

# **2021 Hybrid HCBS Conference Aging & Disability 101 Intensive**

**Aging & Disability 101 Intensive**  
**The Local Angle: Area Agencies on  
Aging**

The logo for USAging features the letters 'USA' in a purple, rounded sans-serif font. A blue swoosh underline starts under the 'A' and extends to the right, passing under the 'g'. The letters 'ging' are in a blue, rounded sans-serif font.

**USAging**

**Leaders in Aging Well at Home**



# **The Local Angle: The Role and Value of Area Agencies on Aging**

**Sandy Markwood  
Chief Executive Officer, USAging  
formerly the National Association of Area Agencies on Aging (n4a)**

# All AAAs play a key role in:



# Five Core Older Americans Act Services All AAAs Offer

## OAA CORE SERVICES



Information and referral

In-home services

Homemaker & chore services

Transportation

Case management

Home modification

Legal services

Includes abuse prevention and  
long-term care ombudsman  
programs

# Other Services Offered by AAAs

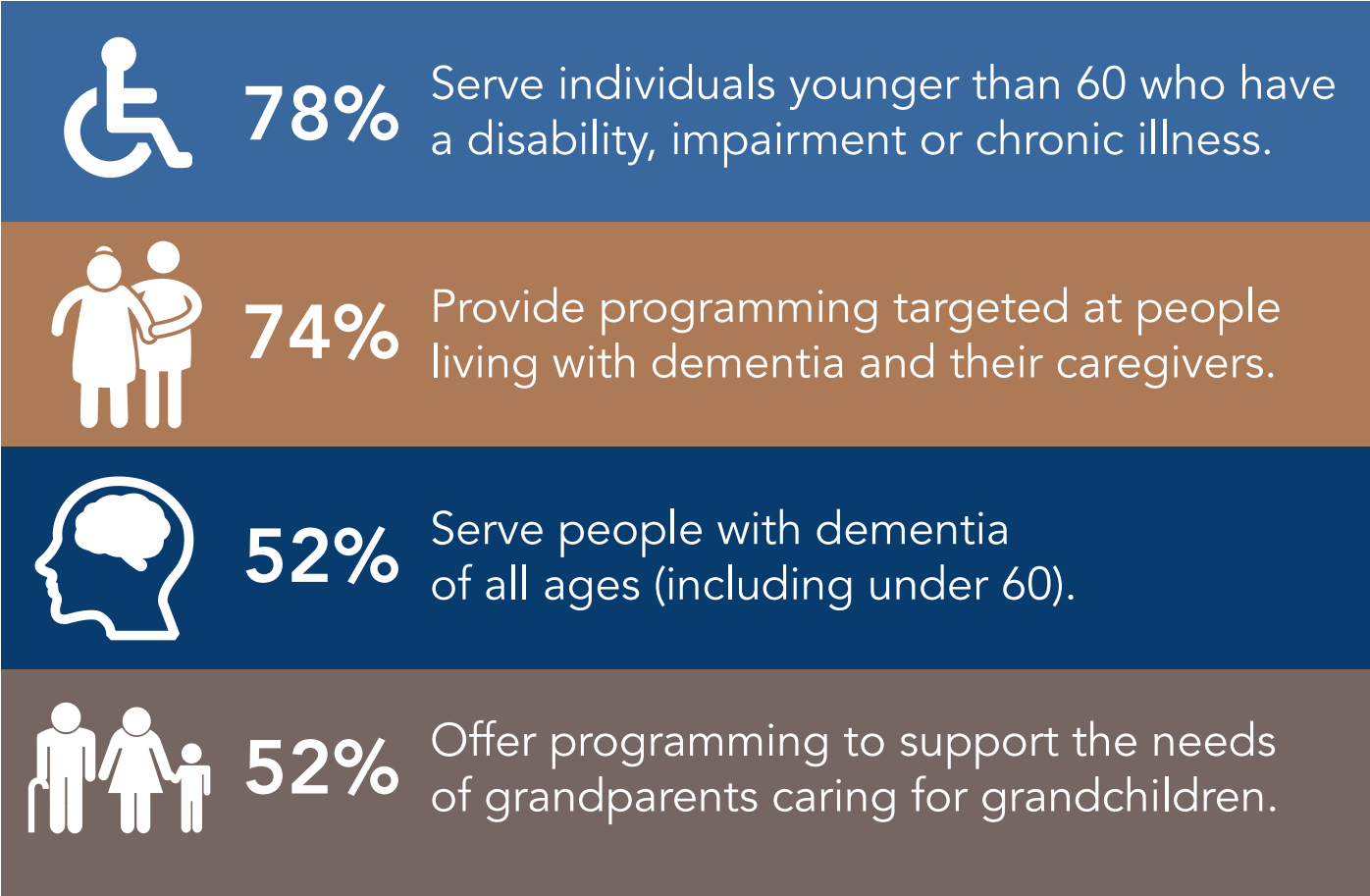
Service	Percent (n=489)
Transportation services	89%
Case management	86%
Other meals/nutrition program (e.g. nutrition counseling, senior farmer's market program)	84%
Benefits/health insurance counseling	83%
Homemaker	81%
Benefits/health insurance enrollment assistance	80%
Personal assistance/personal care	79%
Other health promotion services/programs (e.g., health screening, health fairs)	79%
Options counseling	79%
Assessment for care planning	73%

# Other Services Offered by AAAs

Service	Percent (n=489)
Elder abuse prevention/intervention services	69%
Senior center programming and activities	67%
Ombudsman services	66%
Chore services	66%
Assessment for long-term care service eligibility	64%
Home repair or modification	61%
Adult day service	57%
Emergency Response Systems	57%
Telephone reassurance/friendly visiting	55%
Translator/interpreter assistance	53%

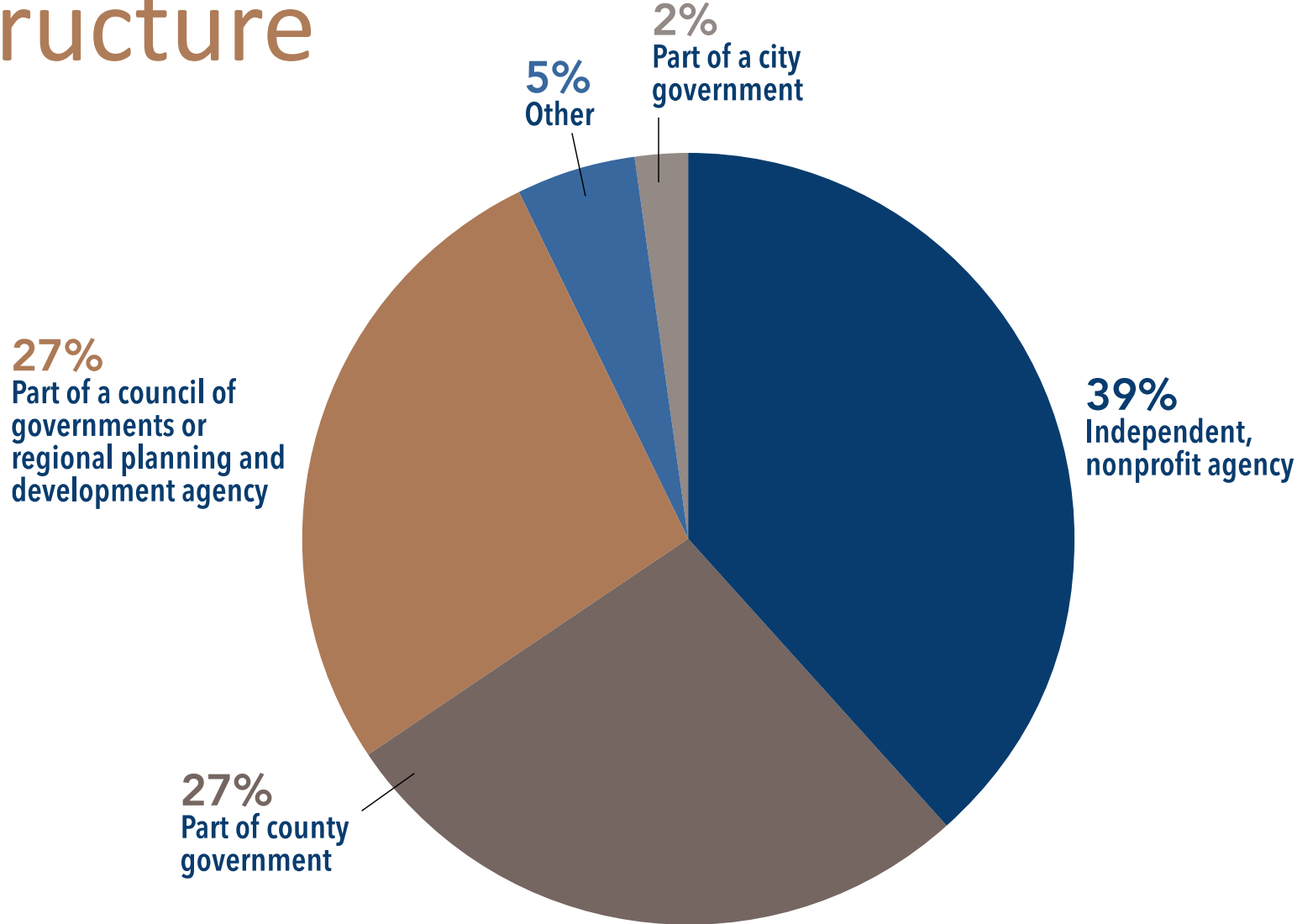


# AAAs Serve a Broad Range of Consumers



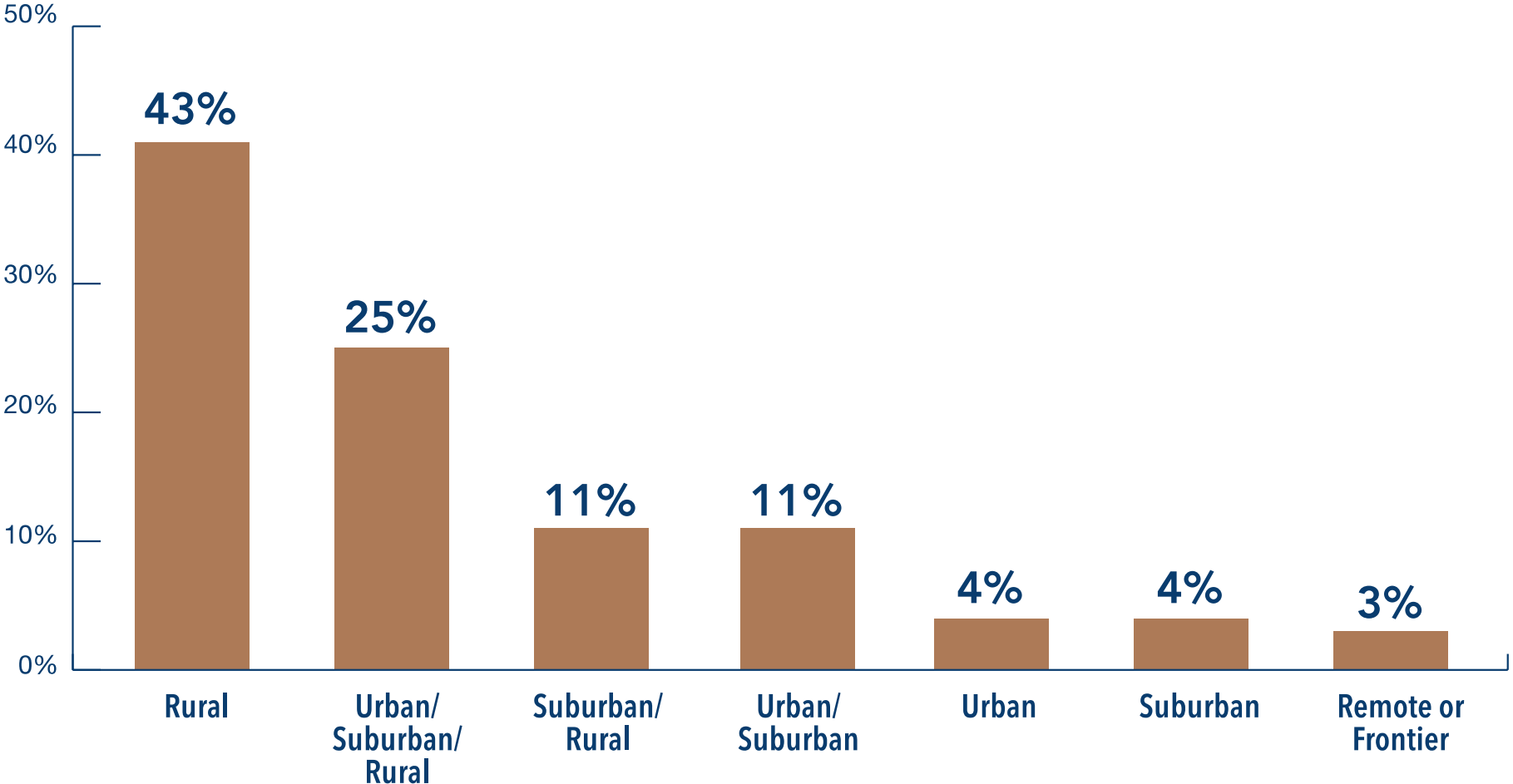
n=480, 482

# AAA Structure



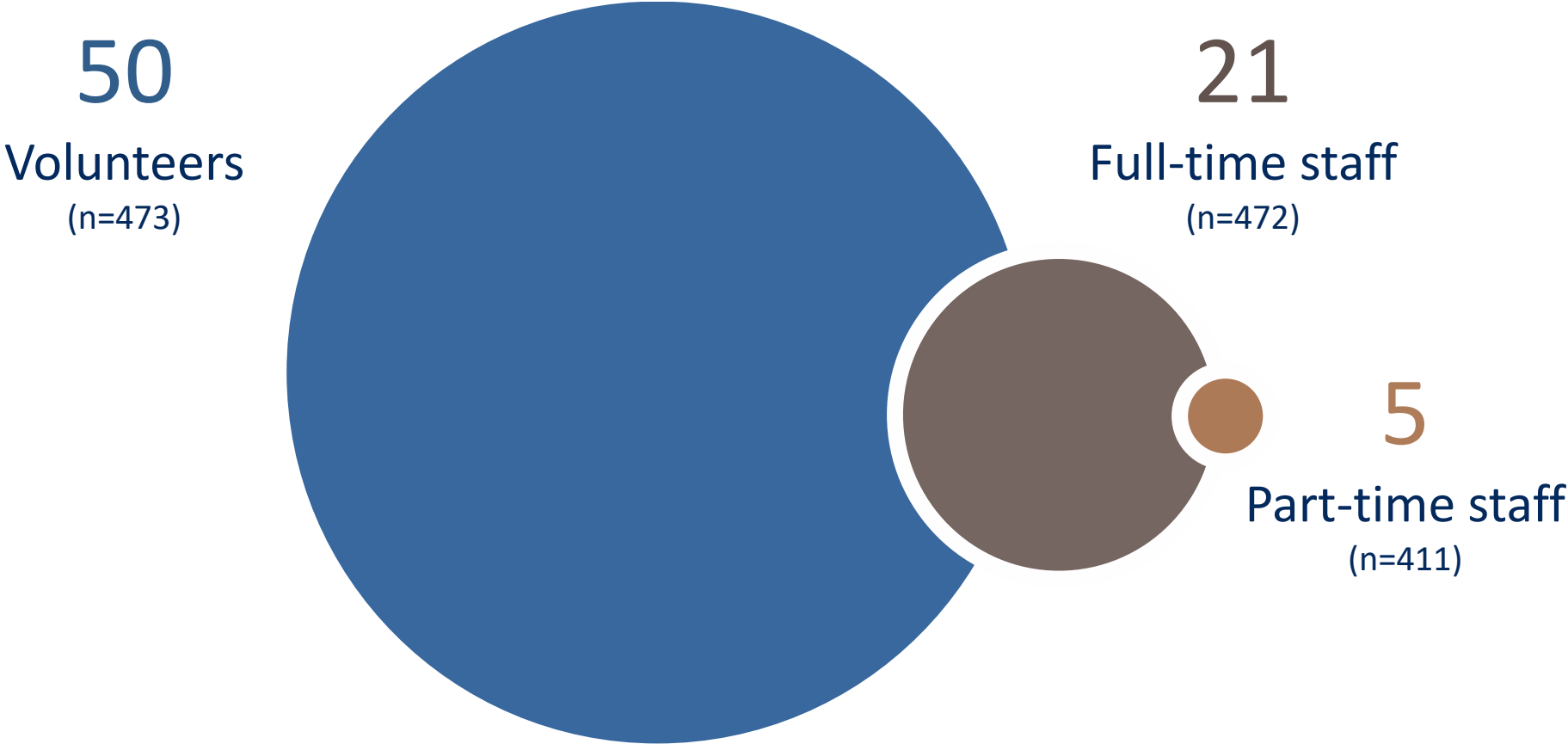
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# Geographic Area Served by AAAs

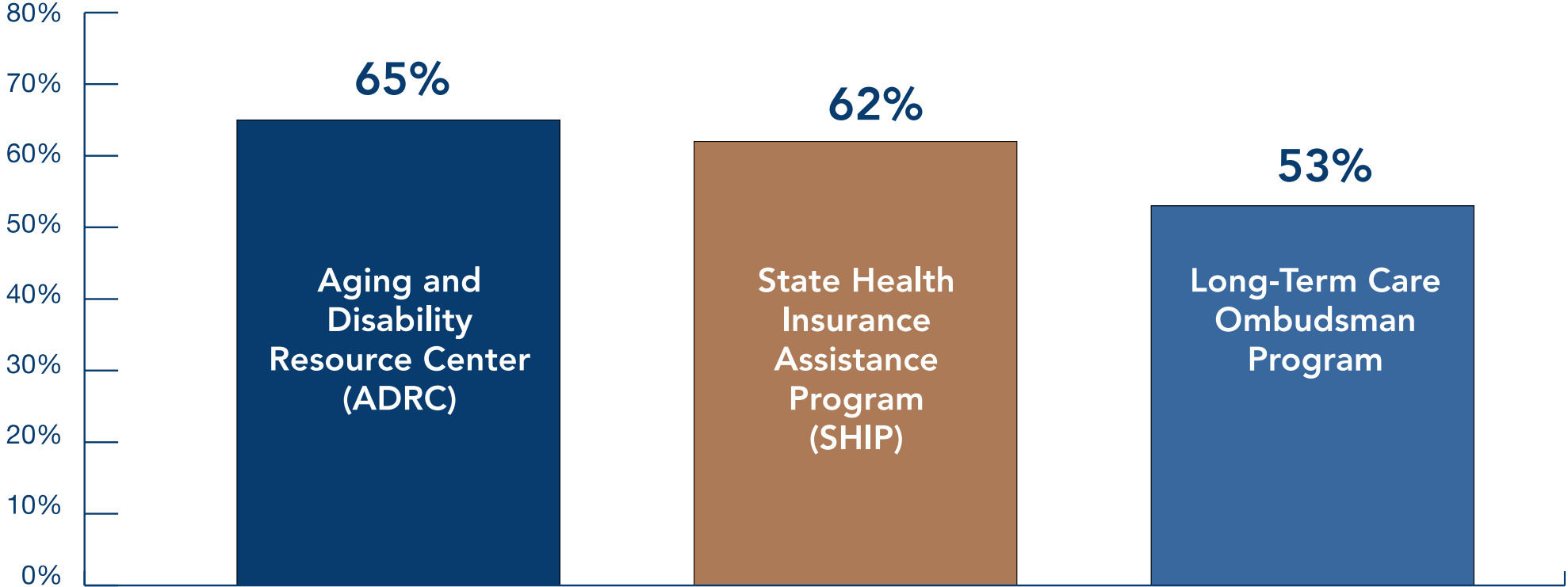


n=487

# AAA Workforce (Medians)



# AAAs Designated as ADRC, SHIP and Ombudsman Programs



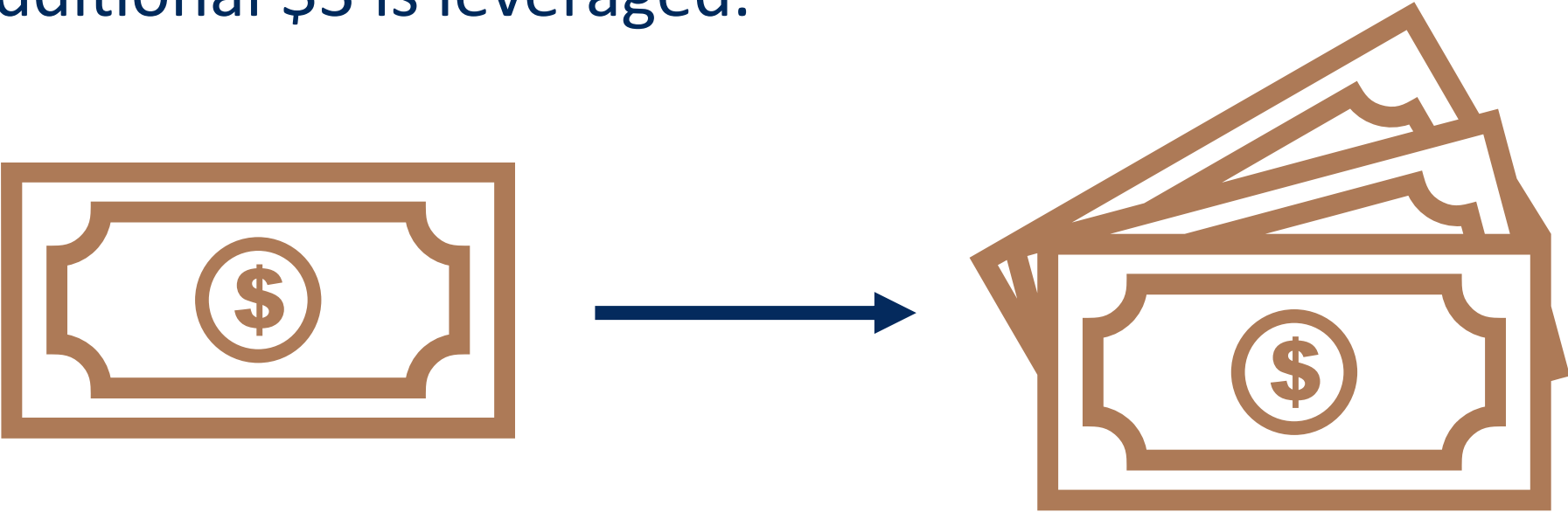
n=487

# Partnerships

Long-term care facilities (e.g., nursing homes, skilled nursing facilities, assisted living residences)	78%
Advocacy Organizations	77%
Hospitals and health care systems	74%
Law enforcement/first responders	72%
Charitable organizations (e.g., United Way, Easter Seals, Red Cross)	72%
Department of Health	72%
Other social service organizations	70%
Faith-based organizations	68%
Educational institutions	66%
Health plans (e.g., commercial health plan, Medicaid managed care)	62%
Community health clinics (e.g., Federally Qualified Health Clinics)	60%

# AAAs Leverage Funding

The U.S. Administration on Aging estimates that for every \$1 of federal OAA investment, an additional \$3 is leveraged.





# **Health Care and Aging Partnerships**



# Why Health Care Partnerships Are Important

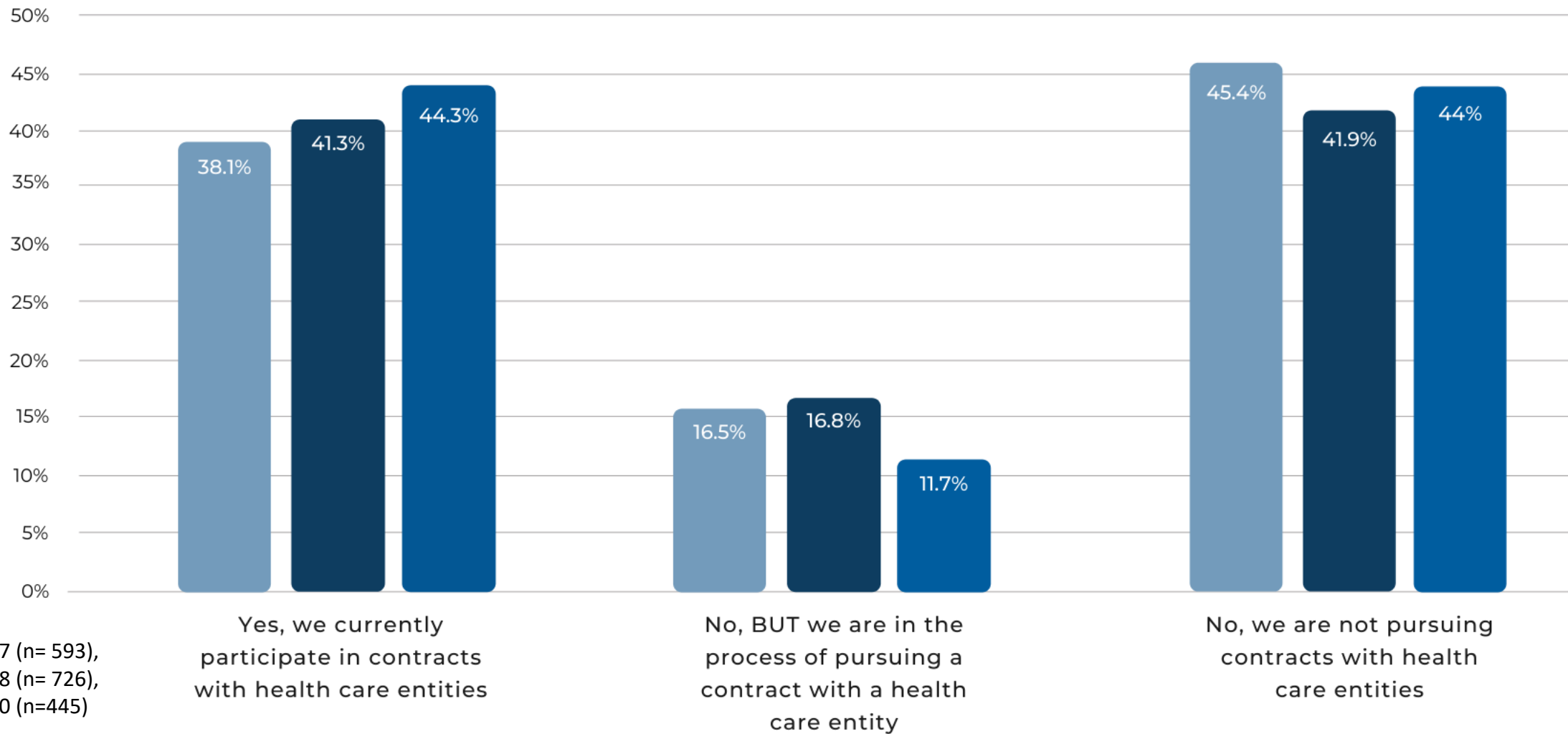
## ***For health care providers and payers***

- Emphasis on integration of health care & social services
- Increasing recognition of importance of services addressing social determinants of health (SDOH) and community living services for health outcomes
- Drive toward value-based care

## ***For AAAs and CBOs***

- Increasing recognition of the value that they bring to health care providers and payers in improving health outcomes and quality of life, and engaging individuals, their families and communities on what matters to them
- Need for sustainable revenue sources

# Overall Contracting Status by Year

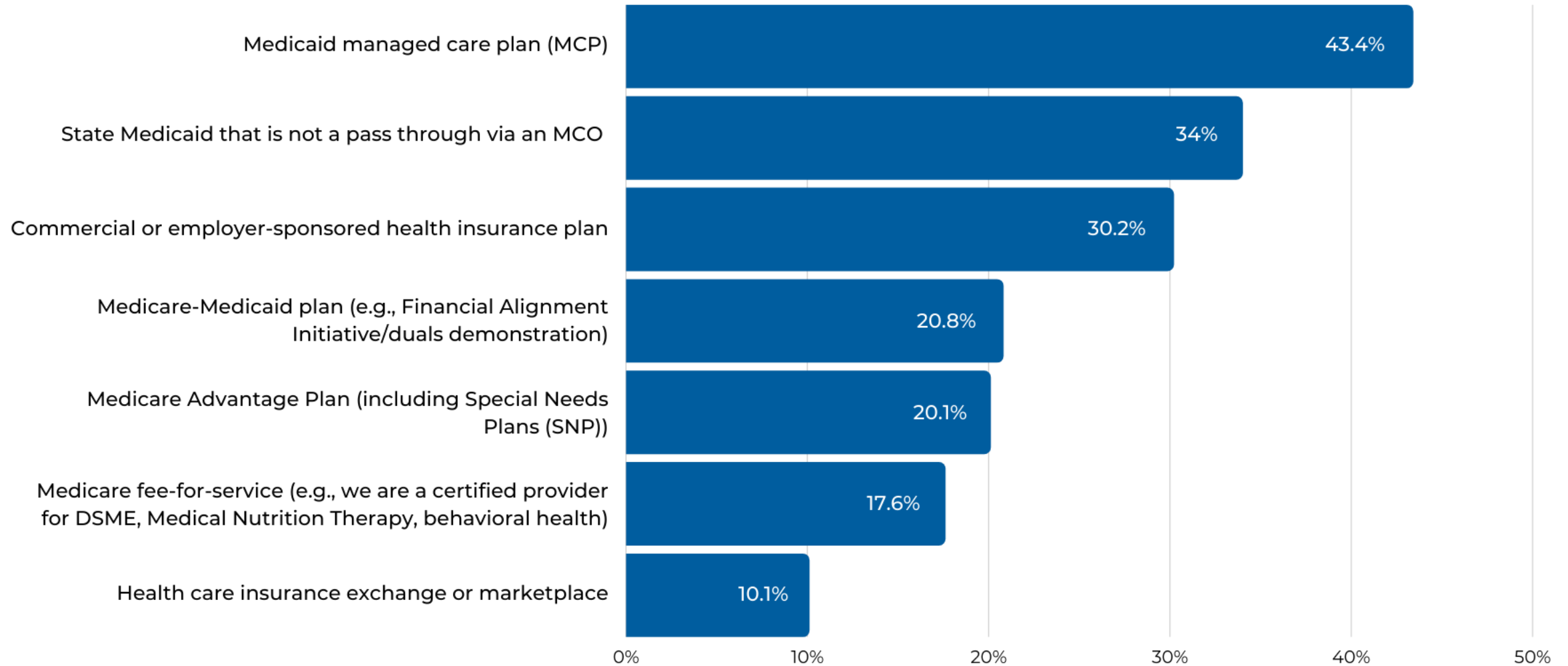


RFI 2017 (n= 593),  
RFI 2018 (n= 726),  
RFI 2020 (n=445)

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit <https://bit.ly/3vipbBD>

■ 2017 ■ 2018 ■ 2020

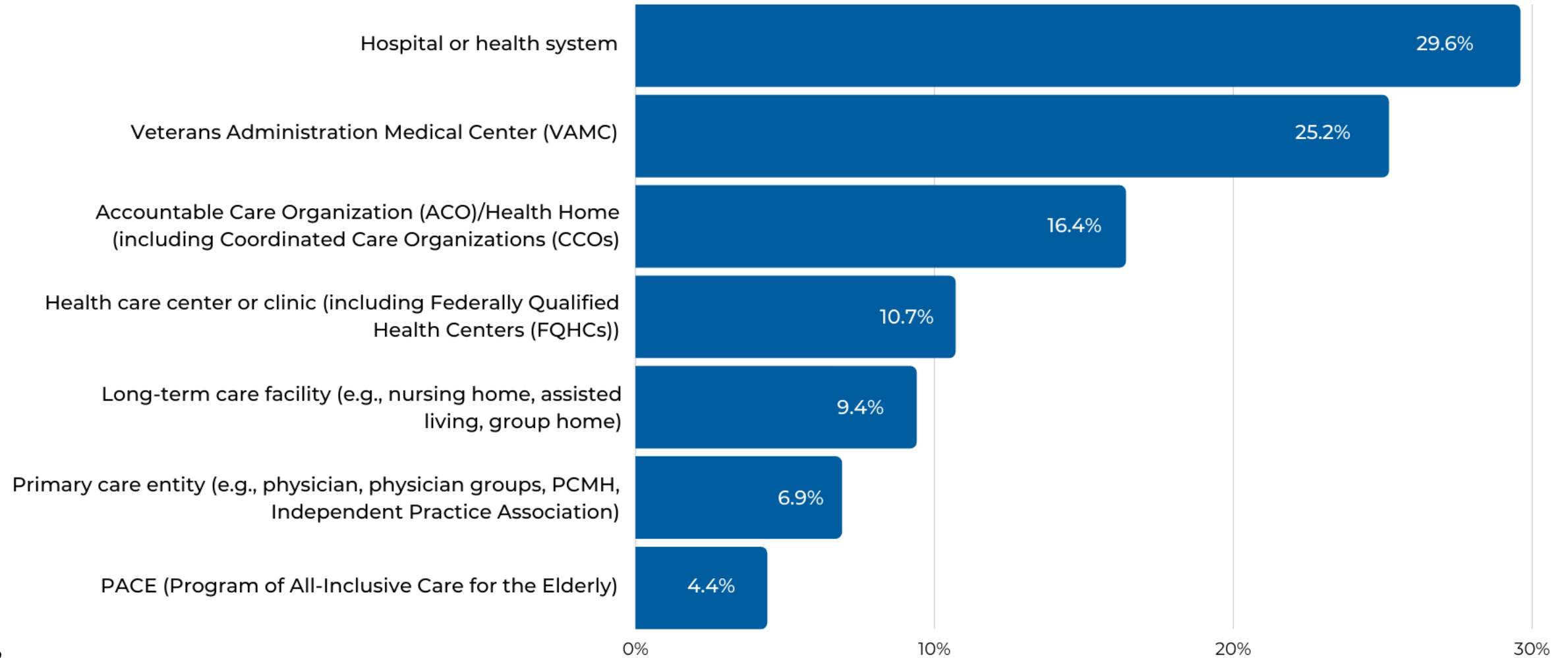
## Most Common Health Care Payer Partners for CBOs with Contracts



n=152

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit <https://bit.ly/3vipbBD>

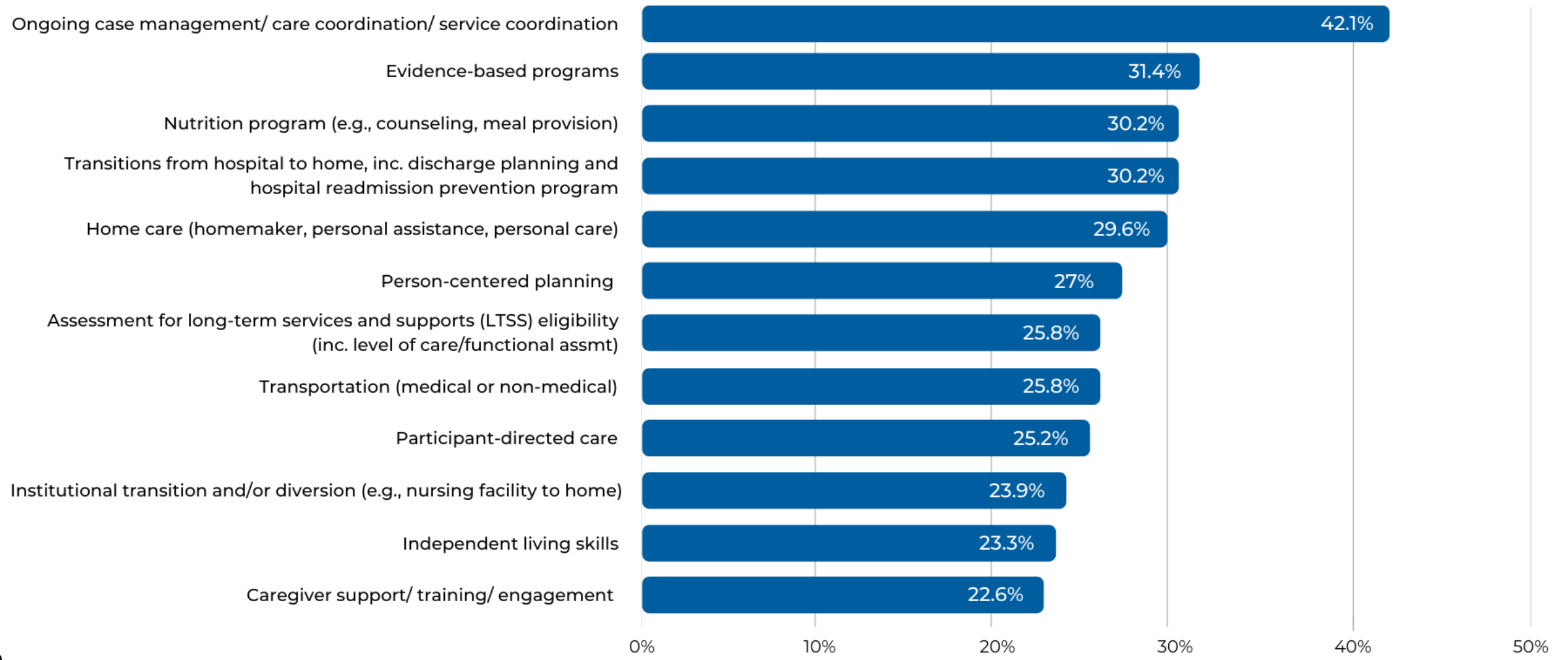
## Most Common Health Care Provider Partners for CBOs with Contracts



n=152

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit <https://bit.ly/3vjpBD>

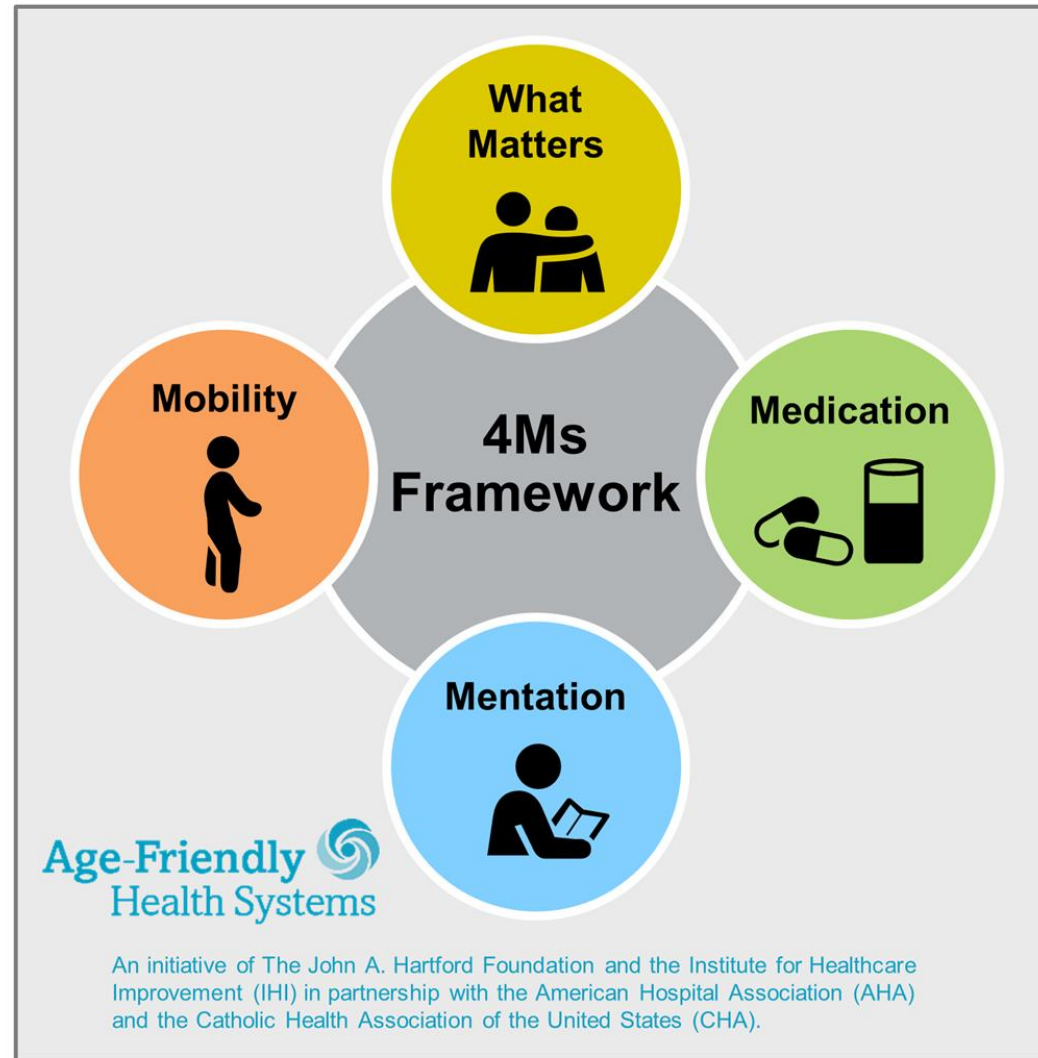
# Most Common Services Provided Through Contracts



n=159

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit <https://bit.ly/3vipbBD>

# AAAs Role in Age Friendly Health Systems



## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



# **Impact of COVID-19 on AAA and Aging Services**

# AAAs Saw Increased Demand for Services and Supports

**93%**

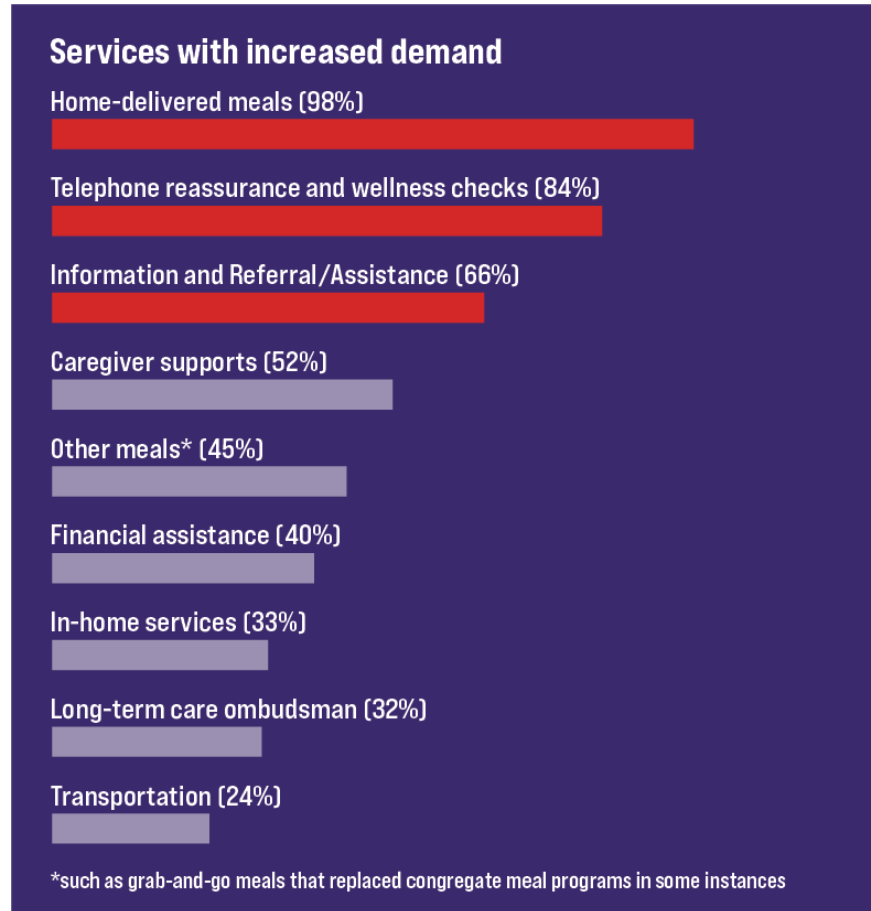
served more clients since the pandemic began

**69%**

saw an increased need for AAA supports and services among existing clients



# Most Common Aging Services With Increased Demand



# Aging Network Adapted and Expanded Services During COVID-19



Photos courtesy of the following AAAs: Vintage in CO; Jefferson Board on Aging in VA; AAA of Northwestern Ohio

# Aging Network's Role with COVID-19 Vaccine Access Solidified Its Role with Health Care

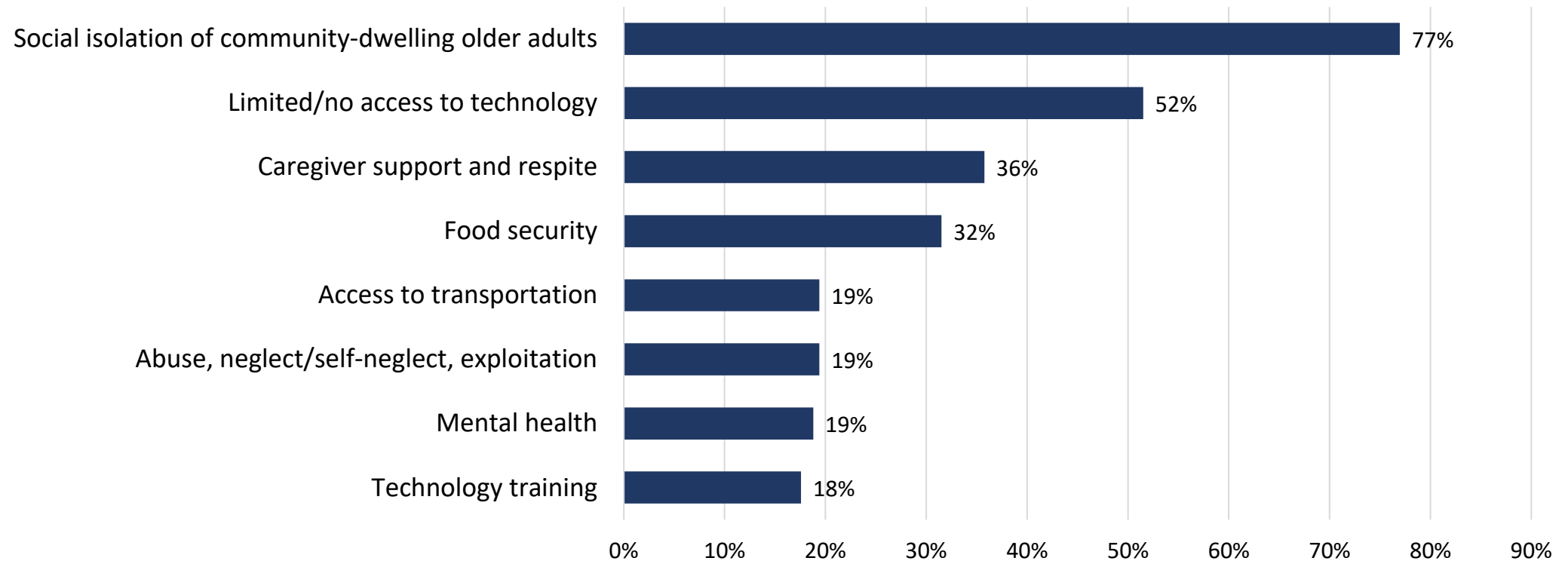


Courtesy of AgeOptions, the AAA in Oak Park, IL

# AAA Roles During COVID-19

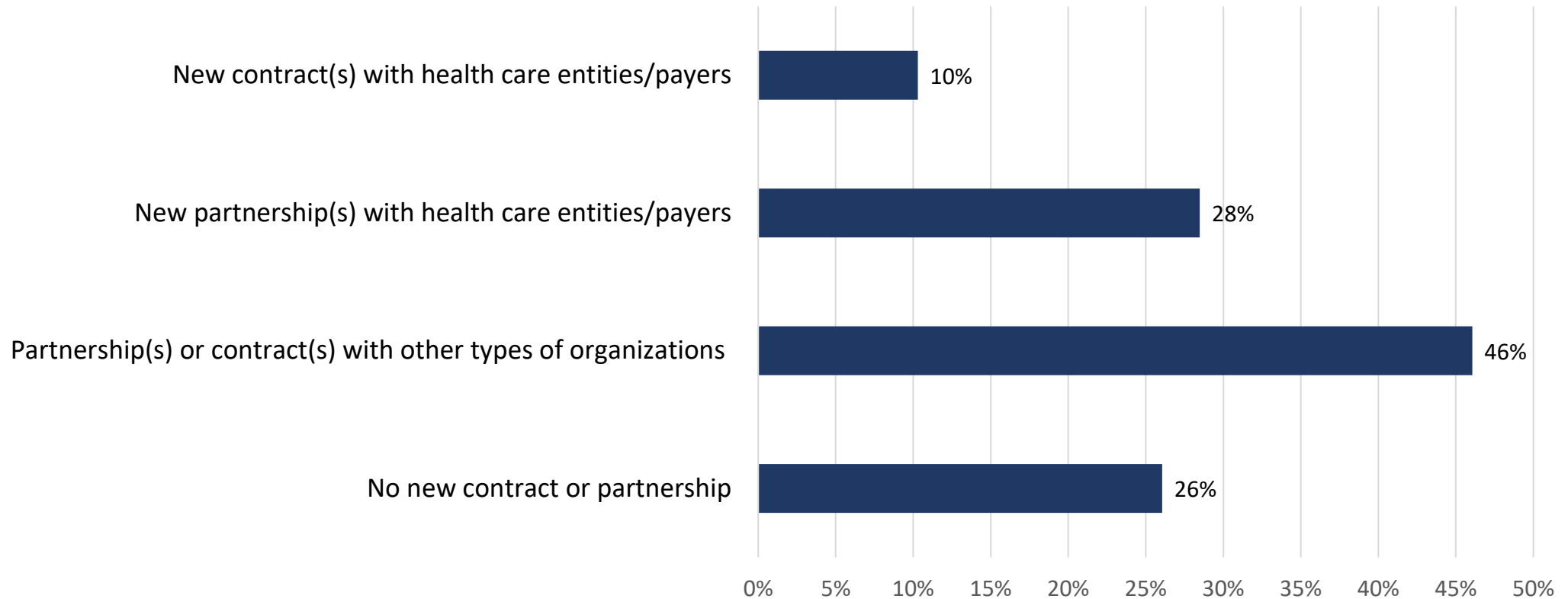
- Increased Home-Delivered Meals/Grab-and-Go Meals/Grocery Drops
- Distribution of PPE and Hygiene Supplies
- Telephone Check-ins and Wellness Assessments
- Virtual Evidenced-based Programs
- Virtual Social Engagement
- Calls and Assistance in Vaccine Registry
- Transportation and Companion Support to/from Vaccine Sites
- Booster Shot Reminders

# Greatest challenges AAAs see for older adults and caregivers related to COVID-19\*:



*\*Respondents could select up to 3 challenges.*

# 74% of AAA developed new health and business, partnership or contracting relationships as a result of the pandemic.



# We Are All in This Together!

## Serving America's Growing and Diverse Aging Population



# Aging Services Reset: What Will Aging Services Look Like Moving Forward?

- New Hybrid Ways of Delivering Services
- Social Isolation/Engagement
- Technology (Broadband? Equipment?)
- Emphasis on Home and Community-Based Services and Planning
- SDOH--Transportation and Housing with Services
- Supporting Caregivers
- Investing in the Aging Workforce and Volunteers
- Partnerships with Health Care and Public Health
- Focus on Racial and Health Disparities



# State Units on Aging and Area Agencies on Aging

## Strength in Working Together!



# Questions?

**Contact information:  
Sandy Markwood  
smarkwood@usaging.org**

**Aging & Disability 101 Intensive**  
**Medicaid 101**

# ADVANCING STATES



Leadership, innovation, collaboration  
for state Aging and Disability agencies

## Introduction to Medicaid for Aging Services

**Aging & Disability 101 Intensive  
HCBS Conference  
December 7, 2021**

# Key Terminology

<b>ACA</b>	The Affordable Care Act
<b>ADA</b>	The Americans with Disabilities Act
<b>CMS</b>	Centers for Medicare and Medicaid
<b>EPSDT</b>	Early Periodic Screening, Diagnostic, and Treatment
<b>FFS</b>	Fee for Service
<b>FMAP</b>	Federal Medical Assistance Percentage
<b>FPL</b>	Federal Poverty Level
<b>HCBS</b>	Home and Community-Based Services
<b>HHS</b>	U.S. Department of Health and Human Services
<b>LTSS</b>	Long-Term Services and Supports
<b>MCO</b>	Managed Care Organization
<b>MLTSS</b>	Managed LTSS
<b>PACE</b>	Program for All-inclusive Care for the Elderly
<b>SSI</b>	Supplemental Security Income

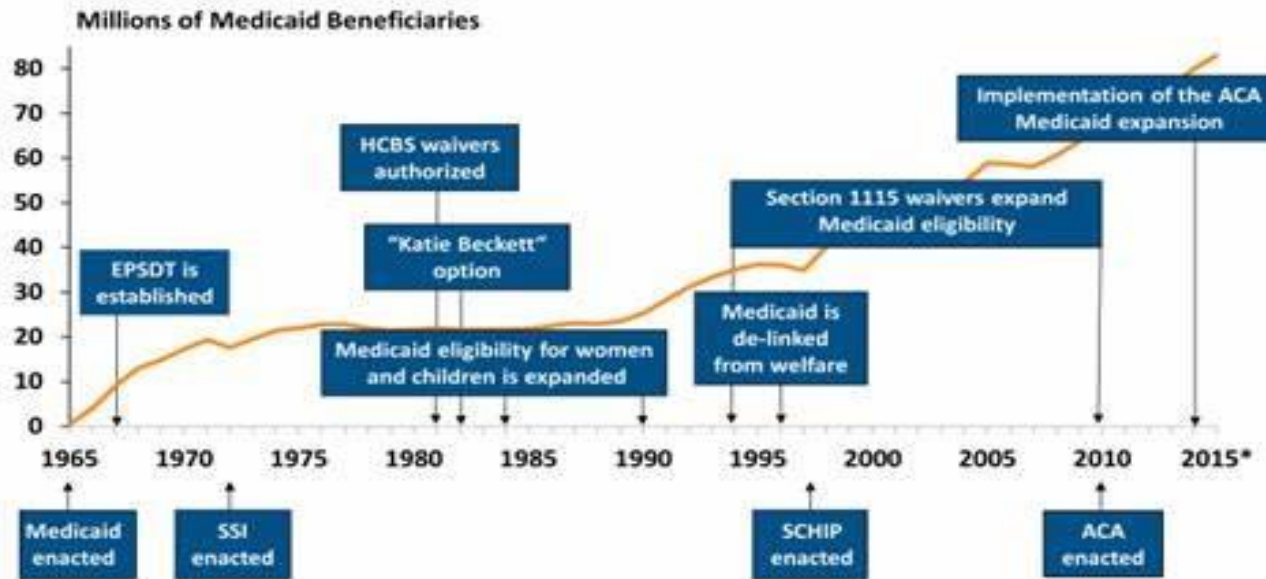
# Overview

- Created in 1965, along with Medicare (P.L. 89-97), under the Social Security Amendments of 1965;
- State and federal partnership for funding and policy;
- Intended to be an insurance program for low-income individuals on welfare;
- Does not directly provide health care – pays medical professionals (providers) to deliver the care;
- It is an optional program for states;
  - Last state (AZ) began participation in 1982
- Medicaid is unique in that it covers more Americans than any other health insurance program.
- In 2019, \$613.5 billion dollars were spent on the Medicaid program.
- As of November 2020, 78.9 million people were enrolled in Medicaid.

# Medicaid History

Figure 2

**Medicaid has evolved over time to meet changing needs.**

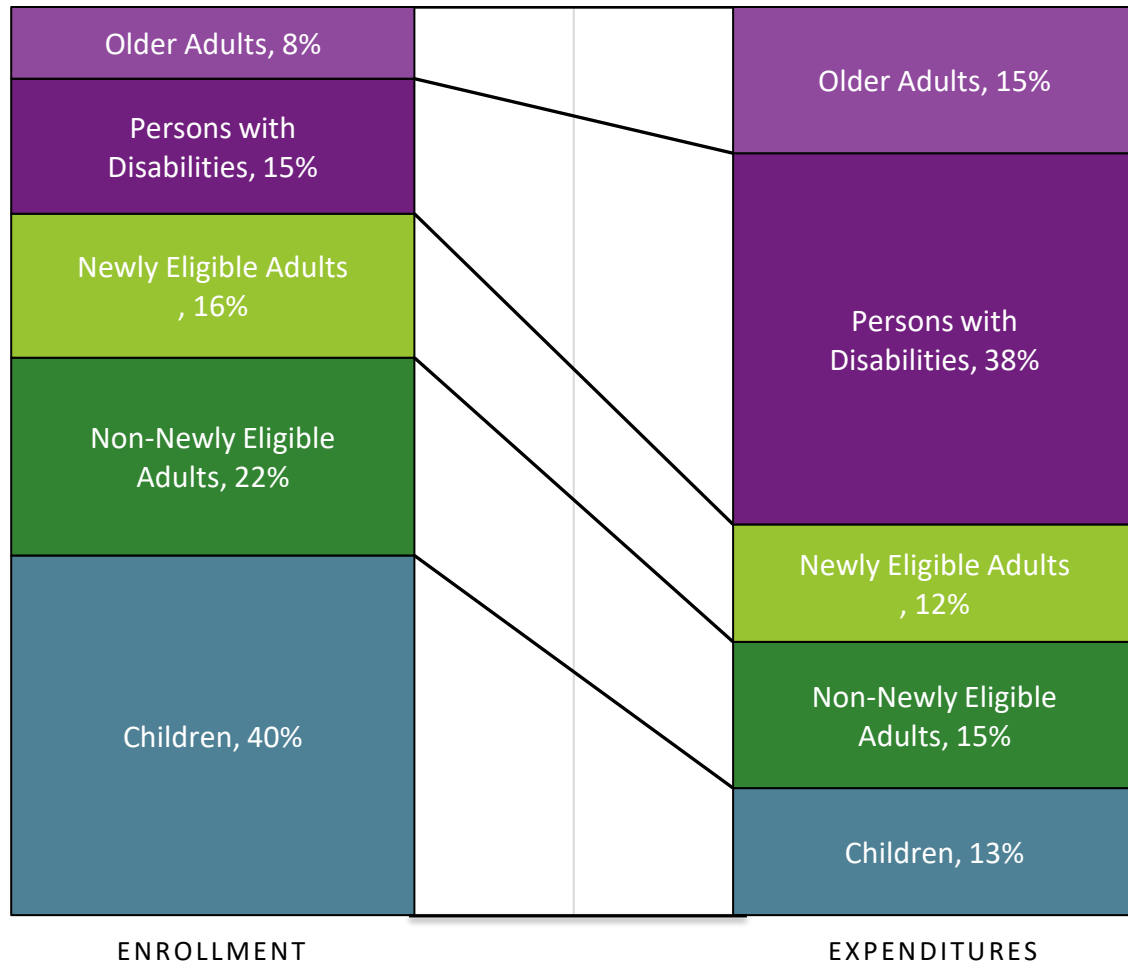


NOTE: \*Projection based on CBO March 2015 baseline.

SOURCE: KCMU analysis of data from the Health Care Financing Administration and Centers for Medicare and Medicaid Services, 2011, as well as March 2015 CBO baseline ever-enrolled counts.



## MEDICAID ENROLLMENT VS. EXPENDITURES



SOURCE: HHS FY2022 BUDGET IN BRIEF

- As the chart illustrates, the number of enrollees by a specific subgroup *do not* necessarily line up with their share of expenditures.
- Enrollees with disabilities and older adults make up 38 and 15 percent of expenditures, respectively.
- Meanwhile, individuals with disabilities constitute a mere 15 percent of the Medicaid population, and older adults only 8 percent.





# How Medicaid is Administered

- The federal government establishes rules and parameters for the program, including:
  - Social Security Act (Title 19);
  - Federal Regulations; and
  - Guidance (State Medicaid Director's Letters).
- States define how they will run their program through:
  - State legislation and regulations;
  - Medicaid State Plan; and
  - Waivers.
- Federal government approves (or denies) the state's proposals.

# How Medicaid is Administered (cont.)

- HHS calculates a “Federal Medical Assistance Percentage” (FMAP) – the federal share of any medical costs paid by Medicaid;
  - Different for each state;
  - Based upon the average income of residents;
  - Minimum of 50 percent match & maximum of 83 percent match;
- Administrative costs receive 50 percent match.
- Other expenses, such as information systems and family planning, receive higher match rates.

# Medicaid Eligibility

- Categorical Eligibility – people must fit into a pre-defined group of individuals:
  - Children;
  - Parents;
  - Pregnant women;
  - Seniors;
  - People with Disabilities; and
  - Childless, non-elderly, adults (ACA expansion).
- Income Eligibility – people must also have income below defined limits, usually set by Federal Poverty Level (FPL).
- Mandatory and Optional Eligibility Groups;
- Medically Needy Eligibility – individuals can become Medicaid eligible if they spend their own money on health care expenses (Spend-down).

# Medicaid Eligibility (cont.)

- Additional flexibility to determine income eligibility:
  - “Income/Asset Disregards” through 1902(r)(2); or
  - Some optional groups allow coverage “up to” a FPL level, so states can set income levels at different levels below the maximum.
- Categorical and Medically Needy groups are an entitlement – no waiting lists or enrollment caps.

# Medicaid Services

- Mandatory services include:
  - Hospital services & Nursing homes;
  - Physician Services, nurse practitioners;
  - X-rays, clinics, lab services.
- Optional services include:
  - Home and Community-Based Services
  - Prescription Drugs;
  - Dental;
  - Case Management;
  - Rehabilitation;
  - Personal Care.
- Other considerations:
  - If a person has other coverage (such as Medicare or private insurance), Medicaid only pays for services not provided through the other coverage;
  - Medicaid often assists with copays/premiums associated with other coverage.

# Medicaid Services (cont.)

- Once a person comes into Medicaid, they have access to all of the services that the state covers and are medically necessary.
- Services must be statewide, comparable, delivered with reasonable promptness, and allow individuals to choose providers.
- States can define the “amount, duration and scope” of services to reasonably achieve their purpose.

# Medicaid Waivers

- Allows the state to “waive” certain Medicaid requirements, including statewideness, freedom of choice, and comparability of services;
- Some waivers may allow states to have enrollment limits or waiting lists;
- All must cost the federal government less than traditional Medicaid program.

# Medicaid Waivers (cont.)

- 1115 Waivers provide broad flexibility:
  - Can expand coverage to “non-categorical” groups;
  - Can implement managed care;
  - Can test new service-delivery methods.
- 1915(b) Waivers:
  - Can limit beneficiary choice of provider;
  - Allows states to enroll beneficiaries in managed care.
- 1915(c) Waivers:
  - Provide Home and Community-Based Services (HCBS), including:
    - Habilitation;
    - Transportation;
    - Personal Care.
  - Allows states to deliver services in the community for individuals who would otherwise be in an institution.



# The Olmstead Decision

- On June 22, 1999, the U.S. Supreme Court ruled in *Olmstead v. L.C.* that “unjustified segregation of persons with disabilities constitutes discrimination...”
- This ruling significantly impacted developments in Medicaid policy – essentially mandating a shift away from institutionalization in favor of home and community-based services.

# Other Medicaid LTSS

- A growing number of states are leveraging other options for providing long-term services and supports (LTSS) services, beyond 1915(c) waivers, such as:
  - 1115 LTSS waivers;
  - 1915(i) State plan benefits; or
  - 1915(k) State plan services.
- There are other options, including 1915(j) [self-direction], or Alternative Benefit Plans, that may impact LTSS/HCBS in a state.
- Waivers and state plan services have key differences

# Managed Care

- Managed care in Medicaid can include different delivery systems, including:
  - Comprehensive contracts with MCOs;
  - Contracts with limited benefit plans (e.g. dental or mental health);
  - Primary Care Case Management and other “managed fee-for-service”;
  - Program for All-inclusive Care for the Elderly (PACE) Plans.
- Managed Care generally requires a waiver/disregard of several core Medicaid policies:
  - Comparability
  - Statewideness
  - Freedom of Choice

# Managed Care and MLTSS Growth Continues, but Slows

- Historically, Medicaid managed care was largely limited to children, parents, pregnant women, and other “less complex” populations;
- Initially, many states began including primary and acute care for some seniors and individuals with disabilities;
- A growing number of states are expanding managed care to encompass comprehensive benefits, including LTSS.



# Funding Focus on HCBS: ARPA

- 10% Increase to HCBS FMAP
- States must submit plans to the Federal Government (CMS) on how to spend the money
- Key themes in plans include:
  - Provider rate increases/bonuses
  - Recruitment/retention incentives
  - Training and outreach
  - Increased/expanded services

# Funding Focus on HCBS

- Biden “Build Back Better” proposal included \$400 billion for HCBS.
- Build Back Better reconciliation bill has reduced the funding to ~\$150 billion.
- Provides 6% FMAP increase to all HCBS in perpetuity.
- Significant requirements placed on states to qualify for the funds.

# Concluding Thoughts

- Medicaid is a highly complex and at times confusing program.
- States have broad discretion in designing, developing, and implementing their programs, so there are significant differences in Medicaid programs across the states.
  - No two state Medicaid programs are exactly the same.
- Current policy in Medicaid is heavily focused on HCBS.
- With health care costs and the number of older adults in the U.S. continuing to rise, pressures on Medicaid and other social service programs can be expected to mount, rather than lessen.
- This means that it is of critical importance for policymakers and citizens alike to be informed on Medicaid policies and issues.



# ADVANCING STATES



Leadership, innovation, collaboration  
for state Aging and Disability agencies

# Thank you!

Damon Terzaghi  
[dterzaghi@advancingstates.org](mailto:dterzaghi@advancingstates.org)

**15 Minute Break: 3:30-3:45 p.m.**

**Aging & Disability 101 Intensive**  
**An Overview of CILs and the  
Independent Living Movement**



# National Council on Independent Living

# Background: A Note on Language

- Person-first language
  - People with disabilities
  - Woman with MS
- Identity-first language
  - Disabled person
  - Autistic man

# Background: What is Independent Living?

- People with disabilities are the best experts on their own needs.
- People with disabilities deserve equal opportunity to decide how to live, work, and take part in their communities.



# The Independent Living Network

- Federal: Independent Living Administration (ACL/HHS) – housed within the Administration on Disabilities (AOD) in the Administration for Community Living.
- National: National Council on Independent Living (as well as Association of Programs for Rural Independent Living & National Association of Statewide Independent Living Councils)
- State: Statewide Independent Living Councils, Associations
- Local: Centers for Independent Living



# The Independent Living Network: NCIL

- The National Council on Independent Living (NCIL) is the longest-running national cross-disability, grassroots organization run by and for people with disabilities.
- NCIL represents thousands of organizations and individuals throughout the US including:
  - Individuals with disabilities
  - Centers for Independent Living (CILs)
  - Statewide Independent Living Councils (SILCs)
  - Other organizations that advocate for the human and civil rights of people with disabilities.

[www.ncil.org](http://www.ncil.org)





# The Independent Living Network: APRIL & NASILC

- Association of Programs for Rural Independent Living (APRIL):
  - A national grassroots, nonprofit membership organization concerned with the independent living issues of people with disabilities living in rural America.
  - Represents members from Centers for Independent Living (CILs), Satellite and branch offices, Statewide Independent Living Councils (SILCs), and other organizations and individuals.
  - [www.april-rural.org](http://www.april-rural.org)
- National Association of Statewide Independent Living Councils (NASILC):
  - Aims to provide resources to SILCs across the nation and promote collaboration with their partners to advance IL values.
  - Officially born in 2019 out of the annual SILC Congress event.
  - [nasilc.org](http://nasilc.org)



# The Independent Living Network

- Statewide Independent Living Councils (SILCs)
  - Each state must establish and maintain a governor-appointed SILC
  - SILCs determine the needs and direction for the IL program in the state
  - Develop the State Plan for Independent Living (SPIL) with the CILs
  - Monitor, review, & evaluate SPIL implementation
  - Advise CILs
  - Identify the need for expanded services
  - Coordinate activities with other entities in the state



# The Independent Living Network

- Centers for Independent Living (CILs)
  - Consumer controlled
  - Community based
  - Cross-disability
  - Non-residential
  - Nonprofit agencies
  - Designed and operated by people with disabilities

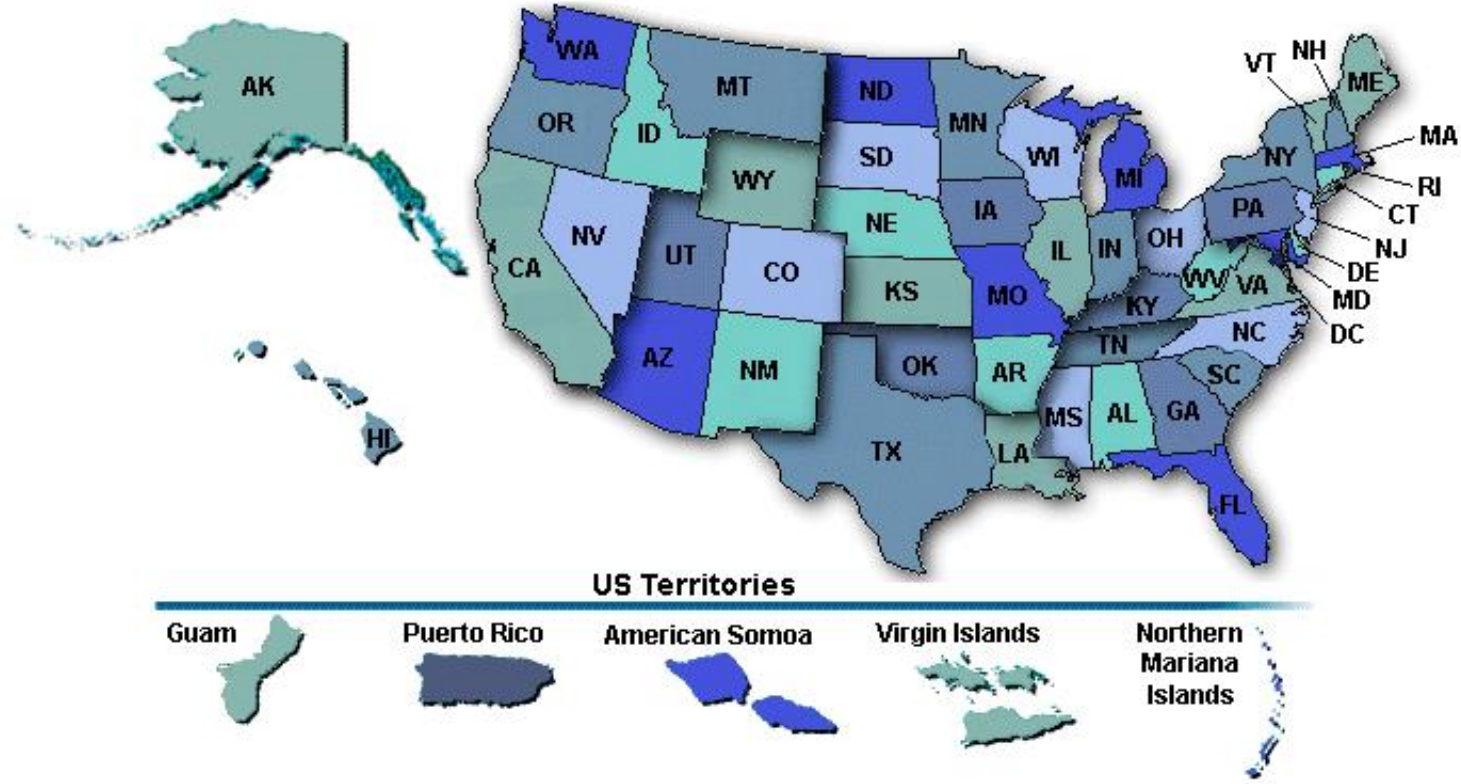


# The Independent Living Network

- CIL Core Services
  - Information & referral
  - Independent living skills training
  - Individual and systems advocacy
  - Peer counseling
  - Transition from institutions to community-based residences
  - Assisting individuals to avoid institutional placement
  - Transition of youth with significant disabilities from secondary education to postsecondary life.
- Additional services (vary by community needs)



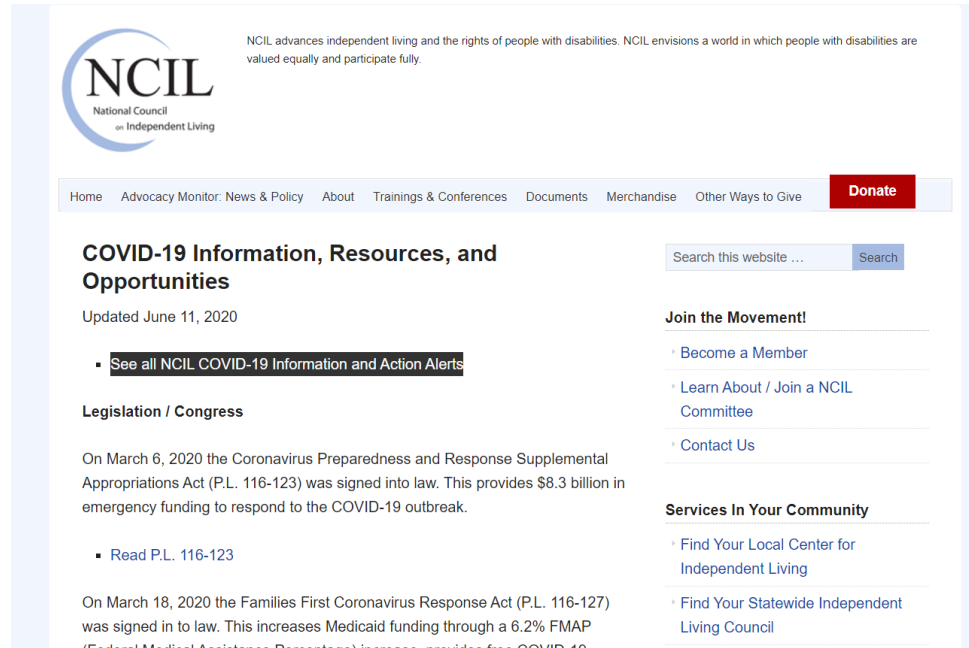
# Resource: CIL/SILC Directory



<http://www.ilru.org/html/publications/directory/index.html>

# COVID-19

- Ensuring continuity of services, filling gaps
- Responding to evolving and escalating needs
- Resource/skill-sharing, capacity-building, T&TA

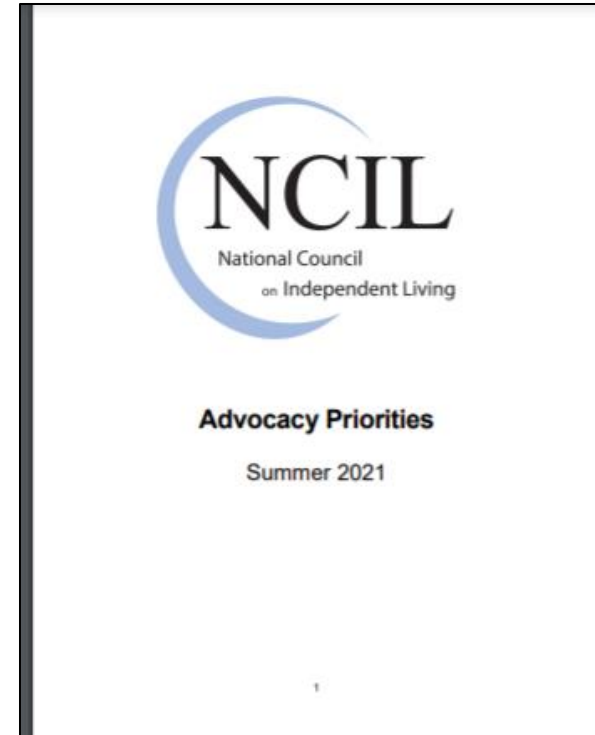


The screenshot shows the NCIL website's COVID-19 page. At the top left is the NCIL logo (National Council on Independent Living) and a tagline: "NCIL advances independent living and the rights of people with disabilities. NCIL envisions a world in which people with disabilities are valued equally and participate fully." A navigation bar includes links for Home, Advocacy Monitor: News & Policy, About, Trainings & Conferences, Documents, Merchandise, Other Ways to Give, and a red Donate button. The main heading is "COVID-19 Information, Resources, and Opportunities" with a sub-heading "Updated June 11, 2020". A link reads "See all NCIL COVID-19 Information and Action Alerts". Under "Legislation / Congress", two news items are listed: one dated March 6, 2020 about the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116-123) providing \$8.3 billion in emergency funding, and another dated March 18, 2020 about the Families First Coronavirus Response Act (P.L. 116-127) increasing Medicaid funding. On the right side, there is a search bar, a "Join the Movement!" section with links for "Become a Member", "Learn About / Join a NCIL Committee", and "Contact Us", and a "Services In Your Community" section with links for "Find Your Local Center for Independent Living" and "Find Your Statewide Independent Living Council".



# NCIL's 2021 Legislative Priorities

- Rehabilitation Act/ IL Funding
- LTSS
- Housing
- Civil Rights/ ADA
- Transportation
- Healthcare
- Employment
- Emergency Preparedness
- Voting Rights
- Mental Health



# Resource: Upcoming Events

## Upcoming Trainings

Coordinating Accessible & Engaging Virtual Events for CILs & SILCs: A Panel Discussion of Promising Practices- *December 8, 2021*

## All upcoming trainings:

[ncil.org//training/](https://ncil.org/training/)

## Training archives can be found here:

[ncil.org/ncil-training-on-demand/](https://ncil.org/ncil-training-on-demand/)

[ilru.org/training-on-demand](https://ilru.org/training-on-demand)





# Resource: Weekly Advocacy Monitor



## the advocacy monitor

Independent Living News & Policy from the National Council on Independent Living



The Advocacy Monitor is a project of the National Council on Independent Living, a leading cross-disability, grassroots organization run by and for people with disabilities that represents Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), individuals with disabilities, and other organizations that advocate for the human and

You are here: [Home](#) / [Aging and Disability](#) / [Call for Sessions Now Open for the 2020 HCBS Conference!](#)

### Call for Sessions Now Open for the 2020 HCBS Conference!

January 24, 2020 By [theadvocacymonitor](#) · [Leave a Comment](#)

ADvancing States is pleased to announce the opening of its Call for Sessions for the [2020 Home and Community-Based Services \(HCBS\) Conference](#), August 31-September 3, 2020 in Washington, DC.

For the last 35 years, the HCBS Conference has convened state and federal agencies around improving systems that deliver long-term services and supports (LTSS) for all ages and abilities. The HCBS Conference attracts more than 1,500 attendees from over 50 states and territories and highlights best practices from across the country in home and community-based services.

Search this website ...

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[Civil Rights & the ADA](#)

[Disability Voting Rights](#)

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[www.advocacymonitor.com](http://www.advocacymonitor.com)



**For additional information or questions:**  
[www.ncil.org](http://www.ncil.org)

Lindsay Baran, Policy Director, NCIL- [Lindsay@ncil.org](mailto:Lindsay@ncil.org)



**Aging & Disability 101 Intensive**  
**Aging & Disability Director Panel**

# Abby – Georgia

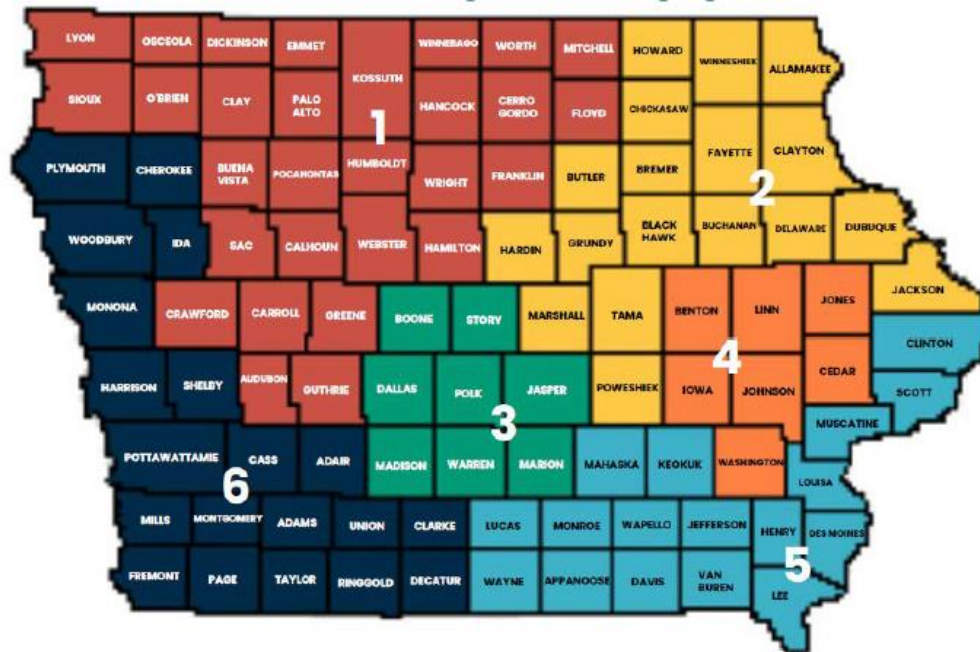
- What the Older Americans Act Means to Me
  - The OAA is a guide. It should allow for state to state innovation while also establishing the “guard rails” for the aging & disability network.
- What I Wish I Knew
  - The future is bright—change is constant
  - You’ll never please everyone

# Georgia Cont.

- Tips and Tools of the Trade
  - Find ways to work smarter vs. working harder
  - Embrace all personality and skill sets
- Pandemic Problems: Ramping Down and Ramping Back Up
  - Workforce & political pressures
  - Establishing the new norm

# Linda – Iowa

Developing a unified system for older Iowans and disabled Iowans to age in place and live in their communities



In-Home Services - Chore, Homemaker

Home Modification - CAPABLE, Resource Hub, Livable Homes Coalition

Nutrition Services - Iowa Cafe Restaurant Partnership, Home Delivered Meals

Long-Term Care Ombudsman: Resident-Driven Advocacy, Volunteers, Managed Care Ombudsman

Transitional Services - Return to Community, Assistive Technology

Transportation - Lyft/Uber, Regional Transits, RSVP Volunteers

## Previous Organizational Structure



## New Organizational Structure



## OAA Service Delivery

Information & Service Assistance (Mandatory)	Nutrition & Health Promotion (Mandatory)	Services to Promote Independence (Optional)	
<ul style="list-style-type: none"> <li>• <b>Case Management</b> FC Case Management ORC Case Management - Optional EAPA Assessment &amp; Intervention</li> <li>• <b>FC Counseling</b> ORC Counseling - Optional</li> <li>• <b>Information &amp; Assistance</b> FC Information &amp; Assistance ORC Information &amp; Assistance - Optional EAPA Consultation</li> <li>• <b>Legal Assistance</b></li> <li>• <b>Options Counseling</b> FC Options Counseling ORC Options Counseling - Optional</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Congregate Nutrition</b> FC Congregate Nutrition - Optional ORC Congregate Nutrition - Optional</li> <li>• <b>Health Promotion: Evidence-Based</b></li> <li>• <b>Health Promotion: Non Evidence-Based</b></li> <li>• <b>Home Delivered Nutrition</b> FC Home Delivered Nutrition - Optional ORC Home Delivered Nutrition - Optional</li> <li>• <b>Nutrition Counseling</b></li> <li>• <b>Nutrition Education</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Adult Day Care/Health</b></li> <li>• <b>Assisted Transportation</b></li> <li>• <b>Behavioral Health Supports</b></li> <li>• <b>Chore</b></li> <li>• <b>Emergency Response Systems</b> FC Emergency Response System ORC Emergency Response System</li> <li>• <b>Homemaker</b></li> <li>• <b>FC Information Services</b> ORC Information Services</li> <li>• <b>Material Aid</b> FC Supplemental Services ORC Supplemental Services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Outreach</b></li> <li>• <b>Personal Care</b></li> <li>• <b>FC Respite Care</b> ORC Respite Care</li> <li>• <b>FC Support Groups</b> ORC Support Groups</li> <li>• <b>Training &amp; Education</b> FC Training ORC Training EAPA Training &amp; Education - Mandatory</li> <li>• <b>Transportation</b></li> </ul>

# Susan – Washington

- What the Older Americans Act Means to Me
  - Encourages grassroots planning and advocacy at the local level, with guides to keep it on the rails.
  - Blueprint to ensure critical areas are addressed.
- What I Wish I Knew
  - In my current role for about 10 years. 23 years in the Aging Network. I learned lessons about true partnership with AAAs. We have become more collaborative than as a top-down funder.



# Washington Cont.

- Tips and Tools of the Trade
  - Keep the vision of choice, dignity and independence always at the forefront.
  - When faced with a challenging question, don't accept the easiest answer. Work to find the best solution to see if you can get to "yes".
- Pandemic Problems: Ramping Down and Ramping Back Up
  - Keep policies "evergreen" by linking to the most current guidance when feasible. Refer to Local Health Jurisdictions as authority to tap into the diversity across your state.
  - Leverage new policies and lessons learned to improve service delivery and access going forward



Leadership, innovation, collaboration  
for state Aging and Disability agencies

**Thank you all for attending this intensive!**

**Any questions? Adam Mosey [amosey@advancingstates.org](mailto:amosey@advancingstates.org)**