



**Testimony to the Older American Act Reauthorization Listening Session
San Francisco, CA
March 3, 2010**

For the record, my name is Barry Donenfeld, testifying today on behalf of O4AD – the Oregon Association of Area Agencies on Aging & Disabilities – the statewide association representing the 17 Area Agencies within Oregon. This testimony represents a consensus from the 17 AAAs, based on input from Advisory Councils, AAA Directors, and other AAA staff. I serve as the Executive Director of NorthWest Senior & Disability Services, the area agency serving Clatsop, Marion, Polk, Tillamook and Yamhill counties in northwest Oregon, serving seniors and people with physical disabilities.

Thank you for the opportunity to provide input on the Older American Act (OAA) and recommendations for reauthorization. Since 1965, the OAA has served as the backbone to the long-term care system for seniors across the nation. In Oregon, it provided a base for the reimagining of the importance of home and community based care which led Oregon to their nationally-recognized design of the Medicaid long-term care system and the use of waivers to provide services that offer dignity and independence to our aging population. Since that time the demographic has changed, the needs of the population we serve have changed, the economic climate has changed and our services also need to change. The OAA offers the only type of prevention and intervention services to all in Oregon at this time. To make the OAA most relevant to our seniors, we recommend the following items:

Funding Request & Distribution:

In a time where requests for funding and services face more critical review by policymakers and the public, the Older Americans Act reauthorization request should be based in the amount of services that the Administration on Aging is seeking to ‘buy’ rather than simply requesting lump sum increases. In other words, funding requests should be based on documented need, not arbitrary lump sum increases that are not even tied to inflation and/or population growth. Authorization language that is based in amounts of funds that are determined by levels of service can be tied to demographic data. Evidence-based programs that have shown effectiveness and efficiency, and are indexed to show if we are moving forward or behind, can stand the test of appropriations scrutiny.

As a concrete example, the President’s proposed budget requests a \$4.8 million increase in C-1 Congregate Meals funding. Using the National Funding Formula, Oregon receives approximately 1% of any national distribution. In this example, Oregon’s share for the entire state would be \$48,000. At \$5 per meal for 250 serving days, this buys an additional 38 meals per day for the entire state. Using the Oregon IFF, a small rural AAA serving hundreds of square miles would not receive sufficient funding to serve one more person per day. Our largest AAA, serving the City of Portland and the surrounding county, would receive funding sufficient to serve an additional six people per year – not even one per meal site.

Would it not be smarter and better government to know the extent of unmet need, inflation and population growth, and request appropriations accordingly?

People with Disabilities:

As our population ages, more Americans are experiencing illnesses and chronic conditions that will limit their ability to carry out their normal activities of daily living. While there have been important advances

in care, technology, intervention and prevention programs to help individuals with disabilities remain independent, we do not have a coordinated system to help people with disabilities to focus on the many ways to increase independence. The aging network that has been developed as a result of the Older Americans Act and through the leadership of the Administration on Aging is uniquely positioned to take a leadership role in making a difference in the day to day lives of people with disabilities. Revising the Older Americans Act to serve people with disabilities and adopt a funding stream for that service is an important policy change to begin discussing during this next authorization cycle. Oregon has demonstrated over the last twenty years that this approach is viable and workable.

Local Options:

Flexibility in how funds are able to be used by the local areas can allow a broader range of needs to be met for our older adults. Giving local areas the option, based on need and demonstrated data and criteria, to move eligibility age and set mandatory fees can also modify the Older Americans Act to be more locally responsive and also increase commitment and personal responsibility by our clients. Developing a pay-in for meal programs on a sliding scale that is based on income is another part of this rethinking of flexibility in funds. We also suggest exploring consolidating all of the OAA titles into one title that allows much greater flexibility in meeting demonstrated local need than the current maximum transfers between titles.

Investing in Prevention and Early Intervention:

The development of the aging/disability resource centers has signaled an important step in redirecting our collective attention to models of services that can increase independence, lower reliance on more costly acute type services and delay or defer entrance into the Medicaid system. The ADRC pilot programs that have been implemented in a variety of communities across the country show the ability to save funds through diversion services to ultimately make ADRC's cost-neutral. The Lewin Group studies demonstrate these programs as cost effective and worthwhile of full implementation. The Medicaid long-term care system has been an important foundation of long-term care services for older adults and people with disabilities, but it serves only a fraction of the population – at a very high cost to taxpayers. Consumer directed single entry points that can provide information, referrals, services and supports offer the consumer help in coordinating their care choices, utilizing their own resources as effectively as possible and redirect our attention to cost-effective preventative programs. Project 2020 has been developed by the State Units on Aging and the National Association of Area Agencies on Aging and is a logical and natural fit with the Older Americans Act. We encourage inclusion of the Project 2020 concepts as new language during re-authorization, as well as inclusion of authorized funding levels to perform these activities.

Thank you for the opportunity to provide input on the reauthorization of the Older Americans Act. O4AD looks forward to participating in this process throughout this next year.

Barry Donenfeld
NorthWest Senior & Disability Services
PO Box 12189
Salem, OR 97309
Phone: 503-304-3456
Email: barry.donenfeld@state.or.us