

ATTACHMENT D

CHOICES FOR INDEPENDENCE

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MODERNIZING THE
OLDER AMERICANS ACT

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Choices for Independence

Reauthorization of the Older Americans Act includes a proposal to pilot Choices for Independence, a \$28 million demonstration project to promote consumer-directed and community-based long term care options. Choices aims to strengthen the nation's capacity to promote the dignity and independence of older people and meet the challenges associated with the aging of the baby boom generation. It also aims to supplement the President's New Freedom Initiative and the Administration's policy for modernizing Medicare and Medicaid by strengthening the Act's role in promoting consumer choice, control, and independence in long-term care.

The Older Americans Act supports a Federal, state, tribal and local partnership known as the national aging services network, which includes 56 state units on aging, 655 area agencies on aging, 243 tribal organizations, 29,000 community-based organizations, and over 500,000 volunteers. The network uses \$1.4 billion in federal funds each year to leverage an additional \$4 billion from other public and private sources to provide home and community-based services to over 8 million elderly individuals. Services include home-delivered meals, nutrition services in congregate settings, transportation, adult day care, health promotion, and support for family caregivers.

Choices for Independence builds on the mission and success of the Older Americans Act. It also builds on recent HHS initiatives, including: the Aging and Disability Resource Center Initiative; the Own Your Future Long Term Care Awareness Campaign; the Cash & Counseling Demonstration Program; and, the Evidence-Based Disease Prevention for the Elderly Program. Choices integrates best practices from these initiatives into a three-pronged strategy focused on: empowering individuals to make informed decisions about their long-term support options; providing more choices for individuals at high-risk of nursing home placement; and enabling older people to make behavioral changes that will reduce their risk of disease, disability, and injury.

The Older Americans Act is uniquely positioned to advance these changes. It has a statutory focus on keeping older people independent and living in their own homes and communities for as long as possible, and a successful history of providing low-cost, non-medical supports through a federal, state and local partnership under a capped federal appropriation.

Empowering Individuals to Make Informed Choices

Choices aims to empower individuals – both those in immediate need and those who have the ability to plan ahead for their long-term care – to make informed decisions about their support options. To promote ownership over long-term care planning, Choices will conduct a public education campaign and provide individual support through “one stop” resource centers, known as Aging and Disability Resource Centers. These resource

centers will be “visible and trusted” sources that people can turn to for information on all available support options, including private financing options such as long-term care insurance and home equity instruments. This will reduce the confusion and frustration consumers and their families often face as they explore long-term care options. It will also improve government efficiency by integrating the multiple eligibility forms and procedures for various public programs that help finance long-term support options.

Providing More Choices for High-Risk Individuals

Choices will give states and communities greater flexibility under the Older Americans Act to help moderate and low-income individuals to remain in their homes and delay their premature entry into nursing homes. Choices will provide flexible funding that will be targeted at individuals, not at service categories as with the current titles under the Act. This will make it easier for states to respond to people’s individualized needs and preferences. It also will promote the use of consumer-directed approaches, including “cash and counseling” models which give consumers more control over the care they receive.

Building Prevention into Community-Living

Choices will empower older individuals to make lifestyle changes that will reduce their risk of disease, disability, and injury. There is a growing body of scientific evidence on the efficacy of low-cost programs that can empower older individuals, including functionally impaired individuals, to better maintain their health. These programs focus on interventions such as chronic disease self-management, falls prevention, exercise, and nutrition. Choices will strengthen the role of the Older Americans Act in translating research into practice by promoting the use of evidence-based health promotion and disease prevention programs at the community-level through local aging services provider organizations such as senior centers, nutrition programs, senior housing projects, and faith-based groups. The nation-wide deployment of these programs will improve quality of life, reduce health care costs, and complement the increasing focus on prevention in our health care system.

Implementing the Choices Demonstration

Choices will provide competitive matching grants to states and will entail a rigorous program evaluation. Participating states will be required to track outcomes based on performance measures that will be established by AoA. Such measures may include promotion of consumer health and well-being, and reductions in the unnecessary use of costly hospital and nursing home care. AoA will establish a national technical assistance program for Choices to support state implementation activities. Finally, AoA will involve the Centers for Medicare and Medicaid Services, the Centers for Disease Control

and Prevention, the National Institute on Aging, the Agency for Healthcare Research and Quality, and other HHS agencies in the implementation of Choices.

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