

# **Commission on Aging and Disability**

The General Assembly created the Tennessee Commission on Aging in 1963 to plan, develop, and administer the Older Americans Act. The 2001 General Assembly passed Public Chapter 397, renaming the agency the Tennessee Commission on Aging and Disability and expanding the commission's authority to include services to adults with disabilities.

The Older Americans Act provides federal funds for administration and contracting for direct services. These services include congregate and home-delivered meals, protection of elder rights, supportive and in-home care, senior centers, transportation, and family caregiver services. The commission administers federal funds from the Centers for Medicare and Medicaid Services to operate the statewide State Health Insurance Assistance Program (SHIP), which provides consumer education and counseling about Medicare, and all other related health insurances. The commission also administers state funds for multi-purpose senior centers, public guardianship, homemaker, and personal care services and home-delivered meals.

TCA 71-2-104 establishes a 25 member policy-forming and decision-making board. The Governor appoints 18 members, including a member of his staff. The seven commissioners of Health, Mental Health/Developmental Disabilities, Human Services, and Veterans Affairs and the Director of the Council on Developmental Disabilities are ex officio, voting members; and the speakers of the Senate and House of Representatives appoint one non-voting member each.

## **Mission Statement**

As the designated state unit on aging, the Tennessee Commission on Aging and Disability is working for adults with disabilities and older Tennesseans by providing leadership and guidance for a system that promotes health, dignity, independence, and security through an array of community and in-home services, the protection of rights, and the implementation of best practices.

## **Goals**

1. By FY 2014, continue to improve the quality of life for aging persons and other adults with disabilities by providing an array of services that include access to services, health promotion and prevention services, in-home services, and elder rights.
2. By FY 2011, develop a statewide program for conducting marketing activities for the Long Term Care Community Choices Act single point of entry system.

### **Goal 1**

By 2014, continue to improve the quality of life for aging persons and other adults with disabilities by providing an array of services that include access to services, health promotion and prevention services, in-home services, and elder rights.

## Strategies for Achieving Goal 1

1. Implement and monitor the approved policies, procedures, and standards for the delivery of a comprehensive information and assistance service that allows Tennesseans to make informed decisions about their long-term care support and service options.
2. Through collaboration with other state agencies, area agencies on aging and disability, and service providers, improve phone, website, and mobility access to meet the standards defined in the Americans with Disabilities Act (ADA).
3. Enhance the statewide information technology to support the dissemination of information about aging and disability services through a user-friendly, web-based resource directory.
4. Annually submit for approval and implement the Title VI (Civil Rights) Plan.
5. Deliver supportive services to older Tennesseans and family caregivers in their homes and in the community that will enable them to maintain their independence through the use of federal funds provided by the Older Americans Act.
6. Deliver basic in-home services such as personal care, homemaker and home delivered meals to older Tennesseans and other adults with disabilities that will enable them to maintain their independence through the use of state funds.
7. Explore ways to address the waiting lists, including: a) seeking additional funding; and b) designing a cost-efficient “self-directed” care component as a service option to allow an individual or family to hire a person of their choice to provide care through the use of both state and federal funds.
8. Implement the state plan for Alzheimer’s disease that was developed by the Alzheimer’s Disease Task Force appointed by the Governor.
9. Assist senior centers in adapting to the changing demographics and needs of the baby boomer generation by assessing training needs and by providing technical assistance and training on issues such as: creative programming; seeking alternative funding sources; collaborating with community services; and volunteer recruitment, training, and retention.
10. Explore cost-saving opportunities for nutrition services by the use of standardized menus across the state and by the purchase of food in bulk by working cooperatively with area agencies on aging and disability and with nutrition service providers.
11. Provide home delivered meals and meals in congregate settings, thereby preventing malnutrition, food insecurity, loneliness, and isolation.
12. Utilize American Recovery and Reinvestment Act of 2009 (ARRA) nutrition funds to expand the provision of congregate and home delivered meals through targeted outreach to low-income, rural, minority, and other under-served populations.
13. Provide Ombudsman services for older residents of all long-term care facilities in the state through district Long-Term Care Ombudsmen and a cadre of Volunteer Ombudsman Representatives (VORs) in each district.
14. Provide Guardianship services for older individuals who, due to physical or mental limitations, are unable to manage health and financial decisions and have no family, friend, bank, or corporation to act on their behalf.
15. Provide legal assistance for older individuals with issues concerning Social Security; food stamps; Medicare/Medicaid; nursing home access and care; health care power of attorney; advance care directives; adult abuse, neglect, and exploitation; housing; utilities; and age discrimination.
16. Develop and implement a statewide initiative to recruit, train, and retain volunteers to work in the elder rights programs.
17. Collaborate with state and local government agencies and community organizations to support and encourage the development of regional and statewide coalitions for the prevention of elder abuse.

18. Implement the State Plan on Aging 2009 – 2013, as approved by the Administration on Aging.

**Performance Measure**

1. The number of elderly persons or other adults with disabilities whose quality of life was improved by participating in services as reported to the Administration on Aging.

FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
175,470	176,172	175,820	175,470	175,470	175,470

Note: The American Recovery & Reinvestment Act of 2009 provided increased funds to provide meals through the Nutrition Program for the Elderly. All other program funds are expected to remain level.

**Goal 2**

By FY 2011, develop a statewide program for conducting marketing activities for the Long Term Care Community Choices Act single point of entry system.

**Strategies for Achieving Goal 2**

1. Develop and implement a statewide marketing plan for the Long Term Care Community Choices Act single point of entry (Choices SPOE).
2. Develop marketing materials for the Choices SPOE.
3. Provide a statewide toll-free number that can be utilized by persons seeking information about or assistance with enrollment in the Choices program.
4. Design consistent outreach tools such as informational booths, presentations, and an up-dated website.

**Performance Measure**

1. Percent of statewide marketing program for the Long Term Care Community Choices Act single point of entry system developed.

FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Not Applicable	Not Applicable	100%	Not Applicable	Not Applicable	Not Applicable

## **Additional Agency Information**

### **Statutory and Constitutional Objectives**

The General Assembly created the Tennessee Commission on Aging in 1963 to plan, develop, and administer the Older Americans Act. The 2001 General Assembly passed Public Chapter 397, renaming the agency the Tennessee Commission on Aging and Disability and expanding the commission's authority to include services to adults with disabilities. As the state unit on aging, the commission administers the Older Americans Act that is comprised of congregate and home delivered meals, supportive services such as access to care, in-home services, elder rights protection, community services, and health promotion, fitness, and health screenings.

### **Obstacles to Meeting Objectives and Delivering Services and Means of Overcoming Obstacles**

**Obstacle 1** – The major obstacle is funding. Currently, federal funding is static. State funding is insecure due to reduced sales tax revenues and the state may be facing further cuts. Federal funding requires matching state funds. Aging and disability issues are often not equally prioritized within state government and securing state funding can be problematic.

The commission will address the funding obstacles by continuing to engage policy makers in decision-making processes that elevate the needs of older citizens and adults with disabilities to the forefront while recognizing the strengths and contributions of this population. The commission will also continue to seek state funding aimed at addressing the need for home and community-based services, as well as, submitting applications for federal discretionary grants available through the Administration on Aging. Despite budget concerns, the commission will strive to maintain quality staff, address staff training needs, and provide technical assistance to Area Agencies to design volunteer recruitment, training, and retention programs.

**Obstacle 2** – An overarching obstacle facing the aging and disability network's service delivery capability at this time is the dramatic increase in the cost of fuel, food, and healthcare. The intent of the Older Americans Act is to ameliorate the effects of social isolation and promote well-being. For many older Tennesseans, a visit from a volunteer or service provider when delivering meals or other in-home services provides the only regular monitoring of the consumer's mental and physical status. The aging population is growing and government budgets for programs that serve this population remain level or are at risk of cuts. Reductions in resources jeopardize both the total number of individuals served with the funds available and the cost of delivering services which could lead to serious negative outcomes for some vulnerable Tennesseans. The skyrocketing cost of health care, energy, and food has already begun to manifest in volunteer resignations. With fewer volunteers to serve more people in need, it is certain that without creative solutions, those older persons in Tennessee with the least resources, those who live in rural and/or remote areas of the State will lose services altogether.

Like many states, Tennessee is seeking ways to streamline and rebalance its long term care system. The Long Term Care Community Choices Act of 2008 is the vehicle Tennessee has chosen to accomplish this task. The commission will advocate for older persons and adults with disabilities through the transition period from the current long term care system to the managed care system proposed in the Choices Act. The commission will also continue to seek additional

resources that will target the recruitment, training and retention of volunteers and assist them with financial support for mileage reimbursement.

**Obstacle 3** - The capacity of the commission to address the emerging needs of the rapidly increasing aging population in Tennessee remains inadequate. As the baby boomers reach age 60 and become eligible for services and the “frail elderly” population continues to grow faster than any other segment of the aging population, the commission’s ability to keep up with the demand for services becomes more and more compromised. The State of Tennessee ranks 16th in the U.S. for a population 60 years of age or older (2000 Census), yet the state ranks 46th in spending for this population. The oldest baby boomers turned 60 in 2006 and the youngest baby boomers will turn 60 in 2024. Not only is the baby boom population growth a current obstacle but it will continue to be a future challenge throughout the foreseeable planning cycles.

The barriers to meeting Goals 1 and 2 above, remain as follows: dependency on static federal funds to meet the needs of a fast-growing population; waiting lists comprised of consumers who are ineligible for services under the Statewide Waiver for Home and Community-Based Services, but who need immediate in-home services such as meals and personal care services; an insufficient number of qualified, well-trained staff and volunteers at both the state and local levels, and outdated technology to publicize available services, enroll consumers, and manage data.

The commission will continue to seek and draw down additional state and federal resources as additional grant opportunities become available to serve this growing population and all Tennesseans with unmet needs. The commission will pursue federal discretionary funding available through the Administration on Aging that focuses on system change and maximizing federal and state dollars. Cost-saving measures that are also appealing to individuals and families include “consumer-directed” care and “family-directed respite” that support natural networks and rely less on more expensive care provided by service agencies.

**Obstacle 4** – Some commission positions are funded with non-recurring dollars for FY 2010. The commission’s contract with the Bureau of TennCare to conduct quality assurance and marketing for the Statewide Home and Community Based Waiver for Elderly and Disabled is for a period of one year beginning July 1, 2009. Quality assurance staff is already in place but two marketing positions are yet to be filled. The start date and three-tiered, statewide roll out of the Long Term Care Community Choices program is still uncertain as the Bureau of TennCare waits for approval of its 1115 Waiver application.

The commission is committed to providing high quality services for the Long Term Care Community Choices program and will pursue continuation funding through the Bureau of TennCare.

**Obstacle 5** – The commission has been charged with implementing the Alzheimer’s Disease Task Force recommendations outlined in the Alzheimer’s State Plan submitted to the Governor and the Tennessee General Assembly on February 15, 2009. One staff position is currently funded but no additional funding for infrastructure, programs or services was provided.

The commission is committed to addressing the needs of persons with Alzheimer’s disease and related dementia and will pursue continuation funding through the state budget process. In addition, the commission has submitted two federal Administration on Aging discretionary grants that address Alzheimer’s disease. One addresses Alzheimer’s disease and African American

families and the other is an evidence-based program that works with a healthcare system to intervene early with Alzheimer's patients. The state funding received for the Alzheimer's Coordinator position is used to match these federal grant opportunities and will make it possible to draw down federal funding.

### **Means of Maximizing Federal and Other Non-State Sources of Revenue**

The commission has been instrumental in securing discretionary funding from the Administration on Aging and the Centers for Medicare and Medicaid Services as evidenced by grant awards for the Alzheimer's Innovation Program, the Medicare Improvement for Patients and Providers Act (MIPPA), and two grant awards for the State Health Insurance Assistance Program (SHIP).

For services funded by the Administration on Aging, the following match is required:

1) Administration and Title III-E for family caregiver require a 25% match; 2) Title III-B for supportive services, Title III-C1 and Title III-C2 congregate and home-delivered meals require the state to provide a minimum match of 5% and the area agency and/or service providers to provide a minimum match of 10%; 3) Title VII ombudsman and elder abuse require no match; and 4) Title III-D for disease prevention and health promotion services requires no match.

Administration funds are taken from 5% of the total Title III grant and used by the commission at the state level. Of the remaining 95% of the Title III grant that is contracted to the area agencies, 10% is set aside for administration costs at the area agencies. Both of these administration funds require match at the 75/25 ratio. Any funds that are not spent during a fiscal year for administration must be rolled into funding of services in the following year with the same match requirements as other Title III service funding.

For years, the minimum match has been exceeded by both the commission and the area agencies. Over match at one provider can be applied to satisfy under match at another across Title III except for Title III-E family caregiver because the requirements for qualification in Title III-E are different. Funds are allowed to be used as match in cases where the individual would also qualify for Title III support services or as Title III-E family caregiver.

The aging network places a high priority on the recruitment, training, and utilization of volunteers in the Ombudsman, Public Guardianship, the State Health Insurance Assistance, and Nutrition programs. Well trained volunteers are helping to expand comprehensive services statewide.

The commission will seek cooperation from the state's aging and disability network to promote full participation in the Census 2010 and will track the data as it is released. Having an accurate count of such populations as older persons, persons with disabilities, grandparents raising grandchildren, and immigrants with limited English proficiency will increase the likelihood that the State will be allocated the maximum in public funds or be eligible for additional grants targeted to specific populations.

### **Means of Avoiding Unnecessary Costs and Expenditures**

The commission has provided leadership in advocating for and implementing a statewide system to provide in-home services for people who choose to stay at home rather than being cared for in a long-term care facility. The average annual cost of nursing home care per patient is

significantly higher than in-home care. By providing a system for in-home services, the commission has not only championed the cause for older citizens and adults with disabilities to be cared for in the place of their choice, but has also saved taxpayers millions of dollars.

The commission is helping seniors who are not Medicaid eligible to avoid unnecessary nursing home placement and spend-down through targeted, flexible home and community based services and supports, and is piloting the use of a consumer-directed model of care. Programs and services administered by the commission through the Older Americans Act and Options for Community Living Programs not only keep people from getting more costly institutional services funded by the state's Medicaid dollars, but also helps to delay spend-down to financial eligibility for the Statewide Home and Community Based Services Waiver.

The commission monitors and evaluates Area Agencies on Aging and Disability and service providers, ensuring that services are provided in accordance with policies and procedures, in compliance with contract terms, and adhering to standards and best practices.

### **Future Challenges and Opportunities**

As the baby boomer generation ages, the sheer increase in numbers of people age 60 and over requires planning that addresses all available resources. Planning will also need to consider new and diverse services that will be required for this larger older population in the near future to provide an alternative to institutionalized care. Creating easier access to services and streamlining enrollment is a starting point for the commission.

A particularly difficult challenge for the commission during the next 15 years will be meeting the support needs of persons with Alzheimer's Disease and their caregivers due to the increased incidence of that illness and "other dementias." According to the Alzheimer's Association publication, "2009 Alzheimer's Disease Facts and Figures," the number of 65+ persons in Tennessee with the disease is projected to grow by 20%, or from 120,000 to 140,000, by 2025. Data show, as well, that Medicare expenditures for health care for persons with the illness are three times higher than those of persons without it. It has recently been noted that the incidence of "other dementias," which are as devastating to the individual and family as Alzheimer's Disease, is rising, with the nation unprepared to address the needs those illnesses generate.

A multi-faceted challenge for the commission involves helping low income older persons and other adults with disabilities access health care in an environment where Medicare offers limited, confusing benefits and eligibility for TennCare for complementary coverage has dwindled. At issue in Tennessee is a growing number of underinsured older persons to add to the number of younger adults with disabilities who are already uninsured. When people delay or refuse to seek needed medical care because they are unable to pay for it, the consequences to individuals, families and society are great, with higher costs for everyone becoming the bottom line. The Tennessee State Health Insurance Assistance Program (SHIP) will continue to work to help consumers with Medicare understand and access their benefits, as well as to help younger consumers without Medicare identify sources of care and help with the cost of medications. Because resources for uninsured persons are nearly non-existent in Tennessee, helping this population is especially hard.

The commission has the opportunity to attract the fast growing aging population into innovative volunteer activities. As programs grow to meet the expanding and diverse needs of the aging

population, the potential pool of volunteers grows as well. These new programs require innovative volunteer recruitment, training, and retention approaches in order to attract and keep the number of volunteers needed. The need for additional funding challenges the commission to explore funding options in addition to state and federal dollars. Corporations may see the need to provide adult day care services or compensation for care just as they provide childcare services now. Naturally occurring retirement communities in apartment complexes or small neighborhoods might hire service providers for case management or assisted transportation for the group. Faith-based programs are providing a number of services and should be included in the commission's resource database. Other opportunities for private funding include shared housing or other long-term living strategies.

The commission contracted with the University of Tennessee to conduct a statewide needs assessment during FY 2009. The top ten greatest needs identified in the surveys completed by key stakeholders in the aging and disability communities were: transportation; "Silver Alert" initiative; adult day care; adult foster homes; dental care/dentures, eye care/glasses, hearing exams/hearing aids; support for older persons or adults with disabilities who have income above program financial eligibility requirements; respite for caregivers; walkable communities; retention of staff to prevent high turnover; training for medical, legal, law enforcement, and social service communities; and home repairs and modifications. Many of these needs are outside the scope of services that the commission typically administers. New legislation awaiting the signature of the governor creates the opportunity to develop adult care homes in the state which will give Tennesseans another housing choice; but many of the needs identified will not have legislative or other financial backing. To address the needs, the commission must rely on its continued advocacy efforts, partnerships and participation in projects with other agencies and departments.