

**Older Americans Act 2011 Reauthorization
Listening Session
Alexandria, Virginia
February 25, 2010**

Testimony by Jean K. Wood, Executive Director, Minnesota Board on Aging

Good Afternoon. My name is Jean Wood and I am executive director of the Minnesota Board on Aging. Thank you for inviting me here and for the opportunity to convey what we are doing in Minnesota to provide care and support for our seniors.

Older Americans Act-funded services play a strategic role in Minnesota's long-term care system. Last year through the Area Agencies on Aging, 325,000 older Minnesotans and their family caregivers received critical in-home, community and caregiver supports that helped them maintain their community living and stay out of the more costly Medicaid program. In order to **spread the reach of these programs** to more high priority high risk individuals we recommend changing the current cost sharing provisions to be more like those that we have in our state-funded programs. In Minnesota, we are increasingly **targeting** our services to older adults at risk of nursing home placement with incomes above Medicaid eligibility but less than 200% of poverty. Older adults with incomes above 200% of poverty must be given an opportunity to share in the cost of services via sliding fee schedules.

With **Community Living Program** funding we are shifting our system to one that is person-centered versus program-centered. We now have consumer directed options available in our nutrition and caregiver support programs. We are taking a risk management approach to counseling older adults and their family caregivers about how they can most strategically use their own resources to minimize their risk of Medicaid spenddown and nursing home placement. However, we are limited by the constraints that exist now in the Older Americans Act. The Act authorizes six separate programs of home and community-based services. Each program has its own reporting requirements and regulations. This structure restricts a state's ability to offer flexible models of service to older adults whose needs reach beyond one of these programs. We support simplification of the Act through consolidation of these funding streams into one.

Since 2001 all counties and Area Agencies on Aging in Minnesota have been asked every two years to identify **significant gaps** in local service capacity related to serving older adults. Each year the number one gap is Transportation, followed by Chore, Respite and Companion Care. We are currently limited as to the proportion of our Older Americans Act funds we can use to help fill these gaps for our high priority target populations. If the Act were simplified to consolidate the six home and community-based service programs into one, states could direct these funds to meet these high priority needs.

With the support of the **Aging and Disability Resource Center** Program, we are transforming the way we provide information, assistance and options counseling to individuals further upstream from Medicaid eligibility and helping them plan for their future long-term care needs. We recommend ongoing funds are needed to support these critical services.

We now have the tools to play a serious role in health and long-term care reform efforts through our provision of **evidence-based interventions**. These interventions range from **self-management** programs like those out of Stanford University to proven **caregiver support** interventions such as T-Care and the New York University Caregiver Intervention. We are using our dollars smarter to have a greater impact on health and quality of life outcomes for older Minnesotans and family caregivers. There are real cost-savings attached to these outcomes for the system as a whole. In order to continue our statewide dissemination of these programs, reach high priority high risk populations and sustain the delivery infrastructure we recommend shifting the current discretionary funding into formula funding.

2011 is the year the baby boomers begin to reach retirement age. Minnesota's Area Agencies on Aging play a critical role in **helping communities prepare for the needs of an aging population**. These efforts improve communities for all adults. We recommend modernizing the language regarding this critical development role and recognize its impact on the quality of life of all adults.

With more and more people being served in the community, the vulnerable are no longer found only in nursing facilities or other congregate sites, but are in their own

homes and probably more isolated than if they were in a congregated site. The role of the Ombudsman Office in solving both individual and systemic problems can be **applied to community settings** to the benefit of the older population. This is supportive of the goals in both the Elder Rights and the Supportive Services titles to include home and community-based service settings in the federal mandate of the Ombudsman.

Thank you again for this opportunity to present to you our programs and program needs for helping Minnesota's aging population.