Written Testimony for the Record
William L. Minnix, Jr., President & CEO, LeadingAge

Senate Special Committee on Aging May 26, 2011

Older Americans Act (OAA) Reauthorization

As President and CEO of LeadingAge, I thank the Senate Special Committee on Aging for the opportunity to submit written testimony on the re-authorization of the Older Americans Act. This legislation is one of the most important measures ever enacted because it addresses the basic needs of all older individuals.

LeadingAge is an association of 5,500 not-for-profit organizations dedicated to expanding the world of possibilities for aging. We advance policies, promote practices and conduct research that supports, enables and empowers people to live fully as they age.

LeadingAge urges Congress to include a new housing with services section in Title III of this year’s reauthorization of the Older Americans Act. We also recommend the addition of funding for technology demonstration programs in Title IV of the OAA as it is reauthorized.

Why do we need to include housing with services for older adults in the OAA?
Over two million low-and modest-income older adults live in publicly subsidized housing, including Section 202, public housing, low income housing tax credits and older subsidized housing. The median age of residents in HUD senior housing is 75 years old, and 30% of them are age 80 and older. Studies show that subsidized senior renters experience more chronic health conditions than non-subsidized renters and homeowners. In addition to these chronic health conditions, many of these residents struggle with some form of dementia, and/or mental illness. Low-income older individuals disproportionately live in apartments and have less family support. In the Section 202 program, 69% of the residents have incomes that are below 30% of the area median income.

An OAA housing with services section would help older individuals residing in subsidized housing age in place. Efficiencies and cost savings in service delivery could be obtained when providing services in a congregate housing setting. Housing is always one of the major concerns of older individuals and policy makers involved in improving the ability of older individuals to age in place. For example, the availability of affordable housing for older individuals was a critical issue in the implementation of the Money Follows the Person Demonstration. A specific housing with services program in the Older Americans Act would expand and enhance existing priorities for the Administration on Aging, including its Livable Communities initiative and its Community Initiatives for Aging in Place program.

A housing with services initiative could target the programs available under Title III of the Older Americans Act to affordable housing settings specifically without diminishing the existing
programs under Title III. We would recommend that a specific, separate authorization of appropriations for housing with services be included in the OAA reauthorization legislation.

**What will a housing with services section in Title III of the Older Americans Act mean for older individuals in each state?**

States would develop an area housing with services plan to identify affordable housing communities and define specific services programs and packages that could be available to older individuals living in those communities. This combination of housing with services could reduce the placement of older individuals in more expensive and restrictive residential settings. A housing with services section within Title III of the OAA would provide in-home services, including personal care and help with chores. Coordinated case management would be provided in collaboration with the service coordinator of federally-assisted rental housing and low income housing tax credit rental housing properties. If there is no service coordinator at the housing site, full case management would be provided to assure the most efficient use of the supportive services.

The housing with services program would provide annual training sessions on available service and support resources, including programs to screen for the prevention of depression, coordination of community mental health services; referral to psychiatric and psychological services; and training on mental health screening for older adults for service coordinators, if applicable. Adults aged 65 and older have the highest suicide rate of all age groups. In fact, the Administration on Aging estimates that only half of all older adults who acknowledge having mental health problems are actually treated. Currently, area agencies on aging are not funded to implement Older Americans Act mental health requirements. In response to the increasing need for mental health services, the Older Americans Act must provide additional resources to the aging network so that the law’s requirements for mental health services may be met.

This new section of Title III would assist housing providers with the development and implementation of a congregate meal program and/or homebound meal program at federally-assisted rental housing and low income housing tax credit rental properties. Wellness and preventive care programs that could be provided under the housing with services section could help reduce Medicare and Medicaid costs by keeping residents of assisted housing healthier. This proactive approach reduces the chance of hospital admissions and re-admissions.

Falls and poor medication compliance are a leading cause of hospitalizations among older adults. Adding a housing with services section to Title III of the re-authorized Older Americans Act would provide access to personal emergency response systems and medication reminder and dispensing technology to older adults living in federally-assisted rental housing and low income housing tax credit rental properties.

A housing with services option also would cover other services that enable older individuals to continue living in the community, such as adult day services and non-emergency transportation to
medical appointments, food shopping, etc. Providing these services to elders living in assisted housing would achieve economies of scale that would lower the cost of services per resident.

**Technology Demonstration Funding Needed**

Technological innovations continue to improve the way many aging services providers deliver care. Funding for demonstration projects that promote the use of best practices in medication management, preventing falls, and prolonging safety, health and wellness in senior centers and senior housing developments should be made a part of Title IV of the Older Americans Act.

**Conclusion**

There are more than 13 million older Americans who are economically insecure, living on $22,000 or less each year. Approximately 3.4 million seniors live below the federal poverty line.

Many of these elders have incomes slightly above the Medicaid eligibility level and have no family support. At times they have to choose between paying for food, housing, utilities, or medicine. This situation leads to preventable hospitalizations and re-hospitalizations.

States and communities depend on the Older Americans Act as one of the main resources for delivering social, nutrition, and home and community-based services to seniors and their caregivers. A housing with services section would help target limited resources to older individuals residing in federally-assisted rental housing and low income housing tax credit rental properties who tend to have more chronic diseases and less formal support. Our call for a more proactive use of technology through Older Americans Act funding would also target limited resources without sacrificing quality of care.

Many LeadingAge members have incorporated a variety of housing and home- and community-based services in innovative ways to help older individuals age in place in dignity and in the least restrictive environment. In 1965, when the Older Americans Act, Medicare, and Medicaid were enacted, there were 18 million Americans aged 65 and over. Most of our not-for-profit members that now provide essential home- and community-based services were already doing so in 1965.

But now they have even more of a challenge. There now are 35 million adults aged 65 and over and the number is projected to increase to 88 million by 2050. The re-authorization of the Older Americans Act must contain the innovations that we propose to appropriately serve Americans who are living longer, with more chronic diseases, and who wish to remain at home for as long as possible.

We thank the Senate Special Committee on Aging for your commitment to the re-authorization of the Older Americans Act and we urge your support for expanding the scope and resources that enable older Americans to live their lives independently and with dignity.