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On behalf of the Iowa Association of Area Agencies on Aging
Testimony for AoA OAA Reauthorization
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Greetings from Iowa – the home of the first caucuses in the nation

Personal greetings from Spencer IA that recently had the state record for the number of consecutive days of lowest temperatures – 3 days in a row of -37. And 70+ inches of snow thus far this winter most of it still on the ground.

Where we use snowmobiles to get to case managed clients who need welfare checks during a blizzard

Where we have 550,000+ persons who are of the target population of the Older Americans Act and we have 480,000 K – 12 students. 60+ % of that state budget goes for education and EVERYONE else splits up the rest so the slice of the pie left for aging services would even be allowed by Weight Watchers.

OAA REAUTHORIZATION: Iowa's Viewpoint

- Funding for evidence based health and wellness programming through a Title appropriations rather than competitive grant
- Funding for evidence based mental health program and treatment for older adults such as PEARLS and Healthy IDEAS; strengthening the role of AAA's with Aging and Mental Health; funding parity
- Allow participant contributions to be used for local match requirements
- Cost sharing language clarification and expansion; addition of more specific language for sliding fee scale.
- Flexibility with local match requirements for economic hardships at the state and local levels
- More flexibility for transfers between subtitles (C1 and C2); simplify the language and requirements of the state to allow transfers
- More flexibility with nutrition program and nutrient requirements to make nutrition program more appealing to the boomers; funding assistance for alternative menu selections or buffet style meals with multiple choices; increase funding for HDM and alternative meals, i.e. frozen meals, shelf stable meals

- Funding for pursuit of Livable Communities to encourage the development of partnerships with local entities and governments to promote options for infrastructure design that encourages aging in place in a community setting
- Clarification on Title III D Med Management funding – how and what to use this title for or rolling this into other home and community based funding options
- Reviewing target population served under the OAA; funding for various program options relative to age groups. Iowa got older sooner than other states. Iowa has been experiencing the strain on the aging network and delivery systems longer and in the most recent years has experienced economic difficulties that have impacted the ability of the AAA's to maintain service levels. A recent plus in Iowa is that case management is now a billable service under the elderly waiver.
- Recognition of the difficulty of providing services with declining participation and stagnant funding and allowing flexibility to use funding where need is demonstrated without a lengthy waiver process
- Language and funding to allow more flexibility for diversions of funding in time or disaster or emergencies within an agency or between agencies/states.
- The development and use of technology today has the ability to allow for more flexibility and accountability in program/service delivery and targeting. The aging network should be encouraged and allowed to take advantage of technology and the scales of economy it offers.
- Expansion of the ADRC's and single point of entry concept to encourage the aging population and their caregivers to access the aging network in a more timely fashion that is customer friendly with the potential of cost efficiencies for the families