U.S. SENATOR BOB CASEY

CHAIRMAN Special Committee on Aging

Chairman Bob Casey's Opening Statement
"The Older Americans Act: The Local Impact of the Law and the Upcoming Reauthorization"

Good morning, the Senate Special Committee on Aging will come to order. Welcome to today's hearing, which is entitled, *The Older Americans Act: The Local Impact of the Law and the Upcoming Reauthorization.* Today's hearing provides this Committee an important opportunity to discuss the unique impact the Older Americans Act, or as we call it around here – just like, everything has an acronym – OAA, has on communities all across the country.

OAA was passed into law in 1965 to establish a network of social services to support older Americans, complementing Medicare and Medicaid. By all measures—the Older Americans Act has succeeded.

Since its passage, OAA has served as the foundation for community social services for older adults—providing nutrition services, legal support, and social networking, among other services. The Act has a tangible impact on local communities—funding flows from the federal government to states and to communities to allow programs to be delivered in a way that works best for the locality.

This law supports countless older adults and nearly 20,000 service providers around the country. In Pennsylvania, an estimated 27 percent of older adults served by OAA are under the federal poverty line—the law's nutrition programs alone serve approximately 85,000 older Pennsylvanians.

Today, I'm releasing a brochure, which I am holding up and you wouldn't be able to see from the distance of your seats, but it's a brochure that highlights the impact of the Older Americans Act on Pennsylvanians. This brochure is entitled *Federal Policy on a Local Level: The Impact of the Older Americans Act Across Pennsylvania,* and it just has some examples of the individuals from different parts of our state and the services that are provided to them. It provides information on those eight Pennsylvanians who are receiving services from Older Americans Act programs across nine different counties.

Over time, the OAA has evolved to meet the unique challenges that older adults face—in recent years, by way of work that I have done and others, Congress added language to expand support to grandparents raising grandchildren.

Flexibility, of course, is the key. The COVID-19 pandemic required programs to innovate service delivery. We should be learning from this innovation as we move forward. This year, I am privileged once again to be the leader in negotiations to reauthorize the Older Americans Act. I am committed to building on my work in the last reauthorization to bolster support for older adults throughout Pennsylvania and throughout the Nation. I'll be prioritizing both funding and programming that helps the Older Americans Act keep pace with our rapidly aging population.

Just to name a few of my priorities: I'm working to pass the *Strategic Plan for Aging Act* along with Senator Gillibrand to incentivize states to bolster public-private partnerships and build communities that work for the older adults of today and for future generations.

In addition, I'm dedicated to uplifting the tireless work of Long-Term Care Ombudsmen. As the Committee has shown throughout its history, some older adults experience tremendous hardship in nursing homes and assisted living facilities. Long-Term Care Ombudsmen are advocates for residents in nursing homes and other long-term care facilities—dealing with everything from no notice evictions and theft to serious neglect.

However, the program is stretched very thin— operating on a grossly inadequate budget, struggling to recruit and retain staff and volunteers. In some cases, one ombudsman may be serving 10,000 beds—well exceeding national recommendations of one to every 2,000 beds. Today, the GAO is releasing a report, which I requested, that shows the real impact these funding challenges have on residents.

We'll hear today from Mairead Painter, the State Ombudsman from Connecticut, who can discuss these struggles in much more detail. We'll also hear today from two Area Agency on Aging directors, including Leslie Grenfell representing Washington, Greene, and Fayette Counties in Southwestern Pennsylvania, who will discuss the very real challenges they face in delivering services to rural communities with limited funds. The Aging Services network deserves to be elevated and supported by the federal government.

And I am especially looking forward to hearing today from Janet Billotte, a meal delivery recipient from Clearfield County, in central Pennsylvania. I'm so grateful she's using her voice here today to share how OAA has helped her.

Finally, May is Older Americans Month—a time when our Nation comes together to honor the contributions of older Americans. I want to be clear - I will not support any attempts to undermine vital programs that support older adults in Pennsylvania and across the country. Our Nation's older adults have fought our wars, raised our children and our grandchildren, they have built our communities, and they deserve support as they age.

I'll now turn to Ranking Member Braun for his opening comments.

Older Americans Act Hearing Opening Statement

Thank you, Chairman Casey, and to the witnesses for being here.

Under President Biden, we have seen sky high inflation resulting in prices that are 20 percent higher than when he took office.

All Americans are struggling, but perhaps no one is hurt more by this economic catastrophe than our seniors who are often living on fixed incomes.

Older Americans are finding it harder and harder to stretch their dollars to afford even basic groceries.

The spending of borrowed money by both Republicans and Democrats is only adding fuel to the fire.

This reckless spending is forcing more and more seniors to seek support to make ends meet, while simultaneously putting the federal programs they rely on in jeopardy.

The Older Americans Act (OAA) provides this support, including nutrition, transportation, and health promotion to help older Americans age at home.

As a member of the working group leading the reauthorization of the Older Americans Act, I am committed to preserving flexibility for localities and states to serve seniors.

Every community is different. Seniors are best served when providers on the ground can be entrepreneurial.

The Biden Administration published a Final Rule on the Older Americans Act for the first time in 36 years.

While the Final Rule does codify some OAA requirements, it also includes new regulations that goes beyond the spirit of OAA.

It removes flexibilities from local area agencies on aging, adds administrative burden, and even changes the definition of "Greatest Social Need" to prioritize certain social groups for OAA's nutrition programs.

I am working to push back against some of the Administration's regulations.

This includes ensuring that any senior in need of a meal has a fair chance, regardless of which social group they belong to.

I am also working on new proposals to empower AAAs and senior centers to serve older Americans without the need for additional funding.

We should allow states and local service providers to innovate to meet growing nutrition needs, encourage business acumen in the aging network, and invest in cost-effective evidence-informed programs.

I would like to bring much needed transparency by requiring the Administration to summarize state ombudsman long-term care annual reports for Congress and publish a list of all resource centers that it funds.

This will allow Congress to have better oversight over long-term care facilities and ensure that tax dollars are stewarded effectively.

Finally, a recurring theme I hear when traveling through Indiana is the lack of broadband access in rural communities and how it impacts seniors.

I hope that we can address this issue by doing more to connect existing resources to these communities.

I look forward to working with my colleagues and stakeholders to advance these priorities in the Older Americans Act.

Thank you, Chairman Casey. – I yield back.

Janet Billotte

Testimony before the U.S. Senate Special Committee on Aging

May 23, 2024

Chairman Casey, Ranking Member Braun, and Members of the Committee, thank you for having me here today at your Older Americans Act hearing. My name is Janet Billotte, I am 78 years old. I live in West Decatur, Pennsylvania, which is a rural town in Clearfield County. Before retiring, I worked as a nursing aide. I am here to share my experiences as a recipient of Meals on Wheels and other services from the Clearfield County Area Agency on Aging.

I have been receiving Meals on Wheels for four years. My husband, Richard, and I started receiving meals in August of 2020, during the pandemic. Let me tell you, it is so nice to receive these meals. Every time I get a box, it always feels like I get a little present. You always get milk, sometimes cookies, and if it was summer, sometimes we get a strawberry shortcake. Last year, I was diagnosed with Stage 3 colon cancer and I was also caring for my husband who had been sick with many issues for a long time. I also just had an operation for my cancer and had chemotherapy three times a week. Many days, I didn't feel well and it was very helpful to have these meals delivered to us.

And I love talking to Fred, the meal delivery person. Every day he comes in and always asks me how I am. Everywhere he delivers, he checks on everyone—it is wonderful that he does these check ins. If he doesn't hear from someone, he calls the Area Agency on Aging and they make sure we are okay. A lot of older people don't have family around. I don't have family around. I had two brothers, but they passed away and my husband just passed recently. The Area Agency on Aging is my family.

Today, my cancer is in remission. I am still receiving deliveries from Meals on Wheels and also use other services from the Area Agency on Aging. They do this very nice thing where they give us vouchers through the Senior Farmers Market Nutrition Program run by the Agriculture Department so that we can go to the farmer's market and I can get fresh produce. I get tomatoes, lettuce, and all kinds of fresh foods from the market. It is good nutrition, and it's good for preventing cancer. During bad weather, they also do a "blizzard box", where they send you a box of frozen and shelf-stable food so we have something to eat when we are stuck in bad weather. I really am thankful for these services because I'm not sure what I would do without them.

Beyond meal deliveries, I also participated in events at the senior center. One time, I went on a field trip to a mushroom farm, where we learned about all the different types of mushrooms. We also went to a flower farm. I love flowers and have always had a flower garden. The Area Agency on Aging also helped coordinate transportation for me when I had to go to the clinic to get chemotherapy. I had to get chemo and blood work every week, and that was terrible. Because I live in a rural area, it was very hard to find transportation to the clinic but they were very kind to help drive me to my doctor's appointment.

I'm very grateful to be receiving these services, and grateful for the friendship I have with my Area Agency on Aging. Kathy Gillespie, who is with the Area Agency on Aging, is like family to me. I know many older adults who receive Meals on Wheel are thankful like I am. I also understand that there are many more older adults on the waiting list for these services. I ask you to please help more people get into the program and be able to receive these great services. Thank you again for the opportunity to share my story.

Testimony before the United States Senate Special Committee on Aging
May 23, 2024
Laura Holscher

Senator Braun, Chairman Casey, and Members of the Senate Special Committee on Aging:

I am Laura Holscher. For 30 years it has been my honor to serve older adults at Generations Area Agency on Aging, the past 14 years as the Executive Director. Generations is a program of Vincennes University and is designated by the Indiana Division of Aging's Commission on Aging as the Area 13 Agency on Aging serving Daviess, Dubois, Greene, Knox, Martin and Pike counties in southwestern Indiana. Generations is also designated as the Aging and Disability Resource Center (ADRC). I want to thank Senator Braun for inviting me to speak with you today on a topic that I am very passionate about, the Older Americans Act (OAA) programs and services that support older adults and caregivers in Indiana and nationwide.

As an Area Agency on Aging, Generations' role is to develop, fund and implement a broad range of programs and services to meet the needs of older adults and caregivers, all of which are based on demonstrated need in the communities we serve. We develop an area plan that is based on those identified needs, the changing preferences of older adults and the input of local stakeholders, such as our provider partners. As a AAA, we also leverage additional local dollars to support the Act's efforts, operate an information and referral/assistance system so that consumers can access resources, select community providers to deliver services and then provide oversight, and much more.

Generations serves six counties in southwestern Indiana. Our entire planning and service area is considered rural. We have four hospitals, but in some of our cities, there is not even one primary care physician. Our public transportation system runs Monday through Friday between the hours of 6 am and 6 pm with reservations requiring at least 24-hour advance notice. Additionally, 22.7% of the population in the Generations planning and service area is living below 150% of the federal poverty level.

Some of the challenges we face as a rural community include lack of broadband internet and limited access to transportation, both of which lead to increased risk of social isolation. Broadband internet is nonexistent in some rural areas or unaffordable. This limits access to online opportunities that our AAA offers such as social engagement activities or virtual evidence-based classes on healthy aging.

Through our work with community partners and contracted providers Generations staff and volunteers impacted the lives of more than 35,000 individuals last year. To respond to the needs of older adults and caregivers in our planning and service area, we offer all the core OAA services.

Under Title III B of the Act, our AAA is able to offer in-home services for frail older adults, senior transportation programs, information and referral/assistance services, options counseling, home modification and repair, legal services, the Long-Term Care Ombudsman Program and other person-centered approaches to helping older adults age well at home. Services provided through Title III B are a lifeline for older adults living in the community, and they also connect older adults to other OAA services—for example, transportation services funded by Title III B ensure older adults can reach congregate meal sites funded by OAA Title III C.

The critical flexibility of this funding stream gives AAAs greater means to meet the needs of older adults at home and in the community, thereby eliminating the need for more expensive nursing home care—which usually leads to impoverishment and a subsequent need to rely on Medicaid to meet critical health care needs.

Many of our OAA clients have cognitive impairments, including those living with dementia, and so this informs our OAA work as well as other projects we take on. Recently one of our counties was designated as a Dementia Friendly Community by Dementia Friendly America. This was achieved by using some of our Title III B funding and supplemented through our University of Southern Indiana (USI) Geriatric Workforce Enhancement Program (GWEP) workforce development grant. A dedicated action team was pulled together that consists of a diverse group of community members who volunteer their time and energy to create an inclusive community that is welcoming, mindful and inspirational for people living with dementia (PLWD) and their caregivers through education and action. Our action team membership includes representation from the faith community, local nursing facilities, local United Way, Chamber of Commerce, several local nursing facilities and, most importantly, Genevieve and Carmen (someone who is living with dementia and her caregiver daughter). A few of the highlights from our team's dementia friendly work include partnering with Mi Patio, a local restaurant, to provide dementia friendly dining hours. These hours are set aside specifically for people living with dementia and their care partners; a special menu was created for these dining hours which includes a limited menu, to make decision making less stressful, and pictures of each food item so that these customers can see what they are ordering. Other events/activities include Coffee and Crafting activities for PLWD and their caregivers; these activities provide opportunity for fun quality time for the person living with dementia and their caregiver.

In the near future we will be reaching out to first responders in our service area in an effort to provide dementia education and awareness to these individuals who are often first on the scene in the event of an emergency. By educating this group to be able to recognize the signs and symptoms of dementia and instructing them on techniques to interact with someone living with dementia, we hope to reduce stress in an already stressful situation for both the person living with dementia and the first responder.

The flexibility of OAA Title III B also allows AAAs to meet new and emerging needs in their communities. During the COVID-19 pandemic, we were able to transition to new and

modified programs such as wellness checks for homebound older adults, activity packets that we were able to porch drop to help older adults stay socially engaged, and a new virtual version of our evidence-based programs. This was in addition to our work supporting vaccine outreach and assistance. To further support older adults' access to social engagement and healthy aging opportunities, we have also started offering basic technology classes geared toward older adults. However, years of eroded funding prior to COVID-19 have resulted in local rural AAAs like my own losing ground in their ability to provide critical Title III B Supportive Services. Without bold investment in FY 2025, the expiration of the COVID-relief funding will create gaps and elimination across a range of OAA programs, but especially Title III B and Title III C.

Another essential part of the OAA is Title III C Nutrition Services. In the past, Generations had provided daily hot home delivered meals to homebound older adults for many years. Under our old model of services, meals were prepared out of our centralized kitchen, plated, packaged and delivered on hot or cold trucks door to door to nearly 1,000 older adults five days a week. Generations prioritized this service by diversifying funding with local donors to ensure that all individuals who met qualifications were provided a daily hot meal. As the economy shifted, gas prices rose and the cost of food increased, it became apparent that our day-to-day operations were going to have to change. We slowly made minor changes such as reducing routes, reducing delivery days, reducing food costs by changing vendors, and closing some of our sites. Ultimately by 2016, we had to make the very difficult decision to shut down local meal production and secure partnerships with home delivered meal providers for frozen/cold meals. We could no longer support the cost of providing daily, hot meals to all the rural communities in our six-county area due to stagnant federal funding that hasn't kept up with inflation—nor the growing need as our country's aging population has grown.

As we were progressing to the shift to frozen meal providers and Fed Ex/UPS meal delivery, we searched locally for partners who would be willing to contract with us to continue to provide hot meal preparation and delivery, even if we couldn't cover all of our planning and service area. We looked at hospitals, community centers, senior centers, long-term care providers, and restaurants. We were fortunate that three local organizations shared our passion for serving older adults in their community. We now have partnerships with a nursing home and two senior centers to provide hot meals in their surrounding area. All three of these sites offer home cooked, hot meals prepared daily to local residents who are homebound and over age 60.

Today we operate a hybrid program that is person centered and designed to meet the needs of the individual. A client can choose from up to six different frozen/cold home-delivered service providers, or, if they live in an area covered by a hot meal provider, they have that option as well. Last year, we provided over 106,000 nutritious meals to nearly 1,000 older adults in our planning and service area.

Our hope was to expand these local partnerships for hot meal delivery, but the funding isn't sufficient. This is even though need is growing in our community: over the past two years, we have seen a 20% increase in calls for meals and have more people accessing our services because they just can't afford groceries or other necessities.

Due to the continued rising cost of food, freight, delivery, and labor cost, it became apparent that we would need to increase reimbursement to our providers by 30% if they were going to continue to provide meals to our current clients. Increasing the reimbursement rate to keep qualified providers decreases our overall budget for the number of clients we can serve. The same amount of money simply cannot stretch to meet higher, necessary costs without reducing the numbers of people served, and it certainly cannot meet the increased need.

In addition, donations, grant support, and community support is down as donors themselves are tightening up their purse strings and prioritizing their own budgets. This has forced us to triage calls and provide meals only to the most at-risk individuals and put others on a waiting list, which is not something we have had to do historically. When older adults sit on a waiting list for nutrition services, it increases the risk of malnutrition, health deterioration and social isolation, in addition to the continued pain of hunger.

In the meantime, our trained and skilled AAA options counselors work with callers to provide alternatives to OAA home delivered or congregate meals, such as offering enrollment assistance for Supplemental Nutrition Assistance Program, or SNAP, benefits and referrals to food banks, food pantries, and local churches and other charities. However, those latter community resources are also under financial strain given increased need, leaving few options for the older adults in our area.

As a way to supplement the work we were doing with evidence-based health and wellness programs under Title III D we entered a partnership with USI on a GWEP grant which covers 12 counties in southern Indiana designated as a Health Profession Shortage area, rural and medically underserved. Other partners included three Deaconess primary care clinics, a family medicine residency program, two AAAs and two chapters of the Alzheimer's Association. Goals included to improve health outcomes for older adults through information, education, support and medical services. Falls, chronic illness, increasing incidence of dementia with longer longevity, nutrition, and mobility issues majorly affect this population.

As a result of the partnership, we have expanded our outreach for evidence-based programs under OAA Title III D. Programs such as A Matter of Balance (MOB) and the Chronic Disease Self-Management Program (CDSMP) have more than doubled in what were able to offer prior to the partnerships. We have increased the number of master trainers for both programs to five and lay leaders to almost 70. This has allowed us to provide education to more than 500 participants in the last five years. Outcomes from MOB analyzed in May 2023 show significant improvements, with individuals stating they

are steadier, are walking more and have decreased fear of falling, which is in alignment with national statistics. CDSMP outcomes from post surveys indicated that all individuals had increased knowledge from the program and would refer a friend.

We also added another evidence-based fall prevention program, Bingocize®, which successfully reaches a different older adult audience. While we are proud to be able to offer these evidence-based programs through Title III D, the partnership with USI has allowed us to increase the scope of the programming. As the grant with USI comes to an end though, we are concerned that we will not be able to continue all the programs with the very limited funds we receive through Title III D. Generations and other rural AAAs around the country would benefit from new flexibility to also use Title III D monies to fund evidence-*informed* programs, which have the benefit of being lower in cost to operate and more adaptable to community needs or cultural factors.

Generations was created as a result of the Older Americans Act for the purpose of planning, pooling resources and coordinating services at the grassroots level. These are just a few examples of how we innovate and adapt to meet the needs of older adults in our rural area. As an organization, we encourage active participation in our communities. We live where we work and that makes a real difference in terms of local access and networking abilities. And that's true of our fellow AAAs and our service providers nationwide. Please keep the Act's inherent flexibility and locally driven structure in mind as you update the law this year.

To that end, I have several recommendations for the reauthorization of the Older Americans Act.

1. Increase OAA funding, both authorized funding levels and actual funding for FY 2025 and beyond. OAA funding has not kept pace with the growing number of older adults or inflation and funding is inadequate to meet even a fraction of the needs of those older adults most at risk.
2. Continue some of the flexibilities that were extended to AAAs during COVID such as flexibility between Congregate and Home Delivered meals which allowed AAAs to use the funding provided based on client needs. Or allow for the flexibility to fund innovative ideas in the nutrition program that meet the needs at the local level.
3. Allow Title III D health and wellness programs to be evidence-informed—not just evidence-based—to expand the Aging Network's ability to reach older adults with emerging interventions and to extend the reach especially in rural areas and other areas which have limited funding for this important work.
4. We also support USAging's reauthorization recommendations.

Thank you for the opportunity to testify today.

United States Senate Special Committee on Aging

The Older Americans Act: The Local Impact of the Law and the Upcoming Reauthorization

on

May 23, 2024

Testimony provided by

Leslie T. Grenfell, MPA
Executive Director
Southwestern Pennsylvania Area Agency on Aging, Inc.

Chairman Casey, Ranking Member Braun, and members of the Senate Special Committee on Aging, thank you for the opportunity to testify before you today to discuss the Older Americans Act.

My name is Leslie Grenfell. I am the Executive Director of Southwestern Pennsylvania Area Agency on Aging, Inc., serving older adults residing in Fayette, Greene and Washington Counties. It has been an honor for me to serve as the Executive Director for the past twenty-three years.

In terms of population, Southwestern Pennsylvania Area Agency on Aging is the largest rural Area Agency on Aging, or AAA, in the Commonwealth. Its three-county service and planning area encompasses 2,223 square miles. The Agency acts as a community focal point providing information and assistance about services and programs, protecting older adults who are most vulnerable, assisting caregivers and their families, reducing food insecurity, and empowering older adults to live independently and age well.

Having worked in the Area Agency on Aging Network since 1976, I have witnessed the transformation and development of the Older Americans Act Programs and Services which have evolved from its early days as a nutrition program into a comprehensive and coordinated service delivery system for older adults who may be at risk of losing their independence.

Older Americans Act Programs

The Older Americans Act Nutrition Program is the cornerstone of the Older Americans Act and includes congregate, home-delivered, and grab n' go meals, which were introduced during the COVID-19 pandemic. The flexibility of the grab n' go meal option, where older adults can pick up a meal to take home, has been well-received by our consumers, especially those who are providing caregiver services to a loved one.

Our home-delivered meal providers are struggling. High costs, due to the increased cost of food, supplies, packaging, and staffing, the long distances between homes, and traveling on winding back-country roads or in mountainous areas, especially during inclement weather, can make delivery difficult. One of our most demanding routes is in the Laurel Highlands of Fayette County, called Kentuck Knob, which requires travel through State Game lands, is 32 miles long, and takes 54 minutes to complete.

Although challenging, the home-delivered meal providers have successfully developed and sustained a service delivery system utilizing dedicated volunteers who not only deliver hot, well-balanced nutritious meals five days a week, but also provide wellness checks to each older adult ensuring their safety and well-being. Last fiscal year, a total of 691 volunteers provided 97,638 hours of service and delivered 434,872 in-home meals to at-risk consumers.

The major challenges identified by our thirty-four home and community-based agencies who provide personal care services in rural communities are the costs associated with transportation due to the distance to consumer homes, the recruitment and retention of direct care workers, and the need for increased reimbursement.

Funding

Last fiscal year, the Southwestern Pennsylvania Area Agency on Aging received $591,073 in American Rescue Plan Act (ARPA) funds which provided a necessary infusion of financial support for the OAA nutrition program and the home and community-based program, permitting us to help a growing number of older adults.

With the number of older adults projected to continue to increase, there will be a corresponding growth in the need for services, and yet, no appreciable amount of additional Older Americans Act funding has occurred for over a decade.

Increasing Older Americans Act funding and increasing its flexibility is a cost-effective financial investment which would enable older adults to stay healthy longer, living in their own homes and communities, whereby reducing the need for more costly long-term care interventions.

Looking Ahead

In 2023, the Pennsylvania Department of Aging began development of a 10-year Multisector Plan for Aging called ***Aging Our Way, PA.*** It is a state-led and stakeholder-driven strategic plan designed to help transform the infrastructure and coordination of services for older Pennsylvanians and persons with disabilities to reflect the needs and preferences of this population to live where they choose and to access the supports they need to thrive and age in place.

The network of AAAs was essential to the stakeholder process, which yielded over 20,000 responses from across the state. Each Area Agency on Aging engaged their local communities, encouraged community participation, and facilitated listening sessions – at least one in each of the 67 counties and over 200 sessions in total.

From that engagement and those 20,000 responses, state government agencies, state experts in different areas of livability, and members of the Long-term Care Council developed ***Aging Our Way, PA's*** five priorities, and a number of strategies, and tactics. The AAAs are integral to many of the recommendations developed through this process and are looking forward to working with the Pennsylvania Department of Aging and other stakeholders.

In conclusion, I would like to especially thank Senator Casey for inviting me to provide testimony today. On August 5th, I will be retiring after 48 years in the

Aging Network. It has been an honor and a privilege for me to share my insights with you and it is truly a wonderful capstone of my career!

Attachment to Testimony

Aging Our Way, PA is Pennsylvania's 10-year Multisector Plan for Aging (MPA). This Plan is designed to address the needs and preferences of older adults and their caregivers in Pennsylvania and support the Commonwealth's preparedness as this older adult population grows dramatically over the next 15 years.

On May 25, 2023, Governor Shapiro signed Executive Order 2023-09, which directed the Pennsylvania Department of Aging (PDA) and agencies under his jurisdiction to develop this 10-year strategic plan that has been designed to help transform the infrastructure and coordination of services for Pennsylvania's older adults. ***Aging Our Way, PA*** defined by six key traits including:

- Necessary: The investments and improvements outlined in the Plan are needed for Pennsylvania to grow alongside its aging population.
- Stakeholder-Driver: community members were invited from across the state – including Pennsylvanians over 60, caregivers, families, subject-matter experts, and community members – to recommend improvements to the services and infrastructure in their communities.
- Collaborative: Drawn from stakeholder input, state agencies and community expert partners worked together to articulate the priorities, strategies, and tactics (initiatives) included in the plan.
- Achievable: To guarantee achievability, each Tactic has been refined in active partnership with the agencies responsible for its implementation.
- Responsive: The Plan is designed to adapt alongside shifting needs and resources over its 10-year timeframe.
- Effective: The Plan presents an opportunity for Pennsylvania's government to work smarter.

Pennsylvania's network of Area Agencies on Aging (AAAs) was essential to the stakeholder process that yielded over 20,000 responses from across the state. The AAAs engaged their local communities, encouraged community participation, and facilitated listening sessions – at least one in every county and over 200 sessions in total. The AAAs structured these listening sessions around the AARP's 8 Domains of Community Livability. These domains organize the holistic older adult experience related to transportation, engaging with government, volunteerism, employment, the need for navigation and getting information from trusted sources, respect and having a sense of belonging, social engagement and the challenges of social isolation and loneliness, access to health care including behavioral health and long-term care, and most broadly, challenges with housing. From that engagement and those 20,000 responses, state government agencies, state experts in different areas of livability, and members of the Long-term Care Council drew out ***Aging Our Way, PA's*** five priorities, strategies, and tactics. The AAAs are integral to many of the recommendations developed through this process and are eager to work with the PDA and other Commonwealth agencies. The Plan's 5 priorities include:

- Unlocking Access: Eliminate barriers preventing equitable ability of older Pennsylvanians to live healthy, fulfilling lives.
- Aging in Community: Enable older Pennsylvanians to maintain secure housing, active community involvement, and familiar surroundings.
- Gateways to Independence: Promote older adults' unhindered mobility and safe, convenient, and autonomous use of transportation.
- Caregiver Supports: Provide support, training, respite, and navigation tools to paid and unpaid caregivers.
- Education and Navigation: Streamline the resolution of complex problems faced by older adults through improvements to the connection, reach, and delivery of the services network.

Testimony of Mairead Painter

Connecticut State Long-Term Care Ombudsman

Member, National Association of State Long-Term Care Ombudsman Programs

Prepared for the U.S. Senate Special Committee on Aging Hearing

The Older Americans Act: The Local Impact of the Law and the Upcoming Reauthorization

May 23, 2024

Thank you, Chairman Casey, Ranking Member Braun, and distinguished members of the Senate Special Committee on Aging for inviting me here today. My name is Mairead Painter, and I am honored to serve as the State Long-Term Care Ombudsman for Connecticut. I appreciate the opportunity to offer this testimony to you regarding the critical role of Long-Term Care Ombudsman programs in protecting the health, safety, welfare, and rights of residents in long-term care settings.

The term "ombudsman" originates from Sweden, where it means "representative." This concept has been adopted by several countries, including the United States, to ensure transparency and accountability within the government and organizations. As Long-Term Care Ombudsmen, we serve as independent advocates for older adults and individuals with disabilities who reside in nursing homes, assisted living facilities, and other small home settings, such as residential care homes – many of whom cannot advocate for themselves.

My team in Connecticut, though small, is dedicated and formidable. It includes eight Regional Ombudsmen, two Intake Coordinators, one Administrative Assistant, and myself as the State Ombudsman, serving approximately 30,000 residents in 209 nursing homes and about 200 “board and care” facilities – these are inclusive of residential care homes and assisted living communities. Additionally, we have recently expanded our program with state funding to serve approximately 50,000 individuals receiving home and community-based services. This expansion includes one Manager and one Regional Ombudsman.

Looking back, the Long-Term Care Ombudsman Program was established in the 1970s by President Nixon in response to widespread concerns over the conditions in nursing homes.

Media reports and investigations at that time revealed pervasive abuse, neglect, and mismanagement. President Nixon's plan aimed to improve the quality of care in these facilities and address systemic issues such as inadequate care, poor conditions, and lack of accountability. From this initiative, the Long-Term Care Ombudsman Program was born in 1972 as a demonstration program.

In 1973, authority for the long-term care ombudsman demonstration was transferred to the Administration on Aging (AoA), which oversaw the project in several states, and in 1978, the long-term care ombudsman program was statutorily formalized through amendments to the Older Americans Act. In the following years, the ombudsman program was provided a separate authorization of appropriations, incorporated into Title VII of the Older Americans Act, and expanded to cover additional long-term care facilities.

In 2016, nearly 40 years after the functions of the LTCOP were delineated in the Older Americans Act, final regulations went into effect, providing more clarity and additional authority to the Long-Term Care Ombudsman Program in several areas.

All Ombudsman activities are performed on behalf of and at the direction of residents, with strict confidentiality. We provide direct services, including consultation, information about residents' rights, and investigation and resolution of complaints, contingent upon residents' consent. Additionally, we serve as a continuous resource for support. Our non-mandated reporter status reassures residents that their communications with us are confidential—encouraging them to seek our guidance without fear of reprisal.

Our office frequently receives complaints concerning general care issues arising from insufficient staffing, which adversely affects residents' ability to have their basic needs met, such as assistance with getting out of bed to use the bathroom. In some cases, residents are informed that they must rotate which days they can get out of bed at all due to the lack of available staff to assist them daily.

Other complaints pertain to involuntary transfers and discharges. Residents may receive notices indicating they are being discharged from the facility or are instructed to leave immediately, and are sent to a homeless shelter or hotel. Additionally, there are instances where residents are sent to the hospital, and when the hospital is ready to discharge them, the facility refuses to readmit them.

In all these cases, our team works closely with the residents to ensure their rights are upheld and that proper procedures are followed. We strive to ensure that any discharge is conducted safely and appropriately. If residents wish to remain in the facility, we attempt to resolve the issues to maintain their facility as their home.

Despite an increase in additional care settings and models over the years, the Ombudsman program has not seen the corresponding increase in funding to manage this new workload. Many programs receive minimal state funding—some programs, like Tennessee’s, only receive enough state funding to pay the state ombudsman salary. This lack of investment on the state level, coupled with stagnant federal funding, hampers our ability to grow and meet increased demand resulting from older adult population growth and additional care

settings. Without sufficient and stable funding, our capacity to fulfill the program's original intent—identified as a critical need since its establishment in 1972—continues to decline.

Inadequate resources directly impact our ability to support and protect hundreds of thousands of older adults living in our communities and to respond to complaints. For example, half of the states do not have adequate staffing to meet the 1995 Institute of Medicine staffing ratio, which recommended one ombudsman per 2,000 beds. This report, while outdated, provides the most reliable staffing standard for the program to date. Although Connecticut is fortunate to have a relatively higher level of state support, our team members still manage caseloads nearly double the recommended standard. Currently, our program operates with approximately one Regional Ombudsman for every 3,800 long-term care beds. Despite these financial constraints, Ombudsman programs have expanded services to cover additional settings like assisted living facilities and small homes, further straining our resources.

Additionally, the increasing number of residents with complex care needs who depend on our advocacy underscores the necessity for Ombudsmen to be present and responsive. The original program relied heavily on volunteers, but today’s complex care demands and cases often exceed what volunteers feel equipped to handle. Consequently, many volunteer-based programs have been diminished or eliminated. It is no longer feasible to run Ombudsman programs using volunteers as the program’s backbone. We need to reevaluate our reliance on volunteers and how to best utilize their skills while adding more trained, paid Ombudsmen across the nation. Sufficient funding is required to make these staffing changes.

Most critical: funding limitations impede our ability to educate individuals, respond promptly to complaints, and monitor facilities to prevent crises.

To begin to properly fund Ombudsman programs, we respectfully request the following funding for Fiscal Year 2025 for the benefit and safety of long-term care residents across our nation: $65 million for ombudsman services in assisted living facilities under Title VII of the Older Americans Act and $70 million for our current core funding under Title VII of the OAA. Increased and stable funding would enable us to hire additional staff, enhance our education and outreach programs, and provide stronger protections for elder justice.

This critical funding would not only improve residents' quality of life and well-being but also results in cost savings to the greater health care system. The Long-Term Care Ombudsman Program reduces the risk of individuals requiring Medicaid preemptively and reduces unnecessary trips to the hospital emergency room. Significant data show that when individuals feel they have a high quality of life, they report being in an overall better medical condition.

Although Ombudsmen may work as state employees or under the direction of a State Agency Director, our role requires independence and autonomy to effectively advocate on behalf of residents. This includes the ability to speak out on residents' behalf, regardless of where the program is housed, whether within a state agency or decentralized outside of one.

In addition to monitoring and responding to complaints, our program engages in education and outreach both at the facility level and within the broader community. We undertake rigorous systemic and legislative advocacy at state and federal levels to continuously

improve and expand long-term care services and supports for your constituents. Our goal is to empower residents to have a direct voice in policies and legislation that affect them. When this is not feasible, we advocate on their behalf before governmental agencies or policymakers.

Until I became the State Ombudsman in Connecticut, I did not realize how fortunate I was to be part of this ombudsman program. Once I got to know other State Ombudsmen, I began to realize that I have an independence and autonomy that is not only federally mandated under the Older Americans Act but is not possible for some of my peers in other states. For example, at a recent conference, as a Board Member of the National Association of State Long-Term Care Ombudsman Programs, I raised questions related to interference with the Ombudsman office. This inference directly impacts state ombudsmen's efforts to advocate for changes to state or federal laws, comment to the media, or talk with legislators about concerns constituents face.

I can ask these questions because in my state I have the autonomy and support to speak freely on behalf of the individuals I serve. However, the conference was being live-streamed, and I know other State Ombudsmen would be concerned someone from their state might see them ask the question; it could result in consequences when they return to their home state. Some State Ombudsmen have reported that in their state, their comments are controlled by their managers or senior officials, or they are told they cannot make comments to the media or speak to legislators independently at all. This is unsettling because Ombudsmen must have the independence and autonomy this position was intended to have and advocate in a bipartisan way on behalf of the people we serve and truly be their voice. This

is foundational to our position as State Ombudsmen, which was created to represent them and inform all of you.

This leads me to one of the reasons it is essential that the National Director position for the Long-Term Care Ombudsman Program be refilled. Although the current leadership at the Administration for Community Living has been extremely supportive of the program, it is necessary to have an independent voice advocating for our role and needs without any conflict of interest. At the state level, Ombudsmen are not able to be housed within the same agency as Adult Protective Services due to concerns over conflict of interest. However, at the federal level, we report to the same Director. This inherently creates a conflict when trying to advocate for the interests of both programs related to funding and support. As the representative of state ombudsmen across the country, we strongly urge you to reinstate the National Director of the Ombudsman Program. It is crucial that we have an independent national director who can represent ombudsmen without any potential conflicts of interest.

I want to thank you for allowing me to offer this testimony. Many individuals are still unaware of our role, their rights, or the standards of care they should expect when receiving long-term services and supports. As Ombudsmen, our goal is to continue to protect the health, safety, welfare, and rights of all individuals receiving long-term services and supports.

Respectfully,

Mairead Painter, Connecticut State Long Term Care Ombudsman