Action!](#)
- [One-Pager on OAA Title III B](#)
- [Talking Points for Advocates](#)
- [Advocacy Leave-Behind Card](#)
- [Policy Priorities](#)

Looking Toward the Aging Policy Horizon



Money Follows the Person Reauthorization

- Medicaid rebalancing program that has transitioned over 75,000 people from institutional settings back to the community
- Bipartisan program with 12+ years of success
- Expired at the end of FY 2016
- States running out of MFP money—ramping down programs; losing infrastructure
- Bipartisan House/Senate bills to reauthorize: EMPOWER Care Act (H.R. 5306 & S. 2227)

Older Americans Act of 1965, P.L. 89-73, July 14, 1965



Lyndon Johnson signing the OAA, July 14, 1965.

Older Americans Act Reauthorization

- Latest reauthorization expires at the end of September 2019
- Focused on achieving bipartisan reauthorization
- Advocacy Timeline
 - Summer 2018: Brainstorming internal/coalition recommendations
 - Fall 2018: Developing/prioritizing internal/coalition recommendations
 - Winter 2018-2019: Release recommendations to Congress/community
 - Spring-Summer 2019: Grassroots/federal advocacy

2018





**Thank you,
Congress,
for supporting the**

#OlderAmericansAct!



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Autumn Campbell
Director, Public Policy & Advocacy
acampbell@n4a.org

1730 Rhode Island Ave., NW
Washington, DC 20036
202.872.0888

www.facebook.com/n4aACTION
www.twitter.com/n4aACTION