



# **Leveraging Collaboration between the Ryan White HIV/AIDS Program (RWHAP) and Aging Agencies: Enhancing Support Services for Older Adults with HIV**

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Administration for Community Living (ACL)

Administration on Aging

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# Agenda

- An overview of ACL and its network of programs and services;
  - A summation of ACL's Evidence Based Chronic Disease Self-Management Education program;
  - A summary of how the Healthcare Information and Counseling programs are accessible by and can support the needs of older adults with HIV who are aging in the RWHAP;
  - An overview of the work of Area Agencies on Aging from USAging.
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# Our Mission and Vision

## Mission

Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers

## Vision

All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society



# Authorizing Statutes

- Older Americans Act
  - Public Health Service Act
    - Limb Loss Resource Center
    - Lifespan Respite Care Act
    - Traumatic Brain Injury Reauthorization Act
  - Omnibus Budget Reconciliation Act
    - State Health Insurance Assistance Program
  - Elder Justice Act
  - Health Care Fraud & Abuse Control
    - Senior Medicare Patrol
  - Medicare Improvements for Patients & Providers Act
  - Developmental Disabilities Assistance & Bill of Rights Act
  - Rehabilitation Act
    - National Institute on Disability, Independent Living & Rehabilitation Research
    - Independent Living Services
    - Centers for Independent Living
  - Assistive Technology Act
  - Help America Vote Act
  - Christopher & Dana Reeve Paralysis Act
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# 1965: Three Important Programs Enacted


- Medicare
- Medicaid
- Older Americans Act (OAA)




***“Every State and every community can now move toward a coordinated program of services and opportunities for our older citizens.”***

*President Lyndon B. Johnson, July 1965*

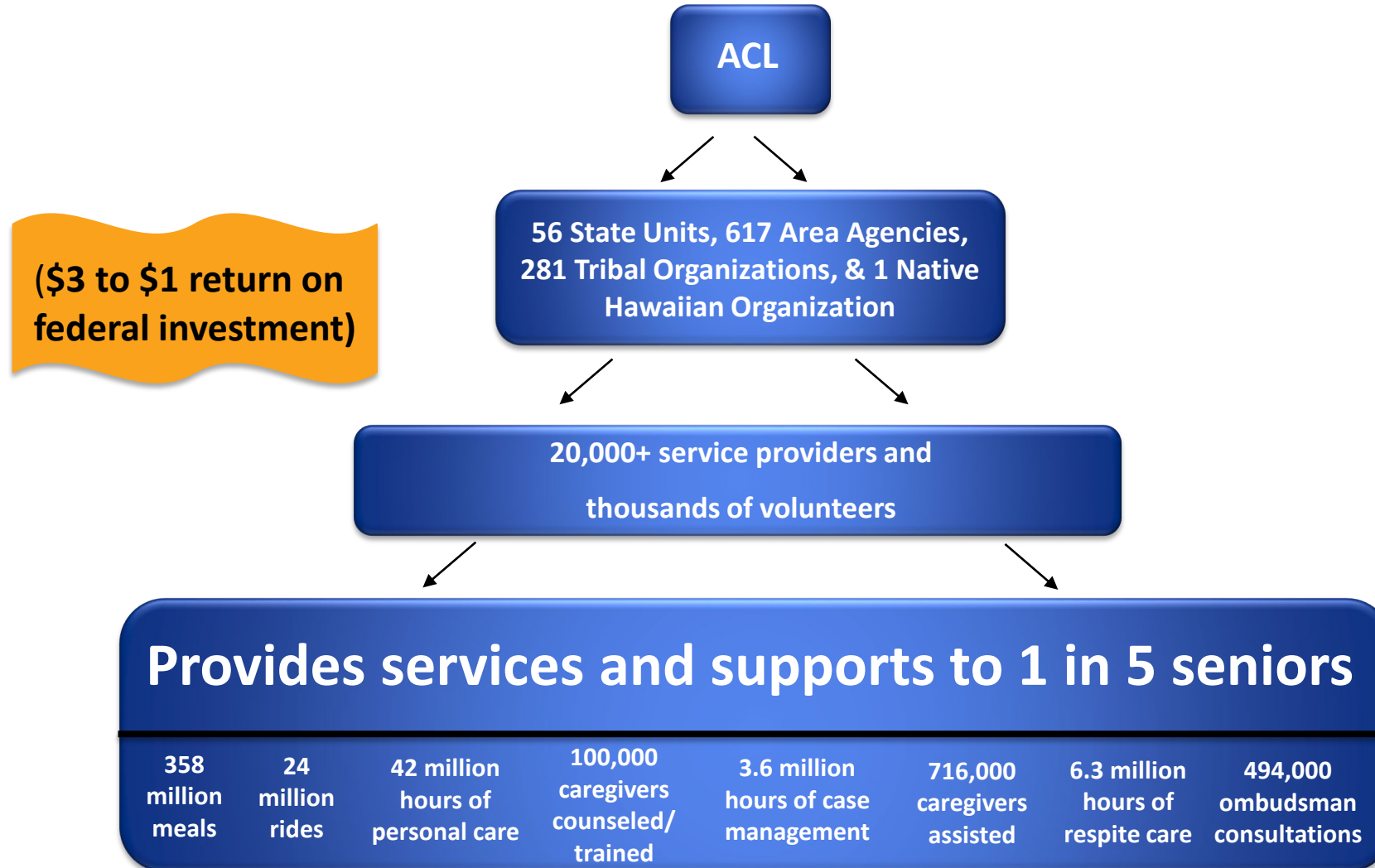
# OAA - Seven Titles

- Title I: Objectives
  - Title II: Establishes Administration on Aging (AoA) and National Aging Service Network
  - Title III B: Supportive Services & Senior Centers
  - Title III C: Nutrition Services
  - Title III D: Disease Prevention and Health Promotion
  - Title III E: National Family Caregiver Support Program
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# OAA - Seven Titles (Cont'd)

- Title IV: Discretionary Projects and Programs (Program Innovations, Training, Demonstrations)
  - Title V: Community Service Employment for Older Americans (Administered by the Department of Labor) – Subsidized Employment & Training for Low Income Seniors 55 and over
  - Title VI: Programs and Services for American Indians, Alaska Natives & Native Hawaiian Elders
  - Title VII: Vulnerable Elder Rights Protections
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# The Aging Network's Community-Based Services Helps 11 Million Seniors And Their Caregivers Remain At Home




\*FFY 17 (FY 16 for Ombudsman & Title VI) data retrieved from ACL's Aging Integrated Database (AGID): <https://agid.acl.gov/Default.aspx>

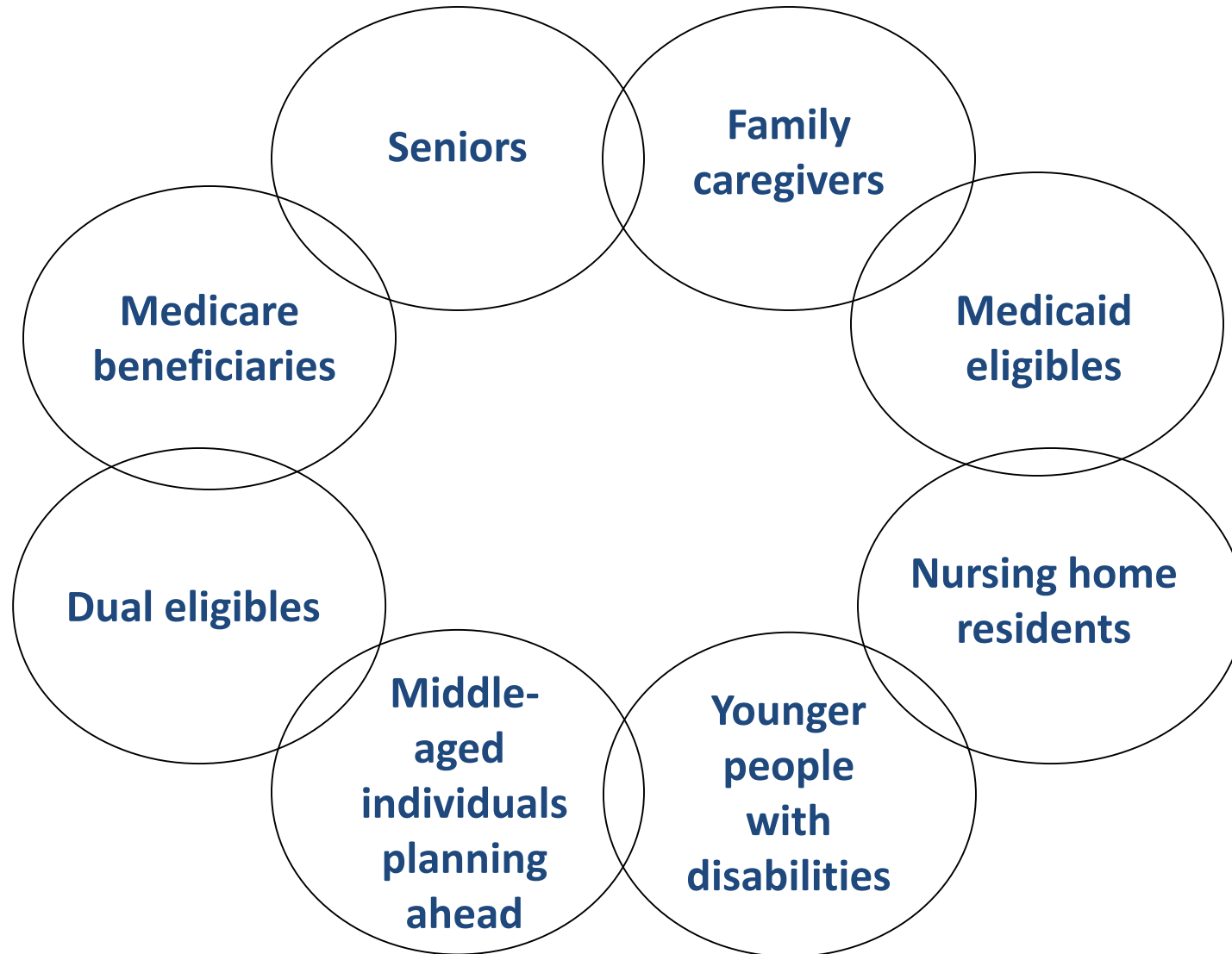


# The Older Americans Act

*...assures that preference will be given to providing services to older individuals with **greatest economic need** and older individuals with **greatest social need** with **particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.***




# The People We Serve



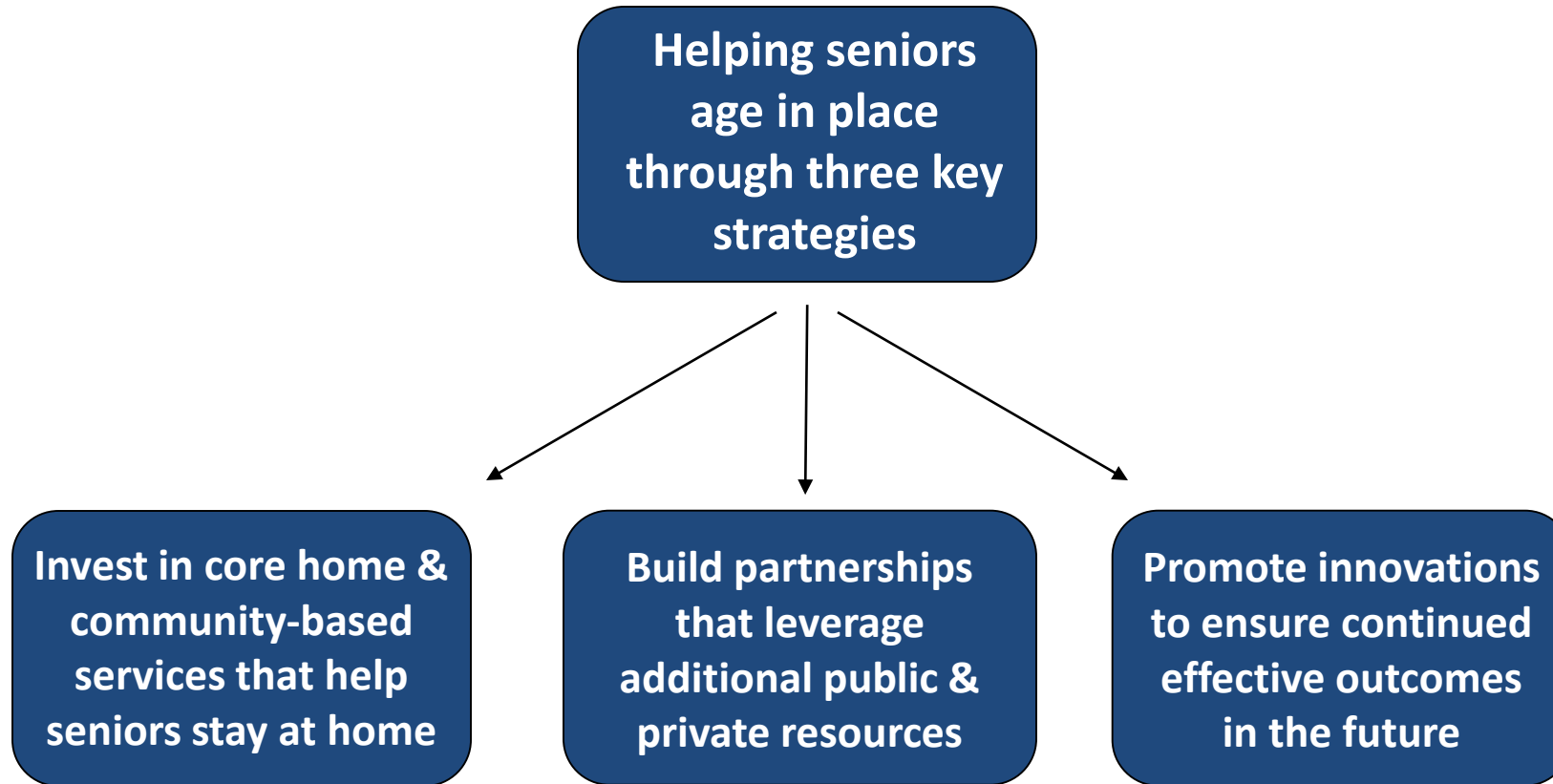
# Who We Serve:

- Poor and near poor (*below 150% poverty*)
- Frail and vulnerable
  - Lives alone; diabetes; heart condition; minority; rural
- At risk for emergency room visits & hospitalization:
  - Over 92% of OAA clients have multiple chronic conditions
    - Compared to 73% of general older adult population (age = 65+)
  - 69% of case management clients take 5 or more medications daily
- At risk for nursing home admission:
  - 40% of home-delivered nutrition clients have 3+ activities of daily living (ADL) impairments
  - 72% of home-delivered nutrition clients have 3+ instrumental activities of daily living (IADL) impairments

# State Plan Guidance

- New state plan guidance issued August 2021
  - Included encouraged states to take a broad approach to ensuring services are reaching older adults in greatest social need in line with recent executive orders by President Biden (e.g., LGBTQ+)
  - Requires states to include in future state plans how they are serving older adults with HIV
- 

# Our Priority -- Aging In Place



# A Person-Centered Approach

Personal Care

Access/Services/  
Information

Transportation

Home Health Aide

Chore/  
Housekeeping

Meal Preparation

Congregate Meals

Adult Day Care

Grocery Shopping

Home Delivered  
Meals

Benefits  
Counseling

“What will I need to stay healthy in  
my own home as I get older?”

Financial Plan/  
Management

Legal Assistance

Socialization/  
Senior Center

Home  
Modification

Medication  
Management



# Health & Independence: Home & Community-Based Supportive Services

## Key Service Data

- 9.9 million hours of adult day care
- More than 3.6 million hours of case management
- 12.6 million calls answered for information about and assistance obtaining services
  - Augmented by National Eldercare Locator & Support Center
- Complemented by evidence-based interventions:
  - Falls prevention
  - Chronic disease self management education
  - Diabetes self management training
  - Alzheimer's disease supportive services
- Collaborating with Business Acumen Initiative to transform aging & disability grant recipients into strategic business partners with the healthcare sector

## Targeting: Transportation Service Example

- More than half (53%) of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound.
- Nationally, about 27% of individuals 60 and older live alone. Two-thirds (68%) of OAA transportation users lived alone.
- 14% of transportation riders take 10 or more daily prescriptions, increasing their safety risk of driving
- Nearly three-fourths of transportation clients have annual incomes at or below \$20,000

# Health & Independence: Nutrition Services

**Congregate (Formula Grant): Meals at group sites, such as senior centers**

**Home-Delivered (Formula Grant): Delivery of meals & related services to frail seniors who are homebound**

**Nutrition Services Incentives Program: Funds awarded based on # meals served in previous year**

- Adequate nutrition is necessary for health, functionality and the ability to remain at home in the community.
- Provide nutrition services, education and counseling
- 60% of home-delivered & 52% of congregate nutrition clients report the meal is half or more of their food for the day.
- OAA meals are nutritious and meet the needs of seniors with nutrition ameliorated chronic illnesses (diabetes, hypertension, congestive heart failure)
  - Provide 33% of dietary reference intake
  - Adhere to the dietary guidelines for Americans.

- Home-delivered nutrition services provided 140 million meals to nearly 850,000 seniors.
- Congregate nutrition services provided 79 million meals to nearly 1.6 million seniors in a variety of community settings.
- Nine out of ten home-delivered meal clients reported that receiving meals helped them to continue to live in their own home.
- Researchers estimate that food insecure older adults are so functionally impaired it is as if they are chronologically 14 years older; a 65 year-old food insecure individual is like a 79 year-old person chronologically.



# Caregivers: National Family Caregiver Support Program

## Serving 715,000 Caregivers Annually

- Respite care services provided caregivers with 6.2 million hours of temporary relief from their caregiving responsibilities.
  - Coordinated with Lifespan Respite Care Program for systems development
- Access Assistance Services provided 1.15 million contacts to caregivers assisting them in locating services from a variety of private and voluntary agencies.

- 85% of caregiver clients indicate that without OAA services the care recipient would most likely be living in a nursing home or assisted living.

- 80% of all community-based long-term care is provided by family and friends.
- In 2014, approximately 34.2 million adult caregivers, or approximately 15 percent of all adults, provided uncompensated care to those 50 years of age and older.
- A 2014 study by the Rand Corporation estimates the economic value of replacing unpaid caregiving to be about \$522 billion annually (cost if that care had to be replaced with paid services).
- Coordinating the RAISE Family Caregiving and Supporting Grandparents Raising Grandchildren Advisory Councils

# American Indian, Alaska Native, Native Hawaiian Programs

## Purpose

- Promote home and community-based supportive services to Native American, Alaskan Native and Native Hawaiian elders.
  - Help to reduce the need for costly institutional care and medical interventions;
  - Responsive to the cultural diversity of Native American communities; and
  - Represent an important part of the communities' comprehensive services.

## Native American Nutrition and Supportive Services

- Congregate and home-delivered meals; information and referral; transportation; personal care; chores; health promotion and disease prevention; and other supportive services.

## Native American Caregiver Support Services

- Assist families and grandparents caring for grandchildren.
- Services that meet a range of caregivers' needs, including information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services.

# Protection of Vulnerable Elders

## Long-Term Care Ombudsman

- 1,301 professional ombudsman and 7,734 volunteers:
  - Monitor conditions,
  - Investigate complaints,
  - Represent resident interests;
  - Made quarterly visits to 63% of nursing homes;
  - 26% of assisted living, board and care, and other facilities.
- Ombudsman handled 199,238 resident complaints, 74% were partially or fully resolved.
- Improved consistency with implementation of
  - Regulation (2015);
  - Reauthorization (2016);
  - Data System (2017)

## Prevention of Abuse, Neglect & Exploitation

- A minimum 5 million elders are abused, neglected and/or exploited annually.
- Older victims of even modest forms of abuse have a dramatically higher (300%) morbidity and mortality rates.
- OAA focuses on training, education, and coordination with local law enforcement officials, community coalitions, and multidisciplinary teams.
- Elder Justice Act Implementation
  - EJ Coordinating Council
  - National Framework
  - National Center on Elder Abuse
  - National Adult Maltreatment Reporting System
  - APS Guidelines

## Legal Services

- Provided more than 933,000 hours of legal assistance.
- Top Areas of Legal Assistance:
  - Income Security
  - Health Care Financing
  - Housing
  - Consumer Protection
  - Elder Abuse
- Enhanced Training and Technical Assistance
- Enhanced Data Collection

# Older Adults Equity Collaborative




# Office of Nutrition and Health Promotion Programs


Keri Lipperini, Director




# Evidence-Based Health Promotion

- ACL provides grants to support the delivery and scaling of evidence-based health promotion and disease prevention programs (EBPs) in the community.
  - Funding provided via mandatory grants (OAA Title IIID) and discretionary grants (ACA Prevention and Public Health Fund)
  - FY2021: approximately \$82 million appropriation
- 

# Nutrition


- ACL provides grants to states to help support nutrition services for older people throughout the country.
  - Funding provided via Older Americans Act – mostly mandatory grants to states and a small portfolio of discretionary grants (Innovations in Nutrition).
  - FY2021: approximately \$1.1B appropriation
- 

# Promoting Health

- Chronic disease self-management education
  - Falls prevention
  - Medication management
  - Physical activity
  - Mental health
  - Nutrition
- 




# Positive Self-Management Program (PSMP)

- Part of Stanford developed suite of [CDSMPs](#), specifically designed for people managing HIV/AIDS
  - Helps participants learn how to establish mutual support and increase their confidence in managing their health and maintaining active and fulfilling lives
  - 2 ½ hour weekly session for 6 weeks, facilitated by two (2) trained leaders, who are also people living with HIV/AIDS
- 

# Engaging Individuals Living with HIV/AIDS

## Council for Jewish Elderly (IL)

- 2021 Falls Prevention grantee has proposed to implement two falls prevention programs ([Bingocize](#) and [OTAGO](#)) to reach over 1,300 older adults in Illinois and New York living with HIV and low-income, minority, and LGBTQI communities.
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## **Engaging Individuals Living with HIV/AIDS Cont.**

### **Central Maine Area Agency on Aging (ME)**

- Working with MaineGeneral Health to provide PSMP for the state's population of people living with HIV/AIDS.



# Engaging Individuals Living with HIV/AIDS Cont.

- **Open Hand Atlanta (GA)**
    - Offering the CDSMP to people living with HIV/AIDS, in conjunction with their signature nutrition education programs and services.
    - Contracts with Ryan White HIV/AIDS Program Medical Providers.
    - 291,798+ meals to 539 people living with HIV/AIDS in 2020
  - **Project Open Hand (CA)**
    - Sister organization with Open Hand Atlanta, with both organizations belonging to the Food is Medicine Coalition.
    - Provides medically tailored meals to clients living with HIV/AIDS.
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# OFFICE OF HEALTHCARE INFORMATION AND COUNSELING (OHIC)

Rebecca Kinney, Director



# State Health Insurance Assistance Program (SHIP)

## Mission

Our mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.

- **54 Grantees:** One every state, DC, PR, & USVI (2/3 in State Units on Aging; 1/3 in Dept of Insurance)
- Provide **one-on-one assistance** to Medicare beneficiaries who prefer or need information, counseling, and enrollment assistance beyond what they are able to receive on their own through other sources
- Built on over **3,300 local partnerships** with AAAs, CILs, senior centers, and other community organizations to host 14,000 team members (approx. 50% are volunteers)

Find your local SHIP: [www.shiphelp.org](http://www.shiphelp.org)

# SHIP Results: Grant Year 2019 (4/1/2019 – 3/31/2020)

## One-On-One Contacts

- **2,367,410 total** individual contacts with Medicare beneficiaries, their families or caregivers
- **15% with individuals under 65** years of age receiving Medicare due to disability
- **78% include enrollment assistance:** SHIPs assist with enrollment into Medicare, Medicare Part D, Medicare Advantage Plans, Extra Help (LIS), Medicare Savings Programs, Medicaid, and other local assistance programs or benefits.
- SHIP counselors spent an average of **36 minutes** with beneficiaries during one-on-one sessions

## Outreach

- **3,615,079** people reached via **61,160** events: Events include public presentations conducted either in-person in the community or virtually; booths at health fairs, senior fairs and community events; and enrollment events conducted in the community.

## Team Members

- **13,549 total** team members; **47% are true volunteers**, 33% are in-kind (i.e. not paid for with SHIP dollars)
- **44%** (5,936) team members have been with SHIP **more than 5 years**

# Senior Medicare Patrol (SMP)

## Mission

To empower and assist Medicare beneficiaries, their families, and caregivers

to prevent, detect, and report health care fraud, errors, and abuse

through outreach, counseling, and education.

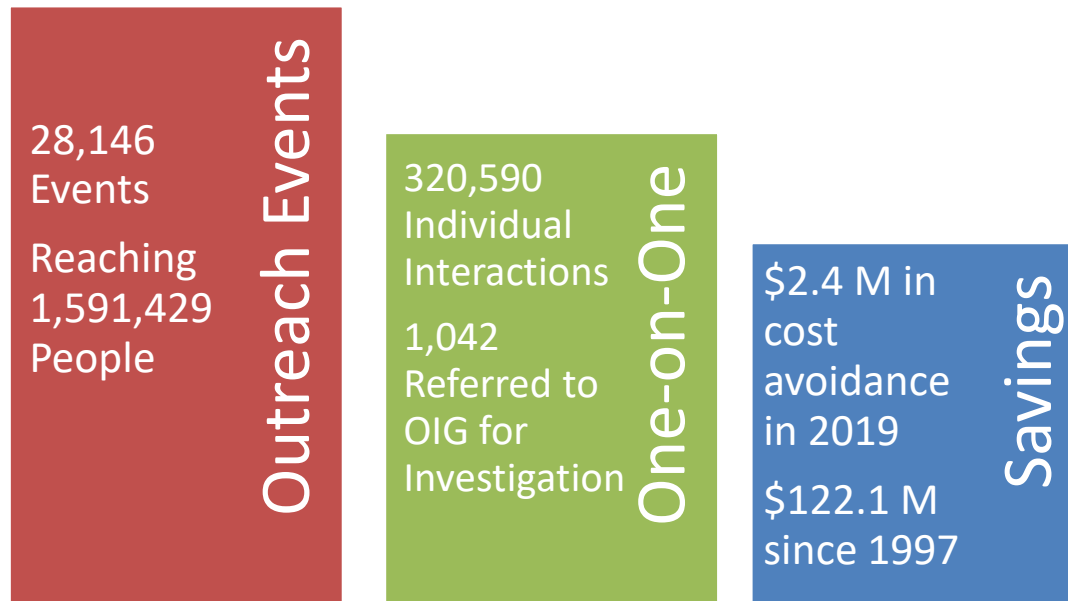


- 54 state projects: One in every state, DC, PR, GU, and USVI
  - 6,900 Team Members nationally
- SMP's goals:
  - To prevent Medicare fraud before it happens via public outreach and one-on-one assistance and
  - To report suspected issues as quickly as possible to the proper investigators
- SMP is known as a trusted OIG & CMS partner and provides a direct link from Medicare beneficiaries to fraud investigators
  - Example: OIG credits SMP with first notifying them of genetic testing schemes in 2019.
- SMP Resource Center: [www.SMPResource.org](http://www.SMPResource.org)




# SMP OIG Report & Performance

- OIG Office of Evaluation conducts and publishes an annual Report on the SMP program



**Savings Note from OIG:**  
*Projects may not be receiving full credit for recoveries, savings, and cost avoidance attributable to their work. It is not always possible to track referrals to Medicare contractors or law enforcement... In addition, the projects are unable to track the potentially substantial savings derived from a sentinel effect, whereby Medicare beneficiaries' scrutiny of their bills reduces fraud and errors.*

# MIPPA State Grants

- MIPPA provides additional funding to the existing infrastructure created by the SHIPs, AAAs, and ADRCs
  - Purpose of funding is to conduct **outreach and enrollment assistance of low-income Medicare beneficiaries** into the Part D Low-Income Subsidy (LIS/Extra Help) and the Medicare Savings Programs.
  - State projects are located in every state, DC and PR but not all states receive all three funding streams (state's decision).  
Funding is directed to:
    - State Health Insurance Assistance Programs (SHIPs),
    - Area Agencies on Aging, and
    - Aging & Disability Resource Centers.
- 


# National Center for Benefits Outreach & Enrollment

- MIPPA provides funding to the National Center for Benefits Outreach and Enrollment, currently awarded to the National Council on Aging (NCOA). This Center:
  - Funds and establishes Benefits Enrollment Centers throughout the country;
    - BECs assist with enrollment assistance into a wide range of benefits available for older adults and Medicare beneficiaries with limited income and assets (i.e. LIS, MSP, SNAP, LIHEAP, etc.)
  - Fosters the use of cost-effective benefits outreach and enrollment strategies;
  - Promotes the use of web-based decision support, screening, and enrollment tools;
    - Benefits Check-up screens for a wide range of benefits available to those with limited income and assets
  - Provides training and technical assistance to BECs and to the larger aging and disability;
  - Maintains an online information clearinghouse of promising practices related to benefits outreach and enrollment; and
  - Serves as the resource center for MIPPA grantees

<https://www.ncoa.org/centerforbenefits/>



# Opportunities to Partner

- Outreach & Education
    - SHIP/SMP/MIPPA grantees are available to conduct community outreach and education
  - One-on-One Assistance and Issue Resolution
    - SHIP/SMP/MIPPA grantees are available to provide one-on-one assistance to Medicare beneficiaries on any questions and/or issues they may have pertaining to Medicare benefits and access
  - Cross Training
- 

## Partnership Example: Iowa

- Partnership between IA SHIP and ADAP began in 2013/2014
  - Initiated by the Ryan White program as they began seeing an uptick in clients who were aging into Medicare
- Started with a referral relationship that grew into cross training for Ryan White Field Benefit Specialists
  - Larger Ryan White programs now have fully trained and certified SHIP counselors
    - Currently have 6 trained ADPD field benefit specialists and one volunteer coordinator at Ryan White
  - Smaller programs have a referral process to send clients to the One Iowa (SHIP site and nonprofit targeting the LGBTQIA community)



Leaders in Aging Well at Home

**Area Agencies on Aging: *Local Leaders in Aging  
and Community Living***

**Amy Gotwals, Chief of Public Policy and External Affairs**

**October 22, 2021**



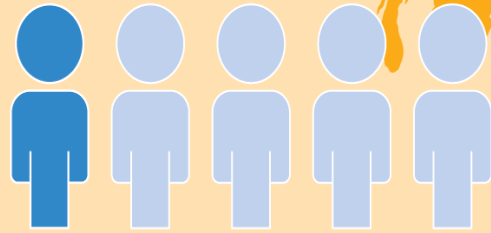
Connecting You to Community Services



# An Aging Nation

Over the next two decades, the proportion of the U.S. population over age 60 will dramatically increase as the baby boomers reach this milestone. By 2030, more than 70 million Americans will be 65 and older, twice the number in 2000.<sup>1</sup>

By 2030, **1 in 5** Americans will be 65 or older.



## AGING AND HIV

Thanks to effective **HIV treatment**, the number of **older adults** living with HIV is **increasing**.



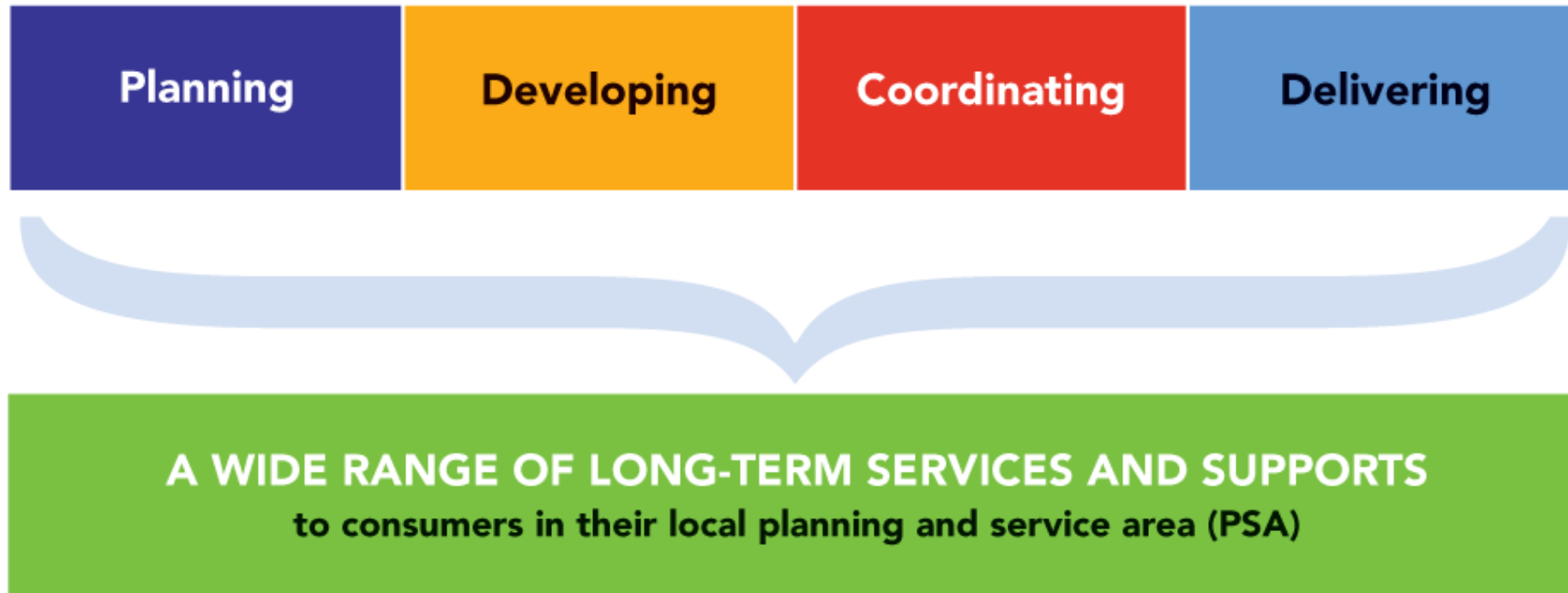


## Older Americans Act (OAA) of 1965, P.L. 89-73, July 14, 1965



Lyndon Johnson signing the OAA, July 14, 1965.

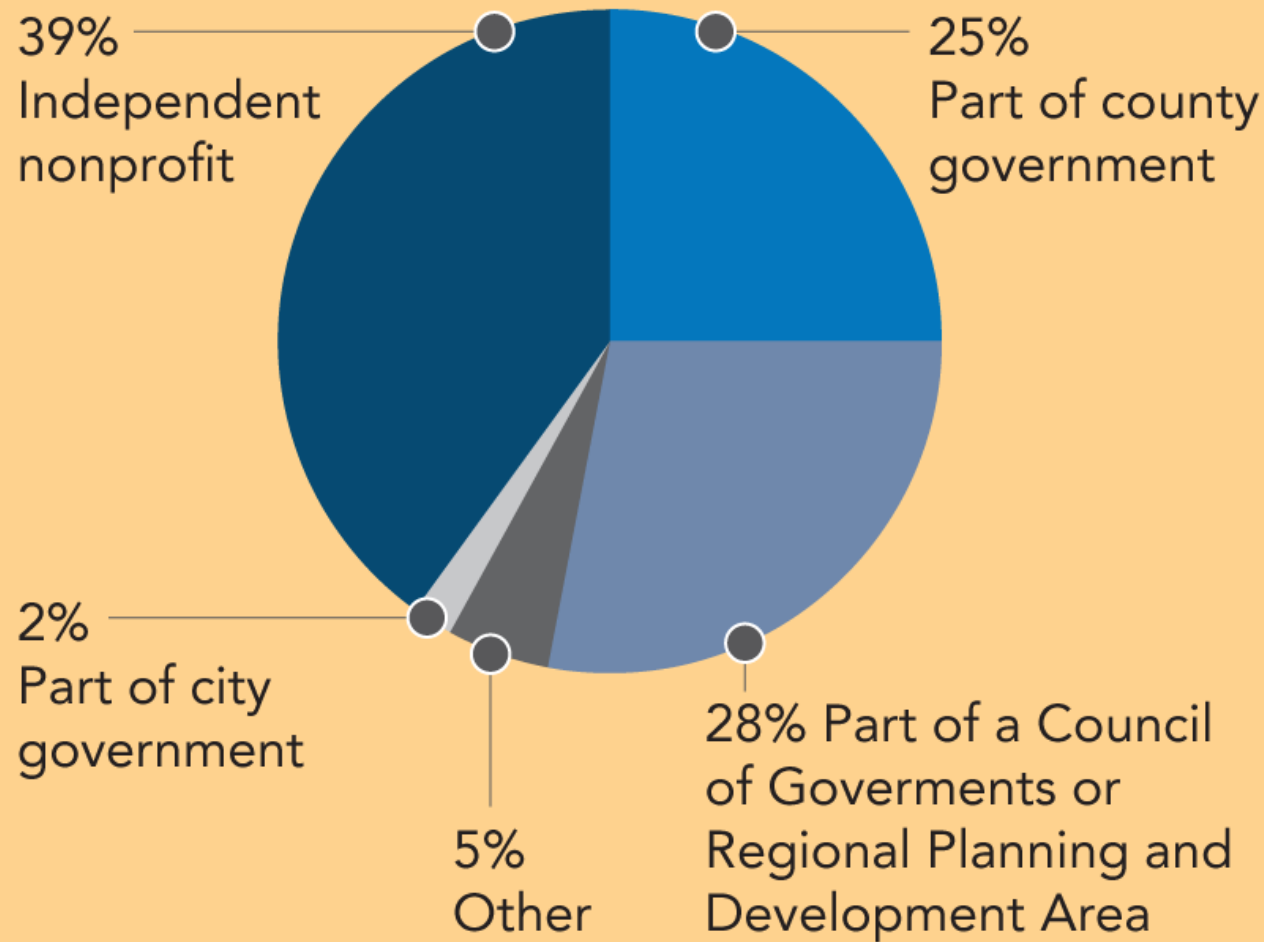
# All Area Agencies on Aging (AAAs) play a key role in:



# Nationwide Network with a Local Flavor

- There are 617 AAAs serving older adults in virtually every community in the nation.
- In a few small or sparsely populated states, the state serves the AAA function (NH, DE, RI, ND, SD, WY, NV).
- The OAA is foundational for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support the health and independence of older adults.

# AAA Structure

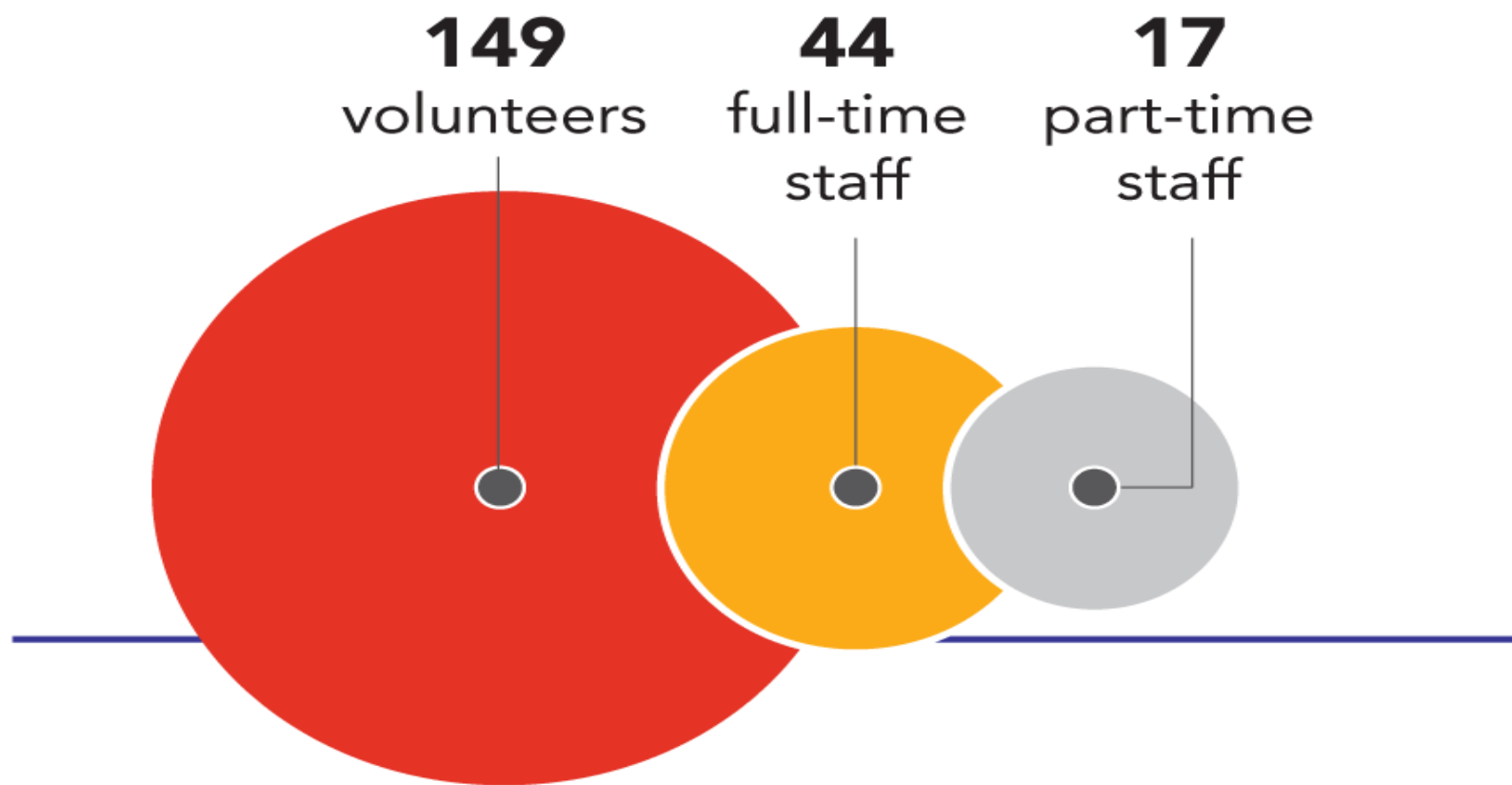


Totals may not equal 100% because of rounding

AAAs vary widely in size as each state determines how many service areas to establish, which then determines the number of operating AAAs. For example, Wisconsin has 3 AAAs, but New York has 59.



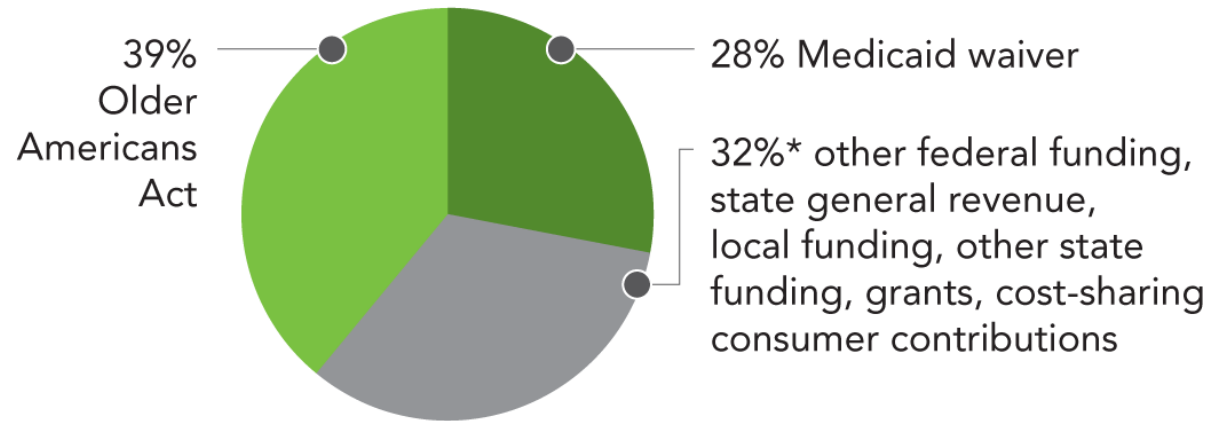
# Average AAA Workforce



**\$10.1  
million**

(Ranges from \$200,000 to \$284 million)

## Average AAA Budget By funding proportion, 2016



\*Ranked by most frequently cited

# All AAAs offer five core services under the OAA:



**The average AAA offers more than a dozen additional services.**

The most common non-core services offered by AAAs are:

- Insurance Counseling (85%)
- Case Management (82%)
- Senior Medicare Patrol (44%)



# Outreach

- **A core role of AAAs is to create local information and referral/assistance (I&R/A) hotlines to help consumers find aging and other HCBS programs.**
- With these resources and a portfolio of other outreach tools including public education, staff and volunteers, Aging and Disability Resource Centers (ADRCs) and State Health Insurance Assistance Programs (SHIPs), AAAs are able to assist clients match services and solutions to their individual needs, enabling consumers to age in place with increased health, safety and independence.

# The Eldercare Locator National Call Center

Connecting Older Adults  
and Their Caregivers  
to Local Resources



1 (800) 677-1116 • [www.eldercare.acl.gov](http://www.eldercare.acl.gov)

**800.877.1116**

Monday-Friday,  
9:00 am ET to 8:00 pm ET

**[eldercare.acl.gov](http://eldercare.acl.gov)**

**Connecting Older Adults and Their Caregivers to Local Resources**

eldercare locator

1 (800) 677-1116 • www.eldercare.acl.gov

**Caring Across the Miles**

Resources for Long-Distance Caregivers

eldercare locator

1 (800) 677-1116  
eldercare.acl.gov

**Living Well With Dementia in the Community**

Resources and Support

eldercare locator

**EXPAND YOUR CIRCLES**

Prevent Isolation and Loneliness As You Age

eldercare locator

Learn more Get moving Stay connected Eat right Take charge

**Brain Health**

You Can Make a Difference!

eldercare locator

**TRANSPORTATION OPTIONS**

for Older Adults and People with Disabilities

eldercare locator

nadtc

**You Gave Now Save**

**Guide to Benefits for Seniors**

n4a

ncoa National Council on Aging

**Before You Give Up the Keys**

Create a Roadmap for Transportation Independence

eldercare locator

**HOME IMPROVEMENT SCAMS**

Tools to Reduce Your Risk

eldercare locator

# And now...DIAL!

- Also from ACL with leadership from disability groups and support from USAging
- [DIAL@usaginganddisability.org](mailto:DIAL@usaginganddisability.org)
- <https://acl.gov/DIAL>



# Many Names, Many Partners: One Mission

While only designated AAAs can use the Area Agency on Aging title, not all AAAs include “Area Agency on Aging” in their operating name.

For example, a nonprofit AAA may be called “Senior Resources Alliance” or a county-based AAA may use “ABC County Office on Aging.”

# Many Names, Many Partners: One Mission

There are many other well-known programs and services that are administered by AAAs directly or in partnership with other agencies and entities.

But no matter what program or service a AAA offers—such as serving as a State Health Insurance Assistance Program (SHIP) or an Aging and Disability Resource Center (ADRC)—it remains a AAA.

# Many Names, Many Partners: One Mission

## Other AAA Roles

Percent of AAAs	Designated as ...	Their role ...
77%	Aging and Disability Resource Centers (ADRCs)	Help all consumers connect to services regardless of age or disability.
68%	State Health Insurance Assistance Programs (SHIPs)	Provide direct health insurance counseling to older adults (e.g., selecting a Medicare Part D plan).
Percent of AAAs	Serve as ...	Their role ...
59%	Local Long-Term Care Ombudsman	Funded by OAA, act as a resource for consumers living in nursing homes and other institutions.

# Many Names, Many Partners: One Mission

## Partnerships

AAAs, on average, have 11 informal and 5 formal partnerships with other entities. These are some of the most common. By percentage of AAAs:

Adult Protective Services	85%	Disability service organizations	75%
Transportation agencies	84%	Public Housing Authority	75%
Medicaid agencies	83%	Faith-based organizations	66%
Advocacy organizations	82%	Community health care providers	60%
Emergency preparedness agencies	79%	Businesses	46%
Hospitals	79%	Managed Care/HMO networks	42%
Mental health organizations	77%		



# The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

**69%**  
State General Revenue

**65%**  
Medicaid

**56%**  
Local Funding

**45%**  
Other State Funding

— Emerging Sources —  
**20%**  
Transportation

**16%**  
Veterans

**15%**  
Health care payer

# Non-OAA Sources of Federal Funds

- Medicaid waivers
- State Health Insurance Assistance Program (SHIP)
- Federal Block Grants: Community Services Block Grant, Social Services Block Grant, Community Development Block Grant
- Low Income Home Energy Assistance Program (LIHEAP)
- Demonstration/other \$ from ACL (falls prevention, Chronic Disease Self Management Education Programs, ADRCs)
- Veteran-Directed Home and Community Based Services programs
- Senior Corps programs (Corp. for National & Community Service)
- Demos under Centers for Medicare and Medicaid Services (CMS)

# A Network on the Move

**93%**

**Evidence-Based Health and Wellness:** Ninety-three percent of AAAs now offer these tested and proven approaches to supporting older adults' health. (That's an 85 percent increase since 2007.) Starting in October 2016, all Older Americans Act Title III D funds must be used for evidence-based programs, so that number will rise.

**70%**

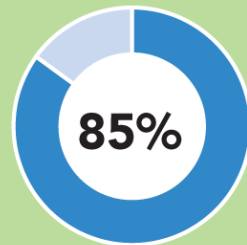
**Livable Communities:** Livable Communities are good places to grow up and grow old. Seventy percent of AAAs are involved in efforts to make their communities more livable and/or dementia-friendly.

# AAAs Serve a Broad Range of Consumers

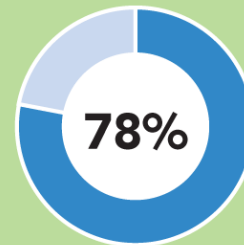
While all AAAs serve adults age 60 and older and their caregivers, they also serve younger consumers, including...

## Percentage of AAAs that serve consumers under age 60, by category:

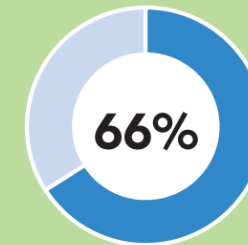
Consumers with a disability or chronic illness



Caregivers of all ages



Veterans of all ages



## Most commonly offered services to people under age 60 include:

Assessment for long-term care service eligibility

Information and referral/assistance/outreach

Fiscal intermediary for self-directed services

Options counseling

Care transitions services

# Reaching Your AAA

- Look it up via [usaging.org](https://usaging.org) or [eldercare.acl.gov](https://eldercare.acl.gov)
- Make sure you know all that your local AAA can offer to you and members of your community (e.g., meals, rides, home modification, home health, caregiver respite, etc.)
  - Check their website or just call!
  - Start with the director or perhaps director of programs, community outreach or partnerships
  - Get to know the I&R and case management staff
  - Many programs won't be branded with AAA or OAA, but the AAA should know about all aging programs in their area
  - Advocacy opportunity: Advisory Councils



# USAging

Leaders in Aging Well at Home

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