Preparing the Aging Network for Choices for Independence

Draft Findings

Project Goals

- Create a self-assessment survey for Title VI and AAA organizations about key components of Choices for Independence; provide timely and useful reports.
- Develop training and technical assistance for the aging network for moving forward with long-term care programming.
Major Components

- Annual web-based self-assessment survey and mini-surveys
- Feasibility analysis of a national integrated provider data base
- Workshops on business planning for AAA and tribal organization directors
- Web accessible up-to-date and comprehensive training materials for AAA board members
Annual web-based self-assessment survey (inventory) and mini-surveys
Organizing Principles

- Enable consumers to remain in their own homes through the provision of home and community-based long-term care
- Empower consumers to stay active and healthy through disease prevention and health promotion services
- Streamline access to home and community-based services through single point of entry and strategic partnerships
- Enhance organizational capacity of the aging network for the area-wide development and implementation of home and community-based long-term care systems.
Survey Development

- **Goals**
  - User-friendly
  - Useful
  - Thorough

- **Input**
  - Listening sessions
  - Focus Groups
  - Advisory Council
  - Key Informant and cognitive interviews
Survey

- Web-based survey: designed using SNAP software
- AAA survey-launched June 25, 2007
- Title VI survey-launched August 31, 2007
- Average completion time: 30-45 minutes
- Toll free number available for all concerns
Different Timelines

AAA and Title VI surveys on different timelines due to:

- Concerns about timing of survey, conflicts with other required reporting
- Feedback from Title VI Directors
- Feedback from Tribal Consultants
Title VI Participation

- Added Title VI Coordinator (Scripps)
- Support from National Resource Center on Native American Aging and Yvonne Jackson
- Conducted focus group with 5 Title VI program directors (first phase of Title VI Advisory Group)
- Contracted with Cynthia LaCounte as an independent consultant
Response Rates

- **AAA Version**
  - 80% (after 5 months in the field)

- **Title VI Version**
  - 30% (after 3 months in the field)
Preliminary Results

(AAA Version)

Findings are based on a 79.4% response rate. All findings are still preliminary.
Familiarity With Choices

- There is widespread interest among area agencies to learn more about Choices. Even though less than 20% feel that they are very familiar with Choices, most have heard and read about the initiative and are eager to learn more.

- “Choices for Independence as a strategic framework” was one of the top technical assistance needs, second only to “Resource development/fundraising.”
Organizational Capacity: Budget

- Average (mean) Budget: $8.7 million
  - 25<sup>th</sup> Percentile: $2.0 million
  - 50<sup>th</sup> Percentile: $3.8 million (median)
  - 75<sup>th</sup> Percentile: $8.5 million

- Average (mean) Percent of Budget from OAA: 41.8
  - 25<sup>th</sup> Percentile: 22.0
  - 50<sup>th</sup> Percentile: 38.0 (median)
  - 75<sup>th</sup> Percentile: 59.0
Organizational Capacity

- **Average (mean) # of Clients Served:** 8,683
  - 25th Percentile: 1,459
  - 50th Percentile: 3,039 (median)
  - 75th Percentile: 8,000

- **Average (mean) # of Employed Staff:**
  - Full Time: 39.0
  - Part Time: 20.0
Area Served (AAA)

- Rural: 49.9%
- Suburban: 8.2%
- Urban: 6.2%
- Mix: 36.6%
AAA Structure

- Part of City Government: 2%
- Part of County Government: 27%
- Independent Agency: 38%
- Part of a COG or RDPA: 25%
- Other: 8%
Funding Sources (AAA)

Percent of respondents providing services with funds other than OAA funds:

- Medicare 12.0
- Medicaid 32.7
- Medicaid waiver 59.4
- Indian Health Service 1.8
- State general revenue 70.0
- Other state funding 59.4
- Local funding 78.1
- SSBG 27.4
- Grant funds 53.5
- Private pay clients 32.9
- Other 22.1
Involvement in Key Programs

- **ADRC**
  - 30.5% have a designated ADRC in their area
  - 21.1% are designated as an ADRC

- **Evidence-Based Programming**
  - 36.6% have been or are now involved in an Evidence-Based Disease Prevention Grant Program

- **Transition Programming**
  - 67.8% facilitate the transition of consumers from institutional placements into the community

- **Targeting**
  - 54.6% state that their most impaired consumers get priority for services in all programs
Participants were asked to identify which services (out of a list of 28) they provide and whether those services were provided with OAA funding and/or other funding.

They were also asked to identify if the service was provided as a consumer directed option.
## Survey Page for Services

<table>
<thead>
<tr>
<th>Service</th>
<th>OAA Funding</th>
<th>Other Funding</th>
<th>Consumer/Self-Directed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chore</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Caregiver Support Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home delivered meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemaker</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Home modification</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Home repair and maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respite care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Services

- Assistive devices
- Case management
- Chore
- Family Caregiver Support Program
- Home delivered meals
- Home health
- Homemaker
- Home modification
- Home repair and maintenance
- Medication Management
- Personal Care
- Respite Care
- Transportation
- Adult day service
- Adult Protective Services
- Assessment for care planning
- Assessment for long-term care service eligibility
- Benefits counseling
- Official eligibility determinations for public programs
- Congregate meals
- Food pantry
- Information and referral/assistance
- Legal assistance
- Outreach
- Ombudsman
- Paperwork and money management
- Translator/interpreter assistance
Most Common Services

- Family Caregiver Support Program
- Home delivered meals
- Respite care
- Transportation
- Congregate meals
- Information and referral/assistance
- Legal assistance
Least Common Services
(provided by less than 50% of agencies)

- Home health
- Adult Protective Services
- Official eligibility determinations for public programs
- Food Pantry
- Paperwork and money management assistance
- Translator/interpreter assistance
- Other
Proportion who offer selected services

- Adult day care
- Assessment for care planning
- Assessment for LTC service eligibility
- Assistive devices
- Benefits counseling
- Case management
- Chore
- Homemaker
- Home modification
- Home repair and maintenance
- Medication management
- Ombudsman
- Outreach
- Personal care

0 20 40 60 80 100
19.2% of participants use OAA funds for 100% of the services they provide. Of those agencies:

- Provide an average of 18 services funded by OAA
- A third do not provide any services with other funding; of those who do, the median is 4.
- 56.3% serve rural areas
- Average budget: 4.3 million
- Average percent of budget from OAA: 56.7%
- Average # of client’s served: 10,259
Consumer Directed Services

- 52% of agencies provide no services with a consumer directed option
- Of those who provide any consumer directed services, the average number is 4.
Most Common CD Services

Percent of organizations who provide the following home and community-based services either directly or through contract

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care</td>
<td>30.6</td>
</tr>
<tr>
<td>Respite care</td>
<td>28.2</td>
</tr>
<tr>
<td>Homemaker</td>
<td>27.3</td>
</tr>
<tr>
<td>Home health</td>
<td>26.8</td>
</tr>
<tr>
<td>Assistive devices</td>
<td>24.5</td>
</tr>
</tbody>
</table>
Comparison by Organizational Size (Budget)
Average (mean) Budget within Percentiles

- Small AAAs: $1.2 million
- Medium AAAs: $4.2 million
- Large AAAs: $25.6 million
Proportion of Funding from OAA by Organization Budget

Percent

Overall | Small | Medium | Large
Area Served

Average percent of AAAs who serve urban, suburban, rural and mix areas by size

Overall
Small
Medium
Large
Funding Sources for Services by Organization Budget
Average # of Clients Served by Organization Budget

# of Clients

- Overall: 8700
- Small: 5736
- Medium: 7930
- Large: 14880
Progress Questions

- Sets of questions related to Choices principles

- Response Options:
  - Do not plan to work on this.
  - Would like to work on this but cannot.
  - Plan to work on this but have not begun.
  - Have made progress.
  - Have this in place.
Enabling Consumers to Remain in their Own Homes

**Most Progress** (% who are working on or have in place)

- 93.2% Assessing consumer satisfaction with their services
- 89.5% Asking consumers about their service preferences

**Least Progress** (% who do not plan to or cannot work on)

- 49.6% Developing policies and procedures to serve private-pay/insurance clients
- 45.6% Building billing systems for private-pay clients
Streamlining Access to Home and Community-Based Services

- **Most Progress** (% who are working on or have in place)
  - 92.7% Electronically maintaining information about clients and their services
  - 90.5% Improving our Information and Referral/Assistance System

- **Least Progress** (% who do not plan to or cannot work on)
  - 31.9% Electronically maintaining a billing system
  - 22.7% Coordinating a single assessment and eligibility determination process
Enhancing Organizational Capacity

Most Progress (% who are working on or have in place)

- 93.0% Developing a system (either on your own or with partners) to provide home and community-based services to older adults
- 83.4% Building systems for quality assurance and program monitoring

Least Progress (% who do not plan to or cannot work on)

- 47.0% Developing a system (either on your own or with partners) to provide home and community-based services to persons of all ages
- 29.2% Fiscally sustaining programs if no additional AoA funding is provided
### Progress: Area Plan

Percentage of participants who state that they either “**have made progress**” and “**have completed task or have a program in place**” or “**do not plan to work**” and “**would like to work but cannot**” on including the following items in their area plan.

<table>
<thead>
<tr>
<th>Area Plan Description</th>
<th>Made progress/In place</th>
<th>Do not plan to work/Like to but cannot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer/self-directed services</td>
<td>58.8</td>
<td>16.6</td>
</tr>
<tr>
<td>Integration of elder rights into LTC change efforts</td>
<td>60.9</td>
<td>13.9</td>
</tr>
<tr>
<td>Planning for baby boomers</td>
<td>69.8</td>
<td>4.7</td>
</tr>
<tr>
<td>Private pay services</td>
<td>34.3</td>
<td>34.2</td>
</tr>
<tr>
<td>Streamlining access to services</td>
<td>78.1</td>
<td>7.0</td>
</tr>
<tr>
<td>Nursing facility diversion</td>
<td>55.5</td>
<td>21.4</td>
</tr>
<tr>
<td>Nursing Facility Transition Program</td>
<td>51.4</td>
<td>25.5</td>
</tr>
</tbody>
</table>
## Fiscal Threats/Barriers/Challenges

Percentage of participants who agree or strongly agree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing expenses limit what we can do.</td>
<td>90.7</td>
</tr>
<tr>
<td>Our organization faces competition for keeping revenue.</td>
<td>69.4</td>
</tr>
<tr>
<td>Our budget is smaller this year than it was last year.</td>
<td>31.5</td>
</tr>
<tr>
<td>Competition for funds prevents our organization from partnering with different service organizations.</td>
<td>28.4</td>
</tr>
</tbody>
</table>
## Other Threats/Barriers/Challenges

Percentage of participants who agree or strongly agree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our state limits, either through rules or regulation, what our role should be in a long-term care system.</td>
<td>64.8</td>
</tr>
<tr>
<td>Our organization faces competition for keeping our programs.</td>
<td>36.7</td>
</tr>
<tr>
<td>We generally wait for directives before implementing new service strategies or practices.</td>
<td>33.0</td>
</tr>
<tr>
<td>We are not looking for new opportunities because we can barely do what we’re doing now.</td>
<td>32.5</td>
</tr>
</tbody>
</table>
## Barriers by Organizational Size

Percent of organizations who agree or strongly agree to the following “barrier” statements by size (budget).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our organization faces competition for keeping our programs.</td>
<td>63.7</td>
<td>70.9</td>
<td>69.0</td>
</tr>
<tr>
<td>Increasing expenses limit what we can do.</td>
<td>90.7</td>
<td>91.5</td>
<td>88.8</td>
</tr>
<tr>
<td>We are not looking for new opportunities because we can barely do what we’re doing now.</td>
<td>44.7</td>
<td>32.5</td>
<td>18.3</td>
</tr>
<tr>
<td>Our organization faces competition for keeping our programs.</td>
<td>34.2</td>
<td>34.2</td>
<td>41.4</td>
</tr>
</tbody>
</table>
Training and TA Needs (AAA)

Percent of respondents who identified the following training and technical assistance needs as most useful to their organization:

- **Resource development** 67.6
- **Choices for Independence as a strategic framework** 53.1
- **Strategic planning** 51.7
- **Consumer/Self-directed programs** 48.1
- **Social marketing** 46.4
- **EB disease and disability prevention** 46.0
- **Strategic alliances** 37.7
Preliminary Results

(Title VI Version)

Findings are based on a 29.4% response rate. Please note that all findings are still preliminary.
Organizational Capacity: Budget

- **Average (mean) Budget:** $248,816
  - 25\(^{th}\) Percentile: $94,846
  - 50\(^{th}\) Percentile: $188,219 (median)
  - 75\(^{th}\) Percentile: $299,331

- **Average (mean) Percent of Budget from OAA:** 69.5
  - 25\(^{th}\) Percentile: 40.0
  - 50\(^{th}\) Percentile: 90.0 (median)
  - 75\(^{th}\) Percentile: 100.0
Organizational Capacity

- Average (mean) # of Clients Served: 332
  - 25th Percentile: 109
  - 50th Percentile: 206 (median)
  - 75th Percentile: 423

- Average (mean) # of Employed Staff:
  - Full Time: 4.7
  - Part Time: 4.3
Area Served (Title VI)

- Rural
- Remote/Frontier
- Mix
Funding Sources (Title VI)

Percent of respondents providing services with funds other than OAA funds:

- Medicare 3.1
- Medicaid 12.5
- Medicaid waiver 12.5
- Indian Health Service 44.6
- American Indian Relief Council 7.1
- Revenue from gaming 23.2
- Other tribal funding 66.1
- Title III funding 44.6
- Other state funding 21.4
- SSBG 14.3
- Grant funds 17.9
- Private pay clients 3.6
- Other 10.7
Progress Questions

- Sets of questions related to Choices principles
- Response Options:
  - Do not plan to work on this.
  - Would like to work on this but cannot.
  - Plan to work on this but have not begun.
  - Have made progress.
  - Have this in place.
Enabling Consumers to Remain in their Own Homes

- **Most Progress** (% who are working on or have in place)
  - 77.8% Assessing consumer satisfaction with their services
  - 74.6% Asking consumers about their service preferences

- **Least Progress** (% who do not plan to or cannot work on)
  - 90.6% Developing policies and procedures to serve private-pay/insurance clients
  - 87.5% Building billing systems for private-pay clients
Streamlining Access to Home and Community-Based Services

- **Most Progress** (% who are working on or have in place)
  - 73.0% Improving our Information and Referral/Assistance System
  - 72.6% Developing collaborations with our local Area Agency on Aging (Title III)

- **Least Progress** (% who do not plan to or cannot work on)
  - 66.7% Electronically maintaining a billing system
  - 61.9% Developing innovative technology to improve elder access
Enhancing Organizational Capacity

- **Most Progress** (% who are working on or have in place)
  - 85.7% Having culturally competent staff
  - 75.8% Conducting a needs assessment in our area

- **Least Progress** (% who do not plan to or cannot work on)
  - 60.3% Developing a system (either on your own or with partners) to provide home and community-based services to persons of all ages
  - 58.7% Building a tribal nursing home
**Fiscal Threats/Barriers/Challenges**

Percentage of participants who agree or strongly agree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing expenses limit what we can do.</td>
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</tr>
<tr>
<td>Our budget is smaller this year than it was last year.</td>
<td>43.5</td>
</tr>
<tr>
<td>Our organization faces competition for keeping revenue.</td>
<td>42.6</td>
</tr>
<tr>
<td>Competition for funds prevents our organization from partnering with different service organizations.</td>
<td>31.1</td>
</tr>
</tbody>
</table>
## Other Threats/Barriers/Challenges

Percentage of participants who agree or strongly agree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decisions at our tribal level limit what we can do.</td>
<td>62.3</td>
</tr>
<tr>
<td>Our state limits, either through rules or regulation, what our role should be in a long-term care system.</td>
<td>58.3</td>
</tr>
<tr>
<td>We generally wait for directives before implementing new service strategies or practices.</td>
<td>54.8</td>
</tr>
<tr>
<td>We are not looking for new opportunities because we can barely do what we’re doing now.</td>
<td>47.5</td>
</tr>
</tbody>
</table>
Training and TA Needs (Title VI)

Percent of respondents who identified the following training and technical assistance needs as most useful to their organization:

- Resource development 65.6
- Strategic planning 60.7
- Understanding the LTC system 55.7
- Strategic alliances 39.3
- Mission based management 39.3
- Volunteer management 37.7
- Choices for Independence as a strategic framework 36.1
- Learning more about Medicaid 36.1
Survey - Next Steps

- Continue collecting Title VI data
- Ongoing work with Title VI Advisory Group
- Title VI data analysis
- Receive feedback and suggestions from Advisory Council and AAA directors on the format of reports
- Report writing and dissemination
- Obtain feedback and recommendations from the Advisory Council on content of survey
Mini-Survey

- **Topic:** Elder Abuse and Legal Services
  - Drafts complete
  - Ongoing conversation with AoA’s Office of Consumer Choice and Protection about content

- **Next Steps**
  - Continued conversations with AoA
  - Key informant interviews and survey testing
  - Expected launch: January 2008
Feasibility Study: Inventory of Aging Service Providers
Provider Inventory Feasibility Study

Goal
Determine the feasibility of establishing a national inventory of local community organizations/providers of services, primarily but not exclusively, under the Older Americans Act (OAA)

Overall Process
- Determine desired end state
- Assess current status of provider data systems
- Outline steps and resources necessary to move to desired status
Provider Inventory Feasibility Study - Next Steps

- Review existing data management systems: content, uses, and degree of vertical integration (NASUA study)
- Use stakeholder process to establish minimum data set for provider inventory
- Interview area agencies and/or state units to assess range of current practices and functionality of existing data systems
- Use stakeholder process to understand resource requirements for moving to national inventory
- Provide detailed recommendations regarding resources and timeline for moving to national, annually updated provider inventory
Provider Inventory Feasibility Study

- **Current challenges:**
  - Variability in current systems
  - Unit of analysis, sampling
  - Inclusiveness of inventory (I and R data plus contracted providers; variable funding sources for providers)
National Center for Long-Term Care Business and Strategy Planning & Strategy Workshop for the Aging Network
Purpose: to help the aging network improve its information and planning processes so that it can move effectively toward Choices for Independence.

The training seeks to arm participants with the knowledge and skills to make decisions that will have a positive and lasting impact on the aging service network.

Center is framed around three central concepts: knowledge, application, and practice.
Business Institute Development

- Literature Review
- Key informant interviews
- Analysis of n4a survey training and technical assistance interests
- Curriculum development
- Logistical details
Business Institute Dates

- **Fall 2007**
  - November 8, 9 and 10th
  - Miami University, Oxford, Ohio

- **Spring 2008**
  - May 15, 16 and 17th
  - Miami University, Oxford, Ohio

- **Fall 2008 (East Coast Location TBD)**

- **Spring 2009 (West Coast Location TBD)**
Business Institute
Fall 2007

- 30 participants
  - 25 AAA directors
  - 5 Title VI program directors
- 20 states represented
- Speakers representing a variety of organizations and levels of involvement with AAAs and Title VI Programs
Business Institute - Feedback

- Overall
  - 75% indicated that they would definitely or very likely continue to connect with colleagues they met at the institute.
  - 100% rated the overall usefulness of the institute as very or extremely useful.
  - 100% indicated that they would definitely or be very likely to recommend the business institute to a colleague.
Business Institute-Feedback

- Helpful Aspects of the Business Institute
  - Size of the group
  - Networking opportunity
  - Meeting individuals from AoA
  - Sharing best practices
  - Learning more about Choices
Business Institute-Feedback

- Information that will allow them to move forward
  - Provide more practical examples that are attainable for programs with smaller budgets and serving rural populations
  - Have more small group discussions to allow participants to integrate the knowledge presented to the local level
  - Involve individuals from the state level
  - Advocacy strategies
  - More information about how to ‘practice’ what was presented
  - Continued contact to ensure that information attained at Business Institute is taken home and put to practice.
To what extent did attending this session increase your knowledge of this area?

- A very great deal: 17.4%
- A great deal: 55.6%
- Some: 23.8%
- Little: 3.2%
How likely is it that you will use the information from the session in your current work?

- Definitely: 19.7%
- Very likely: 58.1%
- Possibly: 19.1%
- Very unlikely: 2.7%
- Not likely: 0.5%

Average Percent

0 10 20 30 40 50 60 70
Business Center - Next Steps

- Further review of participant feedback
- Evaluate and revise curriculum
- Logistical Details of 2008 and 2009 Business Institute
Web Accessible
Training Materials
Training Manual

Purpose: assist new and established governing board and advisory council members serving area agencies on aging by providing them with:

- a brief overview of their major duties and responsibilities as board and council members.
- a brief history of the United States’ aging network and the services it provides, including an overview of the Older Americans Act and Choices for Independence.
- a brief guide to facilitating advocacy on behalf of aging services at the community, state and national level.
Training Manual-Development

- Literature Review
- Key Informant Interviews
- Advisory Board review and feedback
Training Manual-Contents

- A synopsis of major duties and responsibilities of governing board and advisory council members serving area agencies on aging;
- A brief history and overview of America’s aging network and the services it provides;
- A chart delineating the aging network’s organizational structure;
- A chart delineating the OAA budget and funding priorities;
- A glossary of terms and acronyms useful for reading and conversing about aging services;
- An introduction to trends and new aging-service programs, such as Choices for Independence; and
- A guide to facilitating advocacy on behalf of older Americans.
Training Manual

- Available on n4a’s website
- Interactive (links to outside sources)
- Ability to download and make applicable to all organizations
For further information:

- **Scripps Gerontology Center**
  - Miami University
  - Oxford, OH 45056
  - 513-529-2914
  - linscoae@muohio.edu