According to the Population Resource Center, “about one in eight Americans are age 65 or above today, compared to one in 10 in the 1950s. By 2030, one in five Americans will be 65 or older, roughly the same as Florida today. The number of people age 65 or older will nearly double between 2000 and 2030.” This increasing number of seniors will need help as they age to maintain a good quality of life and to make wise end-of-life decisions. The type of help they get and who provides it will involve these seniors, their families and caregivers, and a host of government agencies.

Federal Resources

The National Institute on Aging (NIA) “leads the federal government in conducting and supporting research on aging and the health and well-being of older people. The Institute seeks to understand the nature of aging and the aging process, and diseases and conditions associated with growing older, in order to extend the healthy, active years of life. Its Health & Aging Initiative features resources about Alzheimer’s Disease, Caregiving, Disability, Doctor-Patient Communication, End of Life, Exercise, Healthy Aging and Longevity, Legal and Financial Planning, Memory and Cognitive Health, Men’s Health, and Women's Health.

The U.S. Administration on Aging (AoA) reports “Congress passed the Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older persons. The original legislation established authority for grants to States for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) to administer the newly created grant programs and to serve as the Federal focal point on matters concerning older persons. Although older individuals may receive services under many other Federal programs, today the OAA is considered to be the major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers. It authorizes a wide array of service programs through a national network of 56 State agencies on aging, 629 area agencies on aging, nearly 20,000 service providers, 244 Tribal organizations, and 2 Native Hawaiian organizations representing 400 Tribes.”

The AoA maintains this list of AoA Programs classified under Home and Community Based Long-Term Care; Elder Rights Protection, Health Prevention and Wellness, Special Projects, and Tools & Resources.

State Resources

The National Association of States United for Aging and Disabilities (NASUAD) “represents the nation’s 56 state and territorial agencies on aging and disabilities and supports visionary state
leadership, the advancement of state systems innovation and the articulation of national policies that support home and community based services for older adults and individuals with disabilities.” The National Long-Term Care Ombudsman Resource Center is one example of NASUAD activities.

Seniors and their families can find general services to help them at state websites such as Minnesota’s Long-Term Care Choices Navigator, and more specific information about issues such as housing at websites like this one maintained by the Massachusetts Department of Elder Affairs. They can get special services through programs such as the Texans Feeding Texans: Home-Delivered Meal Grant Program.

Georgia won the 2011 AoA Excellence in Action award for Outstanding Achievement in Changing Systems by a State. According to the Georgia Division of Aging Services, “the honor recognizes the Georgia Department of Human Services (DHS) Division of Aging Services for developing programs that improve services and support for older adults and people with disabilities. The Georgia programs that have attracted national attention help organizations coordinate activities and streamline processes to give older adults and people with disabilities more control over services and efficient access to information. Initiatives with widespread attention include the Aging and Disability Resource Connection (ADRC), the Community Living Program (CLP), and the new Veterans-Directed Home- and Community-Based Services Program (VD-HCBS).”

**Resources by Topic**

**Elder Rights/Guardianship/Protection/Safety**

**Suggested State Legislation**

The 2009 SSL Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act: establishes procedures for determining where jurisdiction lies in guardianship and conservatorship proceedings when the parties are not all in the same state; provides for jurisdiction in states with a significant connection to the incapacitated person; defines “significant connection;” provides for cooperation between courts of different states; allows for special circumstances if an incapacitated person is in a state that does not meet the “significant connection” standard; provides procedures for the transfer of jurisdiction to another state; and allows for registration of protective orders from other states.

The 2009 SSL Alzheimer’s Disease Task Force brings together state leaders, long-term care industry representatives, social services organizations serving persons with dementia, and families living with dementia to create a comprehensive state government strategy to serve people with dementia. The strategy is required to identify service gaps and provide date-specific recommendations, including suggested legislation, in order to fill those service gaps.

The 2009 SSL Senior Alert Program creates a program for local, regional, or statewide notification of a missing senior adult. The bill defines a missing senior adult as an adult who is over 60 years of age, suffers from a cognitive impairment that renders them unable to care for themselves without assistance (including a diagnosis of Alzheimer’s Disease or dementia), and whose whereabouts are unknown and whose disappearance poses a credible threat to their health and safety. The program is similar to the Amber Alert Program for missing children. The bill also provides that no police or sheriff's department shall establish or maintain any policy that requires a waiting period before a missing senior adult report will be accepted. Such departments are also required, within two hours of
receiving such a report, to enter identifying and descriptive information about the missing senior adult into the state Criminal Information Network and the National Crime Information Center Systems, forward the information to the state police, notify other law-enforcement agencies in the areas, and initiate an investigation.

The 2003 SSL Elder Death Review Teams [20] authorizes counties to establish an interagency elder death review team to help local agencies identify and review suspicious elder deaths and to facilitate communications among people who perform autopsies and people involved in the investigation or reporting of elder abuse or neglect. It specifies that county elder death review teams shall be comprised of certain public and private entities and the procedures for the sharing or disclosure of information by elder death review teams.

CSG Innovation Award Winning Programs

2011 - The New Hampshire Adult Protective Services Structured Decision Making® System [21] helps caseworkers prioritize their responses to reports of neglect, self-neglect, or abuse against elderly and incapacitated adults. These include people who live alone and people who live with relatives or other caregivers.

The New Hampshire Bureau of Elderly and Adult Services [22] operates the system. Bureau staff uses it for intake, investigation, and case management. The decision making system consists of a series of basic questions caseworkers use to gather information about each report during each of these phase. They use that information to prioritize cases based on the severity of incidents, the vulnerability of the alleged victims, and the potential risk of future harm to the alleged victims. When bureau staff gets reports of abuse, the system helps them decide whether the reports are true and require a response. If the answer is yes, caseworkers visit the homes of the alleged victims to investigate.

Caseworkers use the system to process information they acquire during these home visits to judge whether such people are safe, conditionally safe, or unsafe. That determination helps structure which services the caseworkers order to help the people, and whether to make more visits. For example, caseworkers will work with people who are deemed conditionally safe to move or remove potentially dangerous things such as large furniture that they could fall over but no longer use. If necessary, they might make one additional visit to such people.

Investigations can last up to sixty days. At the conclusion of investigations, the caseworkers use the system to classify clients as a low, moderate, or high risk of future harm, and whether to formally open ongoing cases.

The agency generally does not offer ongoing services or continue investigating people who are classified as a low risk. It continues to offer varying levels of services and caseworker visits to people who are classified as a moderate or high risk of future harm. At that point, bureau staff uses the system to assess the strengths and needs of such people, and to develop that information into an ongoing, and formal case plan for them.

The Bureau gets about 2,400 reports of abuse or neglect each year. The Structured Decision-Making System has enabled the Bureau to better judge the legitimacy of such reports and to focus its limited resources on the people who need it most.

Financial Planning and Retirement

USA.gov [23] provides general information about services to senior citizens and specific advice about money and taxes for seniors [24]. The latter includes investing wisely, tax tips for seniors, and
According to TopRetirements.com [25], six states have created programs for Certified Retirement Communities: Kentucky, Louisiana, Mississippi, Tennessee, Texas, and West Virginia.

Health Insurance and Pharmaceuticals

Suggested State Legislation

The 2011 SSL Long-Term Care Patient Access to Pharmaceuticals [26] provides a mechanism to enable patients with the ability to acquire lower cost drugs through the Veterans’ Administration to access those drugs if those patients reside in a different long-term care facility. This means permitting the pharmacy within the long-term care facility or which has a contract with the long-term care facility to receive the lower cost drugs directly from the Veterans’ Administration Drug Benefit Program in the patient's name and repackage and re-label those drugs so they may be dispensed in unit doses to the patient.

The 2010 SSL Physician Orders for Life-Sustaining Treatment [27]:

- contains provisions about giving consent to one’s care to another person;
- contains provisions applicable to a Living Will and Durable Power of Attorney for Health Care;
- provides a duty to inspect certain medical documents;
- contains provisions relating to immunity for certain actions; and
- incorporates Physician Orders for Scope of Treatment and related protocols into making medical care decisions in advance of dying.

The 2009 SSL Nonforfeiture Benefit Requirements with Respect to Long-Term Care Policies [28] prohibits an insurer, including an insurance company, fraternal benefit society, hospital or medical service corporation, and HMO, from issuing or delivering a long-term care policy on or after July 1, 2008 unless it had offered the prospective insured an optional nonforfeiture benefit during the policy solicitation or application process. The offer may form a rider to the policy. If the nonforfeiture option is declined, the insurer must give the insured a contingent benefit if the policy lapses (i.e., terminates because the insured stops paying the premium). The contingent benefit must be available to the insured for a period of time after any substantial premium increase. The bill requires the insurance commissioner to adopt regulations by July 1, 2008 to implement the nonforfeiture option and contingent benefit requirements. The regulations must specify the nonforfeiture benefit standards and type; the time period a contingent benefit must be available; what constitutes a substantial premium increase; and be in accordance with the National Association of Insurance Commissioners' long-term care insurance model regulation.

The 2007 SSL Statement No Senior Left Behind [29] describes Illinois Public Act 094-0086, a 2005 law that provides for a new program of pharmaceutical assistance to the aged and disabled, which shall be administered by the state Department of Healthcare and Family Services and the Department on Aging. This Illinois Act provides that to become a beneficiary under the new program, a person must be either age 65 or older or disabled, be domiciled in the state, enroll with a qualified Medicare Part D Prescription Drug Plan if eligible, and have a maximum household income of less than specified amounts depending on household size. This law provides that people enrolled as of December 31, 2005, in the pharmaceutical assistance program under the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act and anyone enrolled as of December 31, 2005, in the SeniorCare Medicaid waiver program operated by the state shall be automatically enrolled in the new program. It divides the new program beneficiaries into 4 “eligibility groups.” It provides that the program shall cover the cost of covered prescription drugs in excess of the beneficiary
copayments ($2 for each prescription of a generic drug and $5 for each prescription of a brand name drug) that are not covered by Medicare.

The 2006 SSL Long-Term Care Partnership Program [30] directs the state department of health to disregard or not count benefits from certain long term care insurance policies as assets under the state Medicaid program.

**Home and Community Based Care**

**Suggested State Legislation**

The 2009 SSL Statement Homecare Option Program for the Elderly [31] describes Connecticut Public Act No. 07-130, a 2007 law that establishes a program and trust fund to help people pay for certain services which allows people to remain in their homes or live in a non-institutional setting as they age. That Act allows people to establish Individual Savings Accounts within the trust fund and allows an account's designated beneficiary to withdraw funds from their accounts for qualified home care expenses. It exempts interest earned on trust fund accounts from the state income tax and makes any unspent funds remaining in an account part of the beneficiary's estate. Covered services include companion services; adult day care; preparing meals; home delivered meals; and transportation. These services must be performed by a licensed home care services provider, a homemaker or companion service registered with the state department of consumer protection, a personal care assistant, or licensed transportation services. These must also be recommended by a physician. Before a beneficiary can withdraw money from an account, a physician must certify to the trust that the beneficiary needs the qualified services to live independently in their home or another non-institutional setting.

The 2009 SSL Independence, Dignity and Choice in Long-Term Care [32] is designed to balance funding between programs that pay for nursing home care and programs that pay for home and community-based care to people who need long-term care. The Act defines “funding parity between nursing home care and home and community-based care” to mean that the distribution of the amounts expended for these two categories of long-term care under the Medicaid program reflects an appropriate balance between the service delivery costs of those people whose needs and preferences can most appropriately be met in a nursing home and those people whose needs and preferences can most appropriately be met in a home or community-based setting. The Act directs the state commissioners of aging and human services to adopt modifications to the Medicaid Long-Term Care Intake System to promote increased use of home and community-based services.

The 2008 SSL Dementia-Specific Service Disclosure [33] requires facilities which secure, segregate, or provide special programs or units for people with Alzheimer's disease or related disorders to provide written disclosure of what the dementia-specific care includes.

The 2008 SSL Dementia-Specific Training [34] requires the state agency responsible for regulating long-term care industries to establish minimum dementia-specific training requirements for employees who are employed by:

- skilled nursing facilities;
- intermediate care facilities;
- residential care facilities (assisted living);
- agencies providing in-home care services;
- adult day care programs;
- independent contractors providing direct care to people with Alzheimer's disease or related dementias;
• hospice programs; and
• the state division of aging.

The 2007 SSL Intergenerational Respite Care Assisted Living Facility Pilot Program [35] creates a pilot program to offer respite care for children and adults with disabilities and elderly adults with special needs who are currently cared for in their homes.

The 2006 SSL Older Adult Services [36] transforms a state older adult services system into a primarily home and community-based system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services. It encompasses the housing, health, financial and other supportive older adult services.

The 2002 SSL Assisted Living Communities [37]:

• requires certification of assisted living communities by the state of aging services;
• defines “activities of daily living”, “assistance with self-administration of medication.” “assisted living community,” “client,” “danger,” “health services,” “instrumental activities of daily living,” “living unit,” and “mobile non-ambulatory;”
• establishes physical requirements of the community and required services;
• permits clients to contract or arrange for additional services to be provided by people outside the assisted living community, if permitted by the community’s policies;
• requires an assisted living community to inform clients regarding policies relating to contracting or arranging for additional services upon entering into a lease agreement;
• requires communities to help residents find appropriate living arrangements upon a move-out notice and to share information on alternative living arrangements provided by the state office of aging services;
• prohibits any business from operating or marketing its services as an assisted living community without having a current application for certification on file or receiving certification; and
• requires the office of aging services to determine the feasibility of recognizing accreditation by other organizations in lieu of certification.

The 2002 SSL Nursing Facilities: Electronic Monitoring [38] briefly describes nine state efforts to regulate how families can electronically monitor family members who reside in nursing homes. It highlights Texas SB 177, a 2001 law that permits audio or video monitoring of a resident’s room in a nursing home facility and provides the parameters for both the resident and the nursing home to follow in relation to monitoring.

CSG Innovation Award Winning Programs

2010 - Many Americans know the sacrifices it takes to care for elderly parents or older siblings, particularly if they live with you and have physical or mental ailments. New Hampshire’s Transitions in Caregiving Program [39] offers practical ways to ease the burden.

Under the program, caregiver specialists from 10 resource centers throughout the state visit caregivers at their homes. These specialists conduct a comprehensive assessment with the caregivers to determine the caregivers’ needs. The specialists use a tool developed by the University of New Hampshire Institute on Disability to conduct the assessments. Questions range from gathering financial and demographic information to more probing queries about how providing care impacts a caregiver’s employment. The specialists use these assessments to develop personal support plans and budgets the caregivers can use to get services they need to continue delivering care at home. Such services include arranging transportation to appointments, adapting assistive equipment like Kindle readers to help deliver care, setting up emergency alert systems, and helping people modify
their homes to better accommodate frail family members.

Federal funds from the Older Americans Act and some state money are available to help fund budgets developed from the assessments. Caregiver specialists approve and help oversee such budgets.

New Hampshire’s Bureau of Elderly and Adult Services managed Transitions in Caregiving. The program served more than 500 families in 2009. Most of these people were women caring for husbands. They appreciated the opportunity to talk to someone about their own needs rather than their family members’ needs, and they mentioned that simple changes they made because of the program significantly improved their quality of life.

Ultimately, Transitions in Caregiving helped these people avoid placing their loved ones in nursing homes, and that saved their families and the state money.

**Transportation and Driving**

The AARP maintains information such as [10 Signs That it’s Time to Limit or Stop Driving](#) to help seniors and their families determine whether it is safe for the seniors to continue to drive and [mobility resources](#) to help seniors figure out how to get around without a car.

The [Independent Transportation Network® (ITN)](#) "allows seniors to maintain their independence and their dignity. With safe transportation, older adults remain vital to the economic and social health of their communities. Mobility empowers them. They stay connected to family, friends and community. Businesses retain their valuable customers, and more importantly, adult children find relief from a daunting and complex problem."

[Indianapolis Senior Transportation Programs](#) represent a local program that "provides transportation services for approximately 2,000 senior citizens, which includes persons who are physically mobile, those whose sole means of mobility is a wheelchair, and those who are indigent."

Illinois [Public Act 097-2085](#) defines a volunteer driver and prohibits an insurer from refusing to issue vehicle insurance to a person solely because the applicant is a volunteer driver. The Act prohibits an insurer from imposing a surcharge or otherwise increase the rate for a vehicle policy solely on the basis that the named insured or any member of the insured's household or a person who customarily operates the insured's vehicle is a volunteer driver. Illinois Governor Quinn notes in this [press release](#) "Many seniors rely on others when they need to go to the grocery store, pick up prescriptions or visit the doctor, and it is important that their volunteer drivers have the insurance coverage they need. -- This legislation clears hurdles for the volunteer drivers who are helping our seniors maintain their independence."

[PACommutes](#) is another state example that was set up to help seniors stay mobile. Its Shared-Ride Program "enables senior citizens 65 years of age and older to use shared-ride, demand-responsive (normally curb to curb) services and pay only a small portion of the regular shared-ride fare. Senior citizens or an approved third-party sponsor pay 15 percent of the fare and the Lottery Fund pays the remaining 85 percent on local shared-ride transportation service. The Shared-Ride Program discount is available in every county of the Commonwealth during public transportation shared-ride service hours, which are determined locally. To qualify for the reduced fare, seniors must be at least 65 years of age and be able to supply one of the eligible proofs of age to their local shared-ride provider. Prior-day advance registration is required and service is available to anyone who either pays the fare or for whom a human service agency pays the fare."

**Suggested State Legislation**
The 2011 SSL Cancellation, Suspension or Revocation of Licenses - Reports by Health Care Providers [47] enables doctors to report to the state department of motor vehicles patients who have physical or mental conditions which impair the patients’ driving skills.

The 2007 SSL Regarding the Revocation/Denial of an Elder’s Driver’s License Based on Statements Made by Their Treating Physicians [48] directs that the state division of driver’s licensing may not issue or renew a driver’s license to a person when the division has received a written statement from a licensed treating physician or optometrist stating that the person is not capable of safely operating a motor vehicle. The licensed treating physician or optometrist may request an examination by the division. The division can also require an individual to submit to a reexamination when the division staff believe an individual is unsafe or otherwise unqualified to be licensed. Upon the conclusion of the examination or the refusal to be examined the division may cancel the driver’s license.

Other State Resources

A Silver Society: Aging in America [49], a Supplement to the 2007 Suggested State Legislation volume.

Tags:

Policy Area [50]› Human Services [51]