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## Aging Issues with Deafened Persons

Robert McClintock and Jim Knight

ROBERT McCLINTOCK: I'm a retired accountant and a member of ALDA since 1989. I'm happy to be with you for your interest as senior members of ALDA. Percentage-wise, the seniors are growing more than any other population bracket. Our other speaker tonight will tell you about what services and support is available to seniors on a complimentary basis, and tell us what services are available in the Orlando area.

I will now introduce Mr. Knight. He has a very responsible position as a quality assurance program manager, and he is located in Orlando, Florida. He is a retired, Colonel with the United States Army.

JIM KNIGHT: I am going to talk now about the Senior Resource Alliance, which is the area agency on aging for central Florida. I'm going to tell you what we do for the seniors in this region. Some of the major points that I will discuss with you today will deal with the history of the aging services, the outline of our network, and an overview of our agency. One key piece of legislation that we work from is the Older Americans Act, or OAA, which was established in 1965. It established the area agencies on aging, of which we are one of the 650 in the United States. It also indicates that the area agency is responsible for coordinating the community-based services.

In 2000, Congress reauthorized the Older Americans Act, which keeps us in business. This is the largest piece of Federal funding that we receive. The Act established the administration on aging under the Health and Human Services Department. At the state level, the Department of Elder Affairs administers the program throughout the State of Florida down to the area agencies, of which there are 11 across the state.

Everyone, including the OAA, concentrates on similar points here, which include planning, policy development, administration, coordination, and the visible advocate for senior issues. This is one of the major things that we try to accomplish. We do have an Advisory Council, and are organizing a very grass roots effective program throughout the four counties that we cover, which are Orange, Ocala, Brevard and Seminole. Advocacy is important.

The role of the AAA, or Area Agencies on Aging, is reduced from the state level but we still function on the system of services and the focal point for the older Americans, the Advisory Council, by monitoring, evaluating and commenting upon the policies,

programs and things that go on in our four county area. My job in the quality assurance program is to assure that our providers are meeting the terms of our contract. The Older Americans Act is totally federally funded. However, we do have some other programs that are a blend of both Federal and state funds as well as some purely general revenues that come from the legislature.

The AAA, along with the Department of Elder Affairs, is policy making and enforcing, and has a contract manager and an advocate along with program development. The AAA's contract with more than 27,000 service providers is nationwide. One of the important things that we have is the information and referral hot line, where seniors can call in and request information on available programs. There are also in-home services. One of the most well known throughout the country is home delivered meals. Community services include senior centers, meal programs, health promotion and fitness. We have a local program that is designed, in coordination with the YMCA, to provide an exercise program for seniors. In looking through the stress relief outline, exercise, of any kind, is very important.

My last point is regarding the caregiver services. The Older Americans Act has put a block of money in this program, from training caregivers to providing respite, which means they get a day off, to help prevent burnout. The Department of Elder Affairs has established as their vision to lead the nation in providing older persons with information, choices and opportunities. You have the information to make a logical choice on what action you want to take. That was the vision; now look at the mission. It's a little bit long for a mission statement, but I think I can sum it up in a few words. The Department's mission is to make Florida an elder friendly location. Now, you will recall, the Governor has set up a program named Destination Florida, where he is trying to recruit seniors and other potential retirees to come to Florida. This block of people looking at Florida as a potential retirement site, is important. Population density is very important because that's what drives our funding foremost. The total budget for the department is approximately \$250 million. Those funding streams include Federal dollars and general revenue, or state funds. Some of the biggest ones are the Medicaid Waiver, the Assisted Living Facilities Waiver, and the Older Americans Act, which I initially talked about.

The waiver programs combine both Federal and state dollars to provide funds to focus on low income seniors. These are people who are just about ready for nursing home placement. The funds help to provide them with in-home services, like personal care, home delivered meals and home maker, with the idea of keeping them at home in a least restrictive setting and out of a nursing home.

Typically with the Medicaid Waiver Program, we would be able to keep someone in their home at an annual cost of less than \$8,000. If we, or someone under Medicaid, has to go to a nursing home, the annual cost is somewhere around \$36,000, depending on where it is. So as taxpayers, if we can take care of someone in their home, it is a pretty good deal for us and we fully support that.

The Cares Program is designed to assess people either in their homes or who are potentially going to a nursing home, to see if we can take care of them in the community.

Again, we are avoiding that high cost. The elder abuse hot line is also a major aid in this area. If anyone observes an elder being abused, neglected or having fraud perpetrated against them, they can call the hot line and report this. The Long-Term Care Ombudsmen Program is set up in nursing homes or AOSF. If someone living there has a complaint, it gives them someone outside the administration to call. These people, who are volunteers, will then look into the allegations and try to resolve them. The mission of the Senior Resource Alliance, also known as the Area Agency on Aging of Central Florida is leadership, advocacy, information and development for the four county areas. The bottom line is to enable the elders to age with independence and dignity.

Our goal is to develop a plan on a 3-year cycle, which we update on an annual basis, that looks at the needs of seniors in our area. The number one thing that we are trying to work with is the lack of transportation. You can't imagine how difficult it is for a senior who has a doctor's appointment or needs to go shopping. If they do not have a family member or friends that can help them, this is a very difficult challenge for them.

Contract, managing and monitoring is what I do, where we ensure that providers are meeting the terms of their contract. Capacity building is a very nice word for applying for grants to try to bring in additional funding.

Program development is looking for new programs or revising programs that will help us meet the need assessment. The annual budget is approximately \$18 million. The key point I want to show you is that the Older Americans Act, Medicaid Waiver and Assisted Living, these two are the blends of Federal and state funding and this one (WHICH ONE??) is pure Federal. That's most of our budget. These little programs here come from general revenue that our taxes provide. So if anything happened to the Federal support, we would be in big trouble.

Some of the direct services that we are involved with are the information and referral and our hot line. The Shine programs serve the health insurance needs of elders. These are people that go out and answer questions on Medicaid and Medicare.

Our target customer is a typical female, 77, probably living alone, probably at or below poverty, with 3 or more deficiencies in activities in daily living: Dressing, eating, transferring, toileting, etc. She is the person we assure that providers do what we are contracting with them with our tax dollars to do.

How do I begin to receive services, you ask? Typically a family would call our information assistance hot line and ask for help. They would either be directed into community resources that specialize in this or they would go into our triage section, which would separate from the high need, low need, medium need, and then the group goes to local service providers for case management and other services. If they are at the top end, perhaps more need, they would go into a cares unit for immediate assessment to try to keep them out of a nursing home.

Our primary focus, where we are mandated to spend our money, is for adult protective services. After that, the principal investigator would refer this client to one of our lead agencies. There are three levels they come in at: High, intermediate and low. The high level must receive services within 72 hours. The next priority is for the cares imminent

risk people or for institutional placement. Again, we are trying to keep them out of a nursing home. Finally, there are folks in the community. Under our current funding situation, the APS and the cares referrals are probably getting the lion's share of our state revenue programs.

Once the client is into the process, a case manager would do an assessment, which produces a risk score and a prioritization score. The risk score tells us how much this client looks like a nursing home candidate. The prioritization score tells us how quickly they need services. One of the biggest factors on the scores is the presence or absence of a caregiver. This is used to determine who is going to be served in a rank order or merit list, trying to get services in where people need it.

Here is the typical client that we see would start out with Older Americans Act. They would be going to a congregant meal site to reduce isolation, to increase socialization, and in some cases for nutritional value. But it is really designed to get people out of their homes and involved with other people. You have to be 60 years old to be eligible for the program. As a client ages and perhaps declines in health, the community care for the elderly program would ideally come in and do another assessment to see if some in-home services might be necessary, particularly personal care, home maker, maybe some type of incontinent supplies, and, if there is not a caregiver, another person. CCE is income driven. We look at how much money the people have. O 55 focuses on low income. However, for the client, as they further decline, the home and community base service, Medicaid Waiver, may be appropriate for providing additional services. This is the jump here from where we start out with Federal, with the state, and now we are going to a combination of both Federal and state dollars. To be eligible for the waiver it is based on age and income and assets, which is almost at the poverty level. So folks who are not down at that level are not going to be eligible for the program.

The goals of the program: Number one, Keep them out of the nursing home. The money is allocated to us in a spending authority, which is close to \$10 million. However, this money is held at the state level and the lead agencies bill them directly. We simply monitor the quality of services and correctness in billing. The goal of CCE is to provide for minority and poverty level clients, providing services in-home to maintain independence. This program is a little bit more flexible than Medicaid waiver, which has a very specific one. The base program of the Older Americans Act tries to reduce isolation. It focuses on the low income and those with functional impairment. This is the entry-level program for the other services.

With a client starting out with the OAA, it costs maybe \$1300 a year for meals. Then, moving up in services, maybe \$3,000 a year. That's pretty cheap. Then the adult day care, which is one of the more expensive programs, could cost us about \$13,000 a year. That's pretty expensive care plan. The assisted living program costs \$14,600 per year, which is less than half of what nursing home placement costs. Finally, we are using for nursing home placement, \$37,000 as the annual cost. We have lead agencies that do our case management, take care of the billing issues and provide accounting. For Seminole and Orange County, we use Visiting Nurse Association community care for the elderly. Our OAA meal providers are Seniors First, here in Orange, Brevard Community Services Council and Meals on Wheels in Seminole County. Notice that the 85 plus population is

going to significantly increase. At least 30 percent will need some sort of in-home services. Our goal is to use the tax dollars we are provided with to help keep seniors who are eligible for our programs, in the least restrictive setting and out of nursing homes.

Audience Member: The \$8,000 was for medical care in the home, not a nursing home, is that it?

JIM KNIGHT: We can take care of someone in the home, not including medical care, for a home maker, some personal care, and maybe home delivered meals for about \$8,000.

Audience Member: That doesn't cover in-home medical services, but it would provide for someone to come in and cook and clean for them?

JIM KNIGHT: It would be like someone coming in for a bath visit or a home maker to do the laundry, dusting and cleaning, and perhaps home delivered meals for them. It is nonprofessional type services.

ROBERT MC CLINTOCK: I am changing my talk in view of the numbers here. 20 percent of the conference members are over 62 years of age. That means that we have a nucleus to establish a group and have received more representation on the Board of Directors. I think that we have the right, the need and capabilities to be a positive force in the growth of ALDA. There will be a business meeting tomorrow, and at that time I will briefly explain some of the ideas that we seniors can toil over and think about, and perhaps support, so that we can be a tangible force in the growth in the membership of ALDA. The first is to really think about two methods of raising money and memberships within ALDA. One, we can talk to groups like the National Association of the Deaf, in which these persons contribute to a fund. Contributions then continue, and move from a passive membership to becoming a contributing member and a sustaining member, and then, at the top, to the role of a benefactor. We can help increase membership by what I call the life membership plan. You have a life membership plan in several of the national organizations, and you pay one time for membership, depending upon your age. For example, seniors will pay maybe \$100 or \$200 at one time, and that's their life membership in ALDA. If you are in the bracket of 40 years of age, then you would pay more, depending upon your age. If you can't pay it all at once, installments are available. I think ALDA needs to think a little bit differently and not think so much about adjusting the dues structure they are at. We need more financial support. We need an active membership in ALDA. 20 to 25 percent of our members are over 62 years of age. I think we should have a strong interest in the decisions made by the Board.

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