Written testimony for the

Special Committee on Aging Field Hearing

Chaired by Senator Mark Udall

Friday, August 27, 2010 – Pueblo, Colorado

The original 1965 Older Americans Act was a brilliant piece of legislation. At its core is the concept that people have intrinsic value as they age and deserve help to remain independent in their homes and communities. I say it was a brilliant piece of legislation not only because it created services for our elders but also because it was sound fiscal policy. By creating simple support systems such as Nutrition programs, Transportation services, In-home care, and Information and Assistance programs, the burden on other more, expensive supports such as Medicare and Medicaid have been reduced. At a time when America is aging (1 out of every 5 Americans will be over the age of 65 in 2035) it is crucial that the concepts of the Older Americans Act be brought forward to enhance the quality of Americans lives while simultaneously reducing public financial burden.

One of the keys that has made the Older Americans Act successful has been the concept of local control. Every AAA and the Region they serve is unique. With local control each Area Agency on Aging (AAA) has been able to tailor make the services they deliver to the needs of their community. For my AAA, providing nutrition in rural Park and Teller Counties is a very different challenge than providing nutrition urban Colorado Springs. Congregate meal sites serving those in densely populated areas have been successful while the availability of home delivered meals for those who are home bound in isolated rural settings are crucial. Our current funding through Title C1 and C2 allows for both of these activities. Fortunately we are allowed to transfer some of our funds between these funding sources to customize our spending to our Region's needs. Transfers of this sort are allowed once each year. As flexible as this is, even more flexibility is needed. Let me tell you a story.

A couple of years ago our agency (the PPACG Area Agency on Aging) was assessed by the State to make sure that our programs were within the regulations and serving our communities well. These assessments are not only needed but they are welcomed as they help us reach our goals as an AAA. While the results of this assessment were generally positive, there were suggestions made by the State Unit on Aging. There were even a couple of findings that showed our AAA to be out of compliance with regulations. We had used Title III C1 funding (funding reserved for congregate meals) to provide a home delivered meal. How had this happened? To help reach those in greatest need, some of our congregate meals sites are located in low-income housing units. Well, it turns out that one of our regular diners was ill and could not come downstairs from her apartment to have lunch. A volunteer meal site

manager had gone through the line, gotten a meal, covered a tray and taken it upstairs to the ailing diner. This had now become a home delivered meal. Unfortunately our contract with our meal provider (the Golden Circle Nutrition Program) is only for congregate meals and uses only congregate meal funds. The State Unit on Aging correctly pointed out that we could pay for the meal using C2 or home delivered meal funds. While theoretically possible, the processes required to report that meal as home delivered (revised contracts, revised reporting and compliance with home delivered meal regulations instead of congregate meal regulations) would have made that meal cost hundreds of dollars! The volunteer meal site coordinator did not know about different pots of funding. She didn't know about different regulations. She did know about good service. Reporting the meal and complying with the regulations? Hundreds of dollars. A meal to an ailing elder? Priceless!

The moral of the story here is self evident. Putting funds in silos often results in less efficient, less effective service. This is why the Colorado Association of Area Agencies on Aging (C4A) recommends the local transfer authority within the Older Americans Act Title III subtitles which support core health and independence programs be enhanced. Flexibility of funding is a top priority.

Another recommendation from the C4A is that the reauthorization of the Act includes language and funding authorization supporting Aging Disability and Resource Centers (ADRC). As America ages access to Long-term Care services becomes more crucial. As a single point of entry for person-centered access, Aging Disability and Resource Centers (one of which is located right here in Pueblo) provide coordinated, cost effective service delivery for those who are elderly or disabled. By strengthening ties between and knowledge of available services – from hospitals and nursing homes to homemakers and basic transportation services - ADRCs can create efficiencies in health care spending while providing customized long-term care solutions based on consumer choice. Once fully implemented, ADRC's will reduce costs by supporting consumers in their communities with planning, options and benefits counseling and case management. Much of this will occur before access to expensive nursing home and medical resources are needed. By working with hospital discharge planners to identify community based supports ADRCs will reduce costly readmissions and keep elders and disabled persons healthy in their communities. Area Agencies on Aging, with their rich history of tailor made service delivery, are well suited to implement ADRCs in the complex and varied communities they serve.

In Colorado Springs we have also started a new ADRC (in Colorado we call them ARCHs for Adult Resources for Care and Help). Enhanced Information and Assistance has enabled us to follow closely the results of each referral made and our newly added case management services are bringing valuable support and insight into the homes of the disabled and elderly. The challenges clients face are immense because our service delivery system is spread amongst so many agencies. The ARCH project brings long-term care services into focus for clients while at the same time providing valuable input to the AAA and other community partners concerning clients' needs and gaps in service. Sharing of data between agencies has begun and will enable providers to have a more complete picture of the client while making navigation of complex systems more client-friendly.

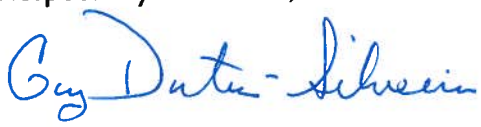
As we begin to look at the challenges and opportunities presented by the Affordable Care Act, AAAs stand ready to serve. Already in Colorado, AAAs are engaged in providing evidence-based health programs. Evidence-based programs are research-based programs which have been shown to have positive outcomes for their participants. AAAs throughout Colorado

collaborated to bring the "Matter of Balance" program to their communities. This is a program that began at Boston University in which participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. Stanford University's "Chronic Disease Self Management" and its Spanish counterpart "Tomando Control" is another program that many Colorado AAAs have been offering. This program helps elders with any chronic health condition better manage their health. While many programs are only available in certain areas of the State, Colorado AAAs are currently engaged in providing 10 different evidence-based programs to elders and Caregivers. These programs often rely on volunteers and lay people for implementation and can be provided at low cost. In the past year Colorado AAAs have provided evidence based programs to over 4,000 individuals. Clearly we are already involved in health care in America. Unfortunately, funding for these programs currently must compete with other, more traditional core Older Americans Act programs. Going forward the Older American's Act should authorize dedicated funding from the Affordable Care Act to support their efforts. Title IIID provides an excellent vehicle for these efforts.

A concern that I have as an AAA director is serving all of our elders. For example one of the newest opportunities for Area Agencies on Aging is to serve Veterans of all ages at risk of nursing home placement via The Veteran Directed Home and Community Based Service Program. This program will provide veterans the opportunity to self-direct their long-term supports and services that enable them to avoid institutionalization and continue to live independently at home. Again AAAs stand ready to serve. Unfortunately, in the region I serve, we do not have a veteran's hospital and are therefore currently ineligible to participate. This is despite the fact that we have over 80,000 veterans in El Paso, Park and Teller Counties. My experience tells me that often one opportunity builds upon another. This has been true with the advent of Aging and Disability Resource Centers. Implementing an ADRC has made funding for other programs such as the Medicare and Medicaid Improvement for Patients and Providers Act (MIPPA) more available. I would encourage the Administration on Aging, Congress, CMS, the Veterans Administration and all of our partners to go forward with new initiatives keeping in mind areas that have fewer resources but not less need. Many of these areas are rural. They must not be left behind.

As we look at the reauthorization of the Older Americans Act and encouraging healthy living for the baby boomers and beyond, Area Agencies on Aging and Title VI programs must be vital partners in the government's efforts to promote health and quality of life for our elders and those with disabilities. Their efforts, tailor made to the communities they serve and free from the influence of special interests, will be a part of the fabric that makes primary health prevention available to all Americans while controlling costs and improving quality of life.

Respectfully submitted,



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