United States Government Accountability Office

Report to Congressional Requesters

May 2015

# OLDER ADULTS

# Federal Strategy Needed to Help Ensure Efficient and Effective Delivery of Home and Community-Based Services and Supports

GAO-15-190

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## Federal Strategy Needed to Help Ensure Efficient and Effective Delivery of Home and Community-Based Services and Supports

GAO Highlights

Highlights of GAO-15-190, a report to congressional requesters.

### Why GAO Did This Study

Research has shown that many older adults want to age in their homes and communities, and their ability to do so often depends on the availability of home and community-based services and other supports. GAO was asked to review the availability of such services.

This report addresses (1) federal programs that fund these services and supports for older adults, (2) how these services and supports are planned and delivered in selected localities, and (3) agencies' efforts to promote a coordinated federal system of these services and supports. GAO reviewed federal program documents and interviewed federal officials. It also visited programs in the Atlanta, Georgia region, Montgomery County, Maryland, and San Francisco California, chosen based on efforts made to enhance their system of HCBS and supports, recommendations from federal agencies and experts, varied governmental jurisdiction, and geographic dispersion.

### What GAO Recommends

GAO recommends that HHS facilitate development of a cross agency federal strategy to ensure efficient and effective use of federal resources for HCBS. HHS concurred and HUD, DOT, and USDA did not comment.

View GAO-15-190. For more information, contact Kay Brown at (202) 512-7215 or brownke@gao.gov.

### What GAO Found

Five federal agencies within four departments fund home and community-based services and supports that older adults often require to continue living independently in their own homes and communities. The Administration on Aging (AoA) and Centers for Medicare & Medicaid Services (CMS) in the Department of Health and Human Services (HHS), and the Departments of Housing and Urban Development (HUD), Transportation (DOT), and Agriculture (USDA) provide funds, often through state agencies, to local governments and community-based organizations.

**Federal Agencies That Fund Home and Community-based Services and Related Supports for Older Adults, by Department**

| | | Home and Community-based Services and Related Supports | | | |
|---|---|---|---|---|---|
| | | Nutrition Services | In-home Services | Affordable Housing | Transportation |
| **Department of Health and Human Services** | Administration on Aging; Administration for Community Living | X | X | | X |
| | Centers for Medicare & Medicaid Services | X | X | | X |
| **Department of Housing and Urban Development** | Office of Multi-Family Housing Programs | | | X | |
| **Department of Transportation** | Federal Transit Administration | | | | X |
| **Department of Agriculture** | Food and Nutrition Service | X | | | |

Source: GAO analysis of documents from the departments listed. | GAO-15-190

The Older Americans Act of 1965 (the Act) requires AoA to promote and support a comprehensive system of services.

In the three localities GAO visited, local area agencies on aging, assisted by other community-based organizations, took the lead in planning and delivering services and supports for older adults, paid for with a mix of federal, state, and local funding. An Atlanta organization employed home-care aides for older adults and delivered meals. Senior housing developments across the three localities connected more frail residents to in-home services. In San Francisco and Montgomery County, grassroots organizations known as villages provided help with errands. Officials in two localities reported that flat funding of certain state funds, combined with the growing number of older adults, has resulted in waiting lists for affordable housing and in-home services.

The Act requires AoA to facilitate collaboration among federal agencies; however, the five agencies that fund these services and supports for older adults do so, for the most part, independently. GAO's work on interagency collaboration has found that collaboration is important for federal efforts that involve more than one agency. HHS, through AoA, has indicated that competing priorities for its limited resources prevent it from leading development of a cross-agency federal strategy. However, developing such a strategy could help ensure that the five agencies' resources for HCBS and supports are used efficiently and effectively.

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Figures

## Abbreviations

| | |
|---|---|
| AAA | area agency on aging |
| ACL | Administration for Community Living |
| ADA | Americans with Disabilities Act |
| ADL | activities of daily living |
| ADRC | Aging and Disability Resource Center |
| AoA | Administration on Aging |
| CBO | community-based organization |
| CMS | Centers for Medicare and & Medicaid Services |
| DOT | Department of Transportation |
| FNS | Food and Nutrition Service |
| FTA | Federal Transit Administration |
| HCBS | home and community-based services |
| HHS | Department of Health and Human Services |
| HUD | Department of Housing and Urban Development |
| IADL | instrumental activities of daily living |
| LGBT | lesbian, gay, bisexual, and transgender |
| LTSS | long-term services and supports |
| MFP | Money Follows the Person |
| NORC | naturally occurring retirement community |
| PRAC | project rental assistance contract |
| SNAP | Supplemental Nutrition Assistance Program |
| SUA | state unit on aging |
| USDA | U.S. Department of Agriculture |

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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May 20, 2015

The Honorable Susan Collins
Chairman
Special Committee on Aging
United States Senate

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Bill Nelson
Ranking Member
Committee on Commerce, Science, and Transportation
United States Senate

Research has shown that many older adults would prefer to maintain their independence and ties to the community as they age, and their ability to remain in their homes and communities often depends on the availability of a local system of home and community-based services (HCBS).[1] Other supports can also play a critical role in maximizing the independence of older adults. For example, research on the effects of insufficient food on the health of older adults underscores the importance of nutrition services for older adults aging in their homes and communities.[2] In addition, affordable housing and transportation are frequently ranked among the top supports older adults need to maintain their independence.

The federal government and state and local agencies play an important role in helping to ensure that HCBS and related supports are available to

[1]In this report, home and community-based services (HCBS) refers to long-term services and supports provided in a person's own home or community. They can include, but are not limited to, care management, in-home services such as personal care and homemaker services, and adult day care.

[2]James P. Ziliak and Craig Gundersen, prepared for the National Foundation to End Senior Hunger, "The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2010 NHANES" (February 2014).

older adults. The Older Americans Act of 1965[3] creates a leadership role for the federal government in developing a system of HCBS for older adults. The act requires the Administration on Aging (AoA), within the Department of Health and Human Services (HHS), to promote and support a comprehensive system of HCBS and related supports by providing funding and technical assistance to states and local agencies involved in planning and delivering these services and supports.[4] It also requires AoA to facilitate the provision of such services and supports in coordination with the Centers for Medicare & Medicaid Services (CMS) and other federal entities.[5] In light of the dramatic increase in the size and life expectancy of the older adult population in this country, you asked us to provide information on what the federal government and local agencies are doing to create a system of HCBS and related supports for older adults at the community level.

This report addresses (1) federal programs that fund HCBS and supports for older adults, in particular in-home and nutrition services, affordable housing, and transportation, (2) how HCBS and supports are planned and delivered in selected localities, and (3) agencies' efforts to promote a coordinated federal system of HCBS for older adults.

To address our first objective, we collected information through reviews of relevant federal laws and program documentation. We also gathered information from officials in HHS and the Departments of Housing and Urban Development (HUD), Transportation (DOT), and Agriculture (USDA) about programs that fund certain HCBS and other supports for older adults, namely in-home services, nutrition services, affordable housing, and transportation. Within HHS, we spoke with officials in AoA, the Centers for Medicare & Medicaid Services, and the Office of the Assistant Secretary for Planning and Evaluation. Within USDA, we contacted officials from the Food and Nutrition Service (FNS). We obtained funding information for fiscal years 2010-2014 for those programs from the President's budget for HHS, HUD, DOT, and USDA. We determined that these agencies' budget data were sufficiently reliable for our reporting purposes.

[3] Pub. L. No. 89-73, 79 Stat. 218 (codified as amended at 42 U.S.C. §§ 3001-3058ff).

[4] 42 U.S.C. § 3012(b)(9).

[5] 42 U.S.C. § 3012(b)(4).

To address our second objective, we concentrated on three localities—the city of San Francisco, California; Montgomery County, Maryland; and the ten counties in the Atlanta, Georgia metropolitan region. We conducted a literature search to identify localities throughout the country that had been actively engaged in special initiatives to enhance their system of HCBS and related supports for older adults. We selected these three localities from that group primarily based on (1) recommendations from agency officials and representatives from four national organizations with a major interest in HCBS for older adults, (2) type of governmental jurisdiction, and (3) geographic dispersion. In each locality, we visited urban and/or suburban communities, but did not visit any rural areas. Because these localities represent a non-probability sample, they should not be considered representative of localities, in general. We visited these localities in May and June, 2014. In each, we interviewed and gathered documentation from representatives of the locality's area agency on aging and older adult advisory councils, the state unit on aging for that locality, and at least one community-based organization that provided,

- in-home services, such as personal care or homemaker services,
- nutrition services,
- affordable housing funded by HUD's Supportive Housing for the Elderly (Section 202) program,
- transportation funded by DOT's Enhanced Mobility of Seniors and Individuals with Disabilities program, and
- information and referral services to help older adults identify and access HCBS and related supports.

Appendix I provides a list of the community-based organizations we contacted in each locality.

To address our third objective, we reviewed relevant federal laws and documents and interviewed officials from HHS, HUD, DOT, and USDA about each agency's efforts to support HCBS for older adults in their respective areas of responsibility. We also examined the steps AoA has taken to facilitate collaboration and strategic planning for this area across all four Departments. We compared their interagency collaboration efforts

to leading practices that GAO has identified for enhancing interagency collaboration.[6]

We also reviewed research published in the United States in this area identified through a literature search that we conducted between 2013 and 2015 and provide statistics in this report based on some of these studies. We conducted this performance audit from February 2014 to May 2015 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

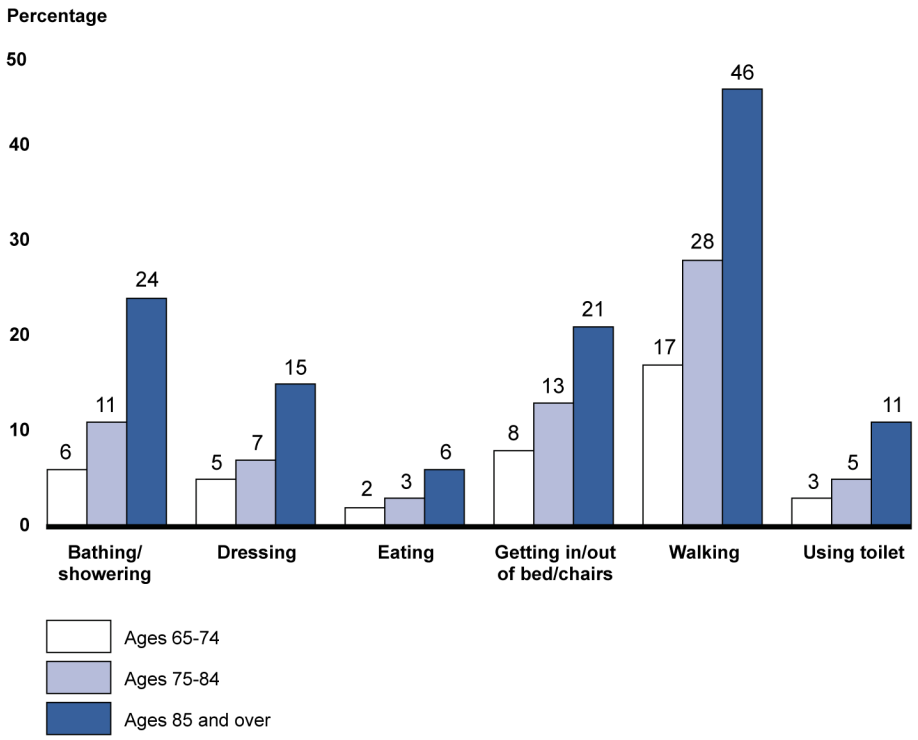
## Background

As people age, their ability to perform routine daily activities, such as eating, bathing, dressing, paying bills, and preparing meals declines (see fig. 1).[7]

[6] GAO, *Managing for Results: Implementation Approaches Used to Enhance Collaboration in Interagency Groups*, GAO-14-220 (Feb. 14, 2014); *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, GAO-12-1022 (Sep. 27, 2012); *Results-oriented Government: Practices that Can Help Enhance and Sustain Collaboration among Federal Agencies*, GAO-06-15 (Oct. 21, 2005).

[7] In addition to age, other factors such as heredity and lifestyle can affect a person's functional capacity.

**Figure1: Older Adults with Limitations in Certain Daily Activities by Age Group, 2010**




Sources: U.S. Department of Health and Human Services (based on data from U.S. Census Bureau's *American Community Survey*, Centers for Medicare and Medicaid Services' *Medicare Current Beneficiary Survey*, National Center for Human Statistics, including the NCHS Health Data Interactive data warehouse). | GAO-15-190

About 70 percent of those aged 65 and older are likely to need long-term services and supports at some point in their lives, for an average of 3 years. Twenty percent will need that care for at least 5 years.[8] Family or friends often informally assist frail older adults with these daily activities. However, when they have no one to help them informally, or need assistance that family and friends cannot provide, older adults rely on long-term services and supports (LTSS) from paid providers in both

[8]Peter Kemper, Harriet L. Komisar and Lisa Alecxih, "Long-Term Care Over an Uncertain Future: What Can Current Retirees Expect?", Inquiry: The Journal of Health Care Organization, Provision, and Financing, Volume 42, Winter 2005/2006

institutional and home and community-based settings. [9] In either case, the cost of these services and supports can often be a considerable financial burden for older adults and families.[10] For eligible low-income older adults, state Medicaid programs may cover the cost of institutional long-term services and supports and certain HCBS. [11]

According to the Census Bureau, the proportion of the U.S. population aged 65 and over is expected to increase from 13 percent in 2010 to more than 20 percent in 2050 and be more diverse. In 2050, about 22 percent of this group will be 85 and older compared to 14 percent in 2010.[12] As the size of the older population grows, so will the number of older adults needing long-term services and supports, particularly for those 85 and older.

To help frail older adults maintain their independence and avoid premature institutionalization and depletion of their income and assets, the Older Americans Act called for the development of a comprehensive system of home and community-based services and supports.[13] Title III of the act prescribed the roles of states and localities in this system,[14] and

[9] In this report, LTSS refers to a broad range of health and health-related services needed by individuals who are not able to care for themselves because of a physical, cognitive, or mental disability or condition. Often the individual's disability or condition results in the need for hands-on assistance or supervision over an extended period.

[10]In 2010 the private-pay rate for nursing home care was $229 per day, on average, while the average hourly private rate for home health aides that year was $21. The MetLife Mature Market Institute, *Market Survey of Long-Term Care Costs: The 2011 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*, (October 2011).

[11]42 U.S.C. § 1396d. Estimates of the proportion of older adults living in poverty in 2013 range from 9 to 15 percent, largely depending on whether their out-of-pocket medical expenses were taken into account.

[12] In 2050, it is projected that African Americans and Asians will comprise 11.6 and 8.9 percent of the older adult population compared to 8.0 and 3.0 percent, respectively, in 2010. In 2050 non-Hispanic Whites will account for 58.2 percent of the older adult population, compared to 81.5 percent in 2010. U.S. Census Bureau, *the Next Four Decades: The Older Population in the United States: 2010 to 2050* (Washington, D.C.: May 2010).

[13]42 U.S.C. § 3012(b).

[14] 42 U.S.C. §§ 3021(a)(1)(D) and 3025(a)(3).

established grants to states for the provision of services and supports.[15] The framework of agencies, programs, and activities established by the act produced what is referred to today as the national aging services network. With support from AoA, within HHS' Administration for Community Living (ACL), the 56 state units on aging,[16] 618 area agencies on aging (AAA),[17] and 264 Indian tribal and 2 Native Hawaiian organizations[18] as components of the aging services network, are responsible for planning, developing, and coordinating home and community-based services and supports for older adults, nationwide.

AAAs within each state are responsible for planning and delivering HCBS and related supports for older adults within their service areas. Each AAA has some discretion in the types of services and related supports it provides, often through contracts with other community based organizations (CBO).[19] Each is required to submit a plan for its area to its state unit on aging at least once every four years.[20] This plan must take into account, among other things, the needs of low-income individuals, including low-income minority individuals and those with limited English proficiency.[21] Under the Older Americans Act, AoA must design and implement uniform data collection procedures for states to use to assess

[15] 42 U.S.C. §§ 3030d (supportive services), 3030e (congregate nutrition services), 3030f (home delivered nutrition services), 3030m (disease prevention and health promotion services) and 3030s-1 (caregiver support program).

[16]This number includes U.S. territories and the District of Columbia.

[17]42 U.S.C. § 3026..

[18] 42 U.S.C. §§ 3057e-1 and 3057j-1.

[19]Community-based organizations (CBO) are public agencies or private nonprofit organizations that represent one or more communities or segments of communities and are engaged in meeting the human services needs of community residents. CBOs can include local or regional governmental or quasi-governmental organizations, as well as private nonprofit organizations.

[20]42 U.S.C. § 3027(a)(1). AAAs can be public agencies or private nonprofit organizations that have made assurances to the states that they will serve as AAAs and adhere to area plans that meet the requirements of the act. 42 U.S.C. § 3025(a)(2)(A). A 2010 survey by the National Association of Area Agencies on Aging found that about 30 percent were part of a city or county government, 42 percent were independent nonprofit organizations, and about 28 percent were part of a council of governments, regional planning or development agency, or some other type of organization.

[21]42 U.S.C. § 3027(a)(4),(14) and (16).

the receipt of, need for, and unmet need for services authorized under Title III of the act.[22,23] State units on aging are to use their AAAs' plans as a basis for an overall state plan that they submit to AoA.[24]

## Several Federal Departments Fund HCBS and Related Supports for Older Adults

Five federal agencies across four departments have one or more programs that operate within a system of HCBS and related supports that older adults often require to live as independently as possible in their homes and communities (see table 1).[25]

[22]42 U.S.C. § 3012(a)(26).

[23]In 2011, we reported that AoA had no standard definitions or measurement procedures for determining need and unmet need that states were required to use. At that time, state agencies described a variety of approaches used to assess need and unmet need to varying extents. No agencies we spoke with fully estimated the number of older adults with need and unmet need. Consequently, we recommended that HHS develop standard definitions of need and unmet need and propose uniform procedures for measuring each. According to HHS officials, they are currently reviewing and revising reporting requirements under the Older Americans Act, including ways to measure need and unmet need for services. GAO, *Older Americans Act: More Should Be Done to Measure the Extent of Unmet Need for Services*. GAO-11-237 (Feb. 28, 2011).

[24]42 U.S.C. § 3027(a)(2).

[25]Table 1 includes the four types of HCBS and supports that are the focus of this report. Other types of services and supports include senior centers, evidence-based health promotion programs, and care giving support services.

**Table 1: Federal Agencies That Fund Home and Community-Based Services and Related Supports for Older Adults, by Department**

| | | Home and Community-Based Services and Related Supports | | | |
|---|---|---|---|---|---|
| | | Nutrition Services | In-home Services | Affordable Housing | Transportation |
| Department of Health and Human Services (HHS) | Administration on Aging (AoA); Administration for Community Living (ACL) | X | X | | X |
| | Centers for Medicare & Medicaid Services (CMS) | X | X | | X |
| Department of Housing and Urban Development (HUD) | Office of Multi-Family Housing Programs | | | X | |
| Department of Transportation (DOT) | Federal Transit Administration (FTA) | | | | X |
| Department of Agriculture (USDA) | Food and Nutrition Service (FNS) | X | | | |

Source: GAO analysis of HHS, HUD, DOT, and USDA documents.| GAO-15-190.

## HHS Funds HCBS for Older Adults through the Older Americans Act and Medicaid

### Older Americans Act Programs

The Older Americans Act is the cornerstone for federal leadership in the development of an HCBS system for older adults. The act authorizes funding to cover the cost of a range of services for older adults provided by local HCBS systems—sometimes referred to as core service delivery activities. HCBS funded under Title III of the act are available to anyone 60 or older, but are to be targeted to those with greatest economic or social need, particularly low-income and low-income minority older adults, and older adults living in rural areas, among others.[26] The act also authorizes funding a variety of aging services network support activities or technical assistance provided to state and local agencies by AoA (see table 2). Appendix II provides funding information for these programs for fiscal years 2010 through 2014.

[26]42 U.S.C. §§ 3017(a) and 3018(a)(3).

**Table 2: Major Home and Community-Based Services and Related Activities Funded Under the Older Americans Act**

| Administration on Aging programs and activities | Types of services and activities funded | Fiscal year 2014 obligations (dollars in millions) |
|---|---|---|
| Nutrition Services | Congregate meals | 438 |
| | Home delivered meals | 216 |
| | Nutrition services incentive[a] | 153 |
| Home & Community Based Supportive Services | Transportation and in-home services, such as assistance with daily activities, and adult day care.[b] | 348 |
| Aging Services Network Support Activities | Business Acumen Learning Collaborative, Eldercare Locator[c], and other technical assistance and support. | 7 |
| Aging and Disability Resource Centers (ADRC) | Information and referral | 6[d] |

Source: GAO analysis of information and AoA and ACL and budget documents. | GAO-15-190.

[a]Under the Nutrition Services Incentive Program, funds are provided to states and tribes based on the number of meals they served in the previous fiscal year. 42 U.S.C. § 3030a(b). Agencies have the option to use their allotments toward Department of Agriculture foods. 42 U.S.C. § 3030a(d). A limited number choose to do so, which means they directly interact with the Department of Agriculture, and particularly the Food and Nutrition Service. Typically, shipments of Department of Agriculture foods are paired with larger child nutrition program food deliveries. By being part of these larger purchases, recipients can take advantage of the economies of scale associated with larger bulk purchases and receive Department of Agriculture foods at low prices. Funding under this program can be used to purchase food for congregate and home-delivered meals for older adults. 42 U.S.C. § 3030a(d)(4).

[b]Adult day care refers to a variety of services and activities provided in a congregate setting within the community.

[c]The Eldercare Locator is a national telephone and web-based service that connects the public with both institutional and home and community-based long-term services and supports. 42 U.S.C. § 3012(a)(21).

[d]In addition to this amount, the Patient Protection and Affordable Care Act provided $10 million for ADRCs each fiscal year 2010 through 2014 Pub. L. No. 111-148, § 2405, 124 Stat. 119, 305 (2010).

Under Title III of the act,[27] the AoA awards formula grants to state units on aging to cover part of the cost of HCBS and supportive services provided by AAAs.[28] These grants cover the cost of a range of services to help enable older adults to reside in their own homes and communities. In fiscal year 2014, Older Americans Act funding for major HCBS and related activities totaled $1,168 million. The largest proportion (about 48 percent) went to state units on aging for nutrition services—most of this amount was for congregate or group meals provided at senior centers,

[27]42 U.S.C. §§ 3021-3030s-2.

[28] 42 U.S.C. §§ 3030d-3030f.

churches, schools, or other sites.[29] According to AoA, Title III funding to states also provided more than 24 million rides to doctor's offices, grocery stores, and pharmacies, senior centers, meal sites, and social events in 2013,[30] and nearly 30 million hours of in-home services, such as personal care and homemaker services for older adults.

In addition to funding services, the Older Americans Act authorizes funding for federal activities that provide critical and ongoing support for the national aging services network.[31] According to ACL officials, building the business acumen of AAAs and other CBOs within local aging and disability service networks is a key agency effort, currently. ACL's Center for Consumer Access and Self-Determination is implementing the business acumen learning collaborative, a project designed to help local networks of CBOs, often including AAAs, take advantage of increasing opportunities[32] to partner with hospitals, health systems, physician groups, and managed and accountable care organizations[33] in delivering long-term HCBS to their patients. By training networks of CBOs already experienced in HCBS delivery to market and price their services, ACL expects that these networks will be better positioned to build business relationships with health care providers, and to contract with them to

[29] Under the Older Americans Act, nutrition services comprises home-delivered and congregate meals, as well as nutrition education, nutrition counseling, and other nutrition services, as appropriate based on recipient need. 42 U.S.C. §§ 3030d(a)(17), 3030e and 3030f.

[30] According to AoA, nearly 47 percent of riders are mobility impaired, meaning they do not drive and are not near public transportation.

[31] Other activities that ACL has initiated to support the national aging services network include the Alzheimer's Disease Supportive Services Program, the Senior Medicare Patrol Program, the Long-Term Ombudsman Resource Center, the National Center on Elder Abuse, the National Pension Assistance Resource Center, and assistance to tribal organizations. ACL's regional offices also provide individualized technical assistance to state agencies on aging.

[32] The Patient Protection and Affordable Care Act included new incentives and flexibilities to help states increase the availability of HCBS for Medicaid beneficiaries. Pub. L. No. 111-148, §§ 2401-2406, 122 Stat. 297-306.

[33] Managed care organizations provide a type of health insurance and contract with health care providers and medical facilities. Their goal is to reduce the cost of health care and ensure its quality. Accountable care organizations are groups of doctors, hospitals, or other health care providers that coordinate care for their Medicare patients. Their goal is to ensure that patients, especially the chronically ill, get the right care at the right time and to prevent medical errors and the unnecessary duplication of services.

provide HCBS for their patients. The ultimate goal is to establish sustainable, cohesive networks of organizations within the aging and disability networks to provide long term HCBS. To date, the nine local HCBS networks that have participated in this collaborative since the spring of 2013 have signed a total of 15 contracts—most with managed care organizations. Beginning in January 2015, ACL began working with a second learning collaborative consisting of 11 networks of community-based organizations. All of the community-based organizations share the goal of entering into at least one new contract with an organization such as a health plan, accountable care organization or health system during this calendar year.

AoA officials also identified the Aging and Disability Resource Center (ADRC) program as another agency effort to support the aging services network. Initiated in 2003 in collaboration with the Centers for Medicare & Medicaid Services, ADRCs provide a broad range of information and referral services, person-centered counseling, and streamlined access to public programs to help older adults and individuals with disabilities learn about and access HCBS and related supports within local HCBS delivery systems. AoA officials indicated that this program continues to evolve and adapt to the changing needs of both older adults and individuals with disabilities. For example, the No Wrong Door model was fully adopted in 2012 across ACL and CMS, as well as the Veterans Health Administration, based on lessons learned from states. ACL is currently working to implement an updated model for ADRCs throughout the aging services network. In 2014, ACL, CMS and the Veterans Health Administration provided funding to 25 states and territories to assist them in planning a No Wrong Door System for ADRCs that is to make it easier for all populations in need of long term services and supports to learn about and access them.

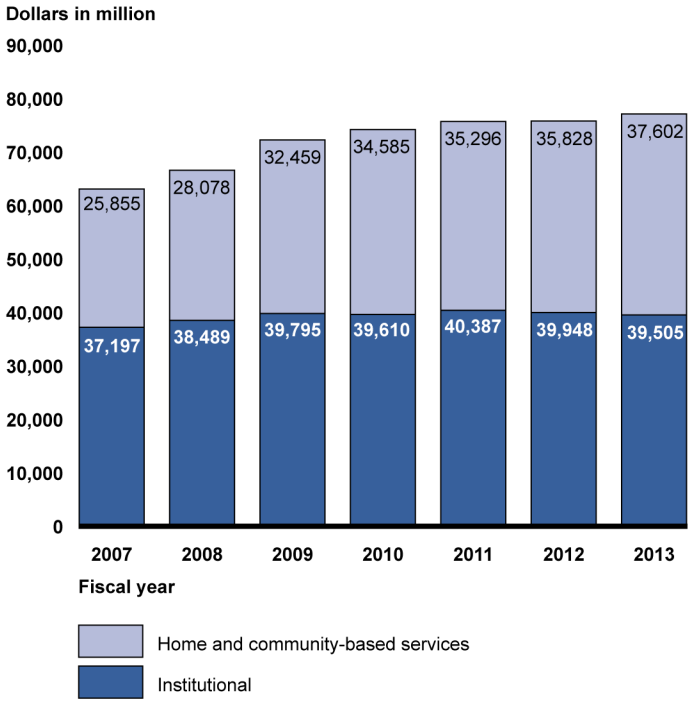
## Medicaid HCBS Programs

According to CMS, Medicaid is the primary payer for long-term services and supports in this country. [34] In fiscal year 2013, the federal share of

[34] 42 U.S.C. §§ 1396-1396w-5. Medicaid is a joint federal-state financing program for health care for certain low-income individuals, including low income older adults. States administer the day–to-day operations of their Medicaid programs, subject to broad federal requirements and oversight from CMS. The federal government and states share in the financing of Medicaid expenditures, with the federal government matching most state expenditures for services on the basis of a statutory formula called the Federal Medical Assistance Percentage (FMAP). A state's FMAP may range from 50 to 83 percent and is determined, in part, by a state's per capita income. The average state FMAP reimbursement is 57 percent.

state Medicaid expenditures for long-term services and supports was $77 billion. For decades, the majority of Medicaid expenditures in this area has been devoted to care provided in institutional settings, but Medicaid spending for HCBS has been steadily increasing as states invest more resources in alternatives to institutional care. In 2013, nearly half of Medicaid expenditures for long-term services and supports went to HCBS (see fig. 2).

**Figure 2: Federal Share of Medicaid Expenditures for Long-Term Services and Supports (LTSS), by Setting—Fiscal Year 2007-2013**




Source: GAO analysis of Medicaid Financial Management Reports and additional financial data provided by CMS for fiscal years 2007 - 2013. | GAO-15-190

Notes:

Institutional LTSS include nursing facility services, services in intermediate care facilities, and services in mental health facilities.

HCBS LTSS include 1915(c) HCBS Waivers; 1915(i)HCBS: State Plan Options; Self-Directed Personal Assistant Services 1915(j); Community First Choice 1915(k); Program of All-Inclusive Care for the Elderly; personal care services; case management; home health services; rehabilitative services; private duty nursing; and home health. In addition, HCBS LTSS includes Balancing Incentive Payments Program and Money Follows the Person Demonstration. Federal expenditures for Section 1115 demonstrations each year are not included in this figure. These demonstrations can cover a broad range of care and services in addition to HCBS and it was not possible to determine what portion of total federal expenditures for this program was devoted to HCBS programs and services.

States are required by federal Medicaid law to cover certain mandatory home and community-based benefits[35] in their state Medicaid plan.[36] They may also cover HCBS through a wide and complex range of options within Medicaid. A state may elect to cover certain HCBS in their state Medicaid plan through optional benefits,[37] in addition to mandatory benefits. States may also cover HCBS for Medicaid beneficiaries through specific options, demonstration authorities, or waivers. For example, according to CMS officials, the Home & Community-Based Waiver program, authorized under section 1915(c) of the Social Security Act[38] is the primary means by which states provide HCBS for Medicaid beneficiaries. Under 1915(c) waivers, states may cover a broad range of services to beneficiaries as long as those services are required to prevent institutionalization. Thus, to be eligible, individuals must meet the state's level-of-care criteria for institutional care. Services that may be provided include, for example, homemaker/home health aide, personal care, and adult day health care, as well as other services as approved by the Secretary of HHS. In addition, the 1915(i) state plan amendment option provides states with a way to offer beneficiaries a comprehensive package of HCBS under their state plan.[39] Unlike under 1915(c) waivers, individuals qualifying for services under 1915(i) do not need to meet the state's institutional level-of-care criteria to receive HCBS.

[35] For example, individuals who are entitled to receive nursing facility services under a state's Medicaid plan must be provided with the option of home health services as an alternative to nursing facility care. 42 U.S.C. §§ 1396a(a)(10)(D) and 1396d(a)(4)(A). Services that must be covered under this benefit include part-time or intermittent nursing service, home health aide service, and medical supplies and equipment. 42 C.F.R. § 440.70(b)(1)-(3).

[36] A state Medicaid plan specifies how the state will operate its Medicaid program, including which populations and services are covered. 42 U.S.C. § 1396a.

[37] For example, states have the option to offer personal care benefits, which cover assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL), as defined by Medicaid, furnished either at home or in another location. Changes a state wishes to make to its state Medicaid plan, including the addition of an optional plan benefit, must be submitted to CMS for review and approval in the form of a proposed state plan amendment. With certain exceptions, services provided through state plan benefits (both mandatory and optional) must (1) be sufficient in amount, duration, and scope to reasonably achieve their purposes, (2) be comparable in availability among different groups of enrollees, (3) be offered statewide, and (4) allow beneficiaries freedom of choice among health care providers or managed care entities participating in Medicaid.

[38] 42 U.S.C. § 1396n(c).

[39] 42 U.S.C. § 1396n(i).

Additional opportunities and incentives for states to provide greater access to HCBS for Medicaid beneficiaries, including low-income older adults, are offered under,

- Section 1115 demonstrations,[40]
- State Balancing Incentive Payment Program,[41]
- Money Follows the Person Rebalancing Demonstration authority,[42] and
- Community First Choice Option.[43]

Section 1115 demonstrations account for a significant and growing proportion of federal Medicaid expenditures since states may use them, either in addition to or in place of 1915(c) waivers, to provide HCBS to targeted populations. In fiscal year 2014, section 1115 demonstrations accounted for close to one-third of total Medicaid expenditures. In our April 2015 report, we found that 12 of 25 reviewed states' demonstrations allowed states to target certain populations to receive HCBS or to provide full Medicaid coverage to populations that were eligible to receive HCBS through other Medicaid authorities, such as 1915 (c). The State Balancing Incentive Payment Program, Money Follows the Person Rebalancing Demonstration authority, and Community First Choice Option provide incentives for state Medicaid Programs to reduce the use of institutionally-based long-term services and supports, in the form of enhancements to their Medicaid Federal Medical Assistance Percentage (FMAP). Appendix II provides funding information for these programs for fiscal years 2010 through 2014.

[40]42 U.S.C. § 1315. Such projects are authorized under section 1115 of the Social Security Act, which provides the Secretary of HHS with broad authority to grant states waivers of certain federal Medicaid requirements and to provide federal matching funds for expenditures that are not otherwise allowable for the purpose of demonstrating alternative approaches to service delivery. Relative to 1915(c) waivers, section 1115 waivers offer states more flexibility, including in the design of the benefit package and the delivery of services.

[41] Pub. L. No. 111-148, § 10202, 124 Stat. 923-27.

[42]Deficit Reduction Act of 2005, Pub. L. No. 109-171, § 6071, 120 Stat 4, 102-110 (2006), as amended by Pub. L. No. 111-148, § 2403, 124 Stat. 304-05.

[43] Pub. L. No. 111-148, § 2401, 124 Stat. 297-301 (codified as amended at 42 U.S.C. § 1396n(k)).

HCBS covered by Medicaid vary greatly by state because of the many ways in which state Medicaid agencies can include HCBS in their benefit package, and the latitude they have in choosing which services to cover. Table 3 provides expenditures for Medicaid HCBS programs and services in fiscal year 2013.

**Table 3: Federal Expenditures for Selected State Medicaid Home and Community-Based Services Programs and Services, Fiscal Year 2013**

| Medicaid programs and services | Federal expenditures (dollars in millions) |
|---|---|
| 1915(c) HCBS Waivers | 22,023 |
| 1915(i) HCBS: State Plan Options | 551 |
| Self-Directed Personal Assistant Services 1915(j) | 40 |
| Community First Choice Option | 3,815 |
| Program of All-Inclusive Care for the Elderly | 624 |
| Personal care services | 3,124 |
| Case management | 1,857 |
| Home health services | 2,255 |
| Rehabilitative services | 1,693 |
| Private duty nursing | 446 |
| Home health | 358 |
| Balancing Incentive Payment Program | 444 |
| Money Follows the Person Rebalancing Demonstration | 372 |
| **TOTAL** | **37,602** |

Source: GAO analysis of Medicaid Financial Management Reports and additional financial data provided by CMS for fiscal years 2007 - 2013. | GAO-15-190

Note: Section 1115 demonstrations are not included in this table. These demonstrations can cover a broad range of care and services in addition to HCBS and it was not possible to determine what portion of federal expenditures for these demonstrations was devoted to HCBS programs and services.

## USDA Has Taken Some Steps to Simplify Receipt of Food Assistance by Older Adults

In addition to Older Americans Act funding for nutrition services, four programs within the Department of Agriculture target food assistance, at least in part, to low-income older adults (see table 4). These programs provide nutrition assistance in a variety of forms, ranging from commodities, to prepared meals, to vouchers or other targeted benefits used in commercial food retail locations.

**Table 4: Department of Agriculture Funding for Nutrition Services for Older Adults, by Program**

| | | Expenditures in fiscal year 2013 (dollars in millions) | Obligations in fiscal year 2014 (dollars in millions) |
|---|---|---|---|
| Nutrition services | Commodity Supplemental Food Program | | 180 |
| | Senior Farmers' Market Nutrition Program | | 21 |
| | Supplemental Nutrition Assistance Program (SNAP) | 2,759 | |
| | Child and Adult Care Food Program | 123 | |

Source: GAO analysis of USDA data. | GAO-15-190.

Two of these programs are exclusively for low-income older adults. The Commodity Supplemental Food Program provides food to participating states that, in turn, distribute it to older adults.[44] The Senior Farmers' Market Nutrition Program awards grants to states, territories and Indian tribes to provide coupons to low-income older adults to purchase fresh food at authorized farmers' markets, roadside stands, and community-supported agricultural programs.[45] Appendix II provides funding information for these two programs for fiscal years 2010 through 2014.

Both USDA's Child and Adult Care Food Program,[46] and Supplemental Nutrition Assistance Program (SNAP)[47] target assistance for low-income groups, including low-income older adults. The adult day care component

[44]7 U.S.C. § 612c note. Effective February 7, 2014, the Agricultural Act of 2014 amended this program's eligibility requirements to phase out participation by women, infants, and children, transitioning it to a program intended specifically for low-income persons 60 years of age or older. Pub. L. No. 113-79. § 4102, 128 Stat. 649, 819-20. In fiscal year 2014, women, infants, and children made up a small percentage of beneficiaries, fewer than 2 percent on an average monthly basis.

[45]7 U.S.C. § 3007.

[46]42 U.S.C. § 1766.

[47]7 U.S.C. §§ 2011-2036a.

**Other USDA Programs That Provide Nutrition Assistance to Older Adults**

The Emergency Food Assistance Program (7 U.S.C. §§ 7501-7515) and the Food Distribution Program on Indian Reservations (7 U.S.C. § 2013(b)) also benefit older adults. The Emergency Food Assistance Program helps supplement the diets of low-income Americans, including older adults, by providing them with emergency food and nutrition assistance at no cost. It provides food and administrative funds to states to supplement the diets of these groups. The Food Distribution Program on Indian Reservations Program provides USDA foods to low-income households, including older adults, living on Indian reservations and to Native American families residing in designated areas near reservations and in the state of Oklahoma. According to USDA, fiscal year 2013 obligations for these programs were approximately $266 million and $100 million, respectively. Assistance provided to victims of Hurricane Sandy under the emergency food program in fiscal year 2013 is not included in this amount.

Source: USDA \ GAO-15-190

of the Child and Adult Care Food Program offers federal funding, administered through state health or aging agencies, for meals at adult day care centers. [48] These centers help elderly and disabled adults remain in their homes and communities and avoid premature institutionalization. According to USDA, this program plays a vital role in improving the quality of day care and making it more affordable for many low-income families. In fiscal year 2014, the program served over 71 million meals to older adults who received care in these centers.

SNAP, the largest nationwide nutrition assistance program, enables low-income households to obtain a more nutritious diet by increasing their purchasing power. SNAP provides an electronic benefit transfer card to eligible low-income individuals and families, including older adults, that they can redeem for eligible food items at more than 261,150 stores across the nation authorized to accept SNAP benefits.[49] According to USDA, close to nine percent of all SNAP participants in 2013 were age 60 or over.[50]

USDA also reported that approximately 42 percent of all older adults eligible for SNAP participated in the program in 2012, compared to an 85 percent participation rate that year among other eligible individuals.[51] According to USDA officials, low participation rates among older adults have been attributed to the administrative complexities associated with applying and recertifying for SNAP, and USDA has taken steps over time to remedy this situation. In 2000, it promulgated regulations providing states with increased flexibility in processing SNAP applications[52] and in

[48]About 4 percent of total program expenditures in fiscal year 2014 was devoted to meals in adult day care.

[49]According to USDA, participation in SNAP does not interfere with older adults receiving meals free-of-charge at dining facilities that prepare and serve communal meals for older adults.

[50]U. S. Department of Agriculture, Food Nutrition Service, *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2012* (Alexandria, VA.: February 2014).

[51]U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, *Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2010 to Fiscal Year 2012* (Alexandria, VA: July 2014)

[52]Food Stamp Program Noncitizen Eligibility and Certification Provisions of Pub. L. 104-193, as amended by Public Laws 104-208, 105-33 and 105-185, 65 Fed. Reg. 701345, 70145 (Nov. 21, 2000).

2012, USDA reported that some states had adopted policies based on those regulations, that streamline their eligibility determination process specifically for elderly and disabled applicants.[53],[54]

## Federal Housing Program for Older Adults No Longer Funds Construction

Affordable housing is the nucleus of a system of HCBS and supports for older adults because, without access to affordable housing, care in nursing homes and similar facilities is the only option for low-income, frail older adults. The Department of Housing and Urban Development administers the Supportive Housing for the Elderly (Section 202) program, which plays a critical role in addressing the demand for affordable, supportive housing for older adults in this country.[55] Currently, the program maintains the supply of multi-family housing stock for low-income older adults through renewal of existing rental assistance contracts that cover the difference between a property owner's HUD-approved operating costs for a project and the tenants' payments. In addition, Section 202 supports independent living by funding the salaries of nearly 1,300 service coordinators, nationwide, who help residents in Section 202-funded properties find the HCBS and supports they need to continue living in their own homes.[56] Obligations for the Section 202 program totaled $358 million in fiscal year 2014. Appendix II provides funding information for this program for fiscal years 2010 through 2014.

[53]Supplemental Nutrition Assistance Program; Improved Oversight of State Eligibility Expansions Needed, GAO-12-670 (July 26, 2012).

[54]At this time, the streamlined SNAP application process is not available in all states, or to all older adults. To participate, states must request a waiver from USDA to implement the streamlined process and a limited number of states currently have waivers. For example, the Elderly Simplified Application projects are demonstrations that waive certain provisions of the Agricultural Act of 2014 and require additional evaluation and reporting by state agencies. Moreover, in states that have a waiver, USDA restricts participation in the streamlined application process to older adults with no earned income and to Supplemental Security Income recipients who live alone.

[55]The program is authorized under section 202 of the National Housing Act of 1959. 12 U.S.C. § 1701q.

[56]12 U.S.C. § 1701q(g)(3).

**Other HUD Programs That Serve Older Adults**

In addition to the Section 202 program, several other HUD programs serve older adults. For example, local public housing agencies can apply to HUD for approval to designate public housing developments or portions of developments, such as buildings or floors, for occupancy by only elderly families, only disabled families, or elderly and disabled families. HUD refers to this as "designated public housing". 42 U.S.C. § 1437e.

According to HUD, older adult tenants generally are well represented in HUD's major rental assistance programs and as of December 2014, 42.5 percent of project-based Section 8 units and 31 percent of Public Housing units (42 U.S.C. § 1437b) were rented by older adult households, while 22 percent of Housing Choice Vouchers assisted older adult households. Section 8 units refer to low-income housing units under section 8 of the United States Housing Act of 1937 (Pub. L. No. 75-412, 50 Stat. 888 (as added by the Housing and Community Development Act of 1974, Pub. L. 93-383, 88 Stat. 633, 662-66, (codified as amended at 42 U.S.C. § 1437f)). Under the project-based Section 8 program, HUD contracts with property owners that receive rental subsidies for units rented to low-income tenants.

The Federal Housing Administration (FHA), a component of HUD, also administers the Home Equity Conversion Mortgage program. 12 U.S.C. § 1715z-20. The program allows older adult homeowners access to FHA-insured reverse mortgages to convert the equity in their homes into monthly streams of income and/or lines of credit. According to HUD, in fiscal year 2013, FHA endorsed more than 60,000 of these loans nationwide.

Source: HUD and GAO analysis of housing regulations. | GAO-15-190

Up until fiscal year 2012, the Section 202 program also provided capital advances[57] to private, nonprofit organizations (sponsors) to finance the construction, rehabilitation, or acquisition of new affordable rental housing units for very low-income older adults.[58] According to HUD officials, appropriations for capital advances were discontinued beginning in fiscal year 2012 as a result of the Consolidated and Further Continuing Appropriations Act of 2012.[59] They also indicated that, for fiscal year 2015, the department proposed to Congress adding rental assistance contracts and funding for service coordinators[60] to units set aside for older adults in developments funded through the Low-Income Housing Tax Credit and other programs.[61] However, according to HUD officials, no funds for new Section 202 rental assistance contracts were appropriated in fiscal year 2015.

[57]Capital advances do not have to be repaid to HUD if the project serves very low-income elderly persons for at least 40 years.

[58]To ensure that older adult residents of housing developments funded through the Section 202 program are connected to services they need to continue living independently, HUD awards grants to qualified owners that enable them to hire a service coordinator to serve their residents.

[59]Pub. L. No. 112-55, 125 Stat. 552, 686 (2011). Use of the appropriation was limited to amendments to earlier capital advance contracts and rental assistance.

[60]According to ACL officials, Congress funded a demonstration project in fiscal year 2014 to study varying levels of supportive services under Section 202.

[61]26 U.S.C. § 42.The Low-Income Housing Credit program, which is jointly administered by the Internal Revenue Service and state housing finance agencies, provides tax incentives to developers to develop affordable rental housing for low-income households. Each state receives an annual allocation of low-income housing tax credits by statutory formula according to population, and housing finance agencies competitively award the tax credits to owners of qualified rental housing projects that reserve all or a portion of their units for low-income tenants. Developers or investors can claim their share of credit each year during the 10-year credit period, which can be used to reduce their tax liability, as long as the project meets program requirements. The taxpayer must provide low-income housing under Internal Revenue Service jurisdiction for 15 years and under the state agency's jurisdiction for at least an additional 15 years.

## Federal Transportation Program for Older Adults Requires Coordinated Transit Planning

The Department of Transportation's Enhanced Mobility of Seniors and Individuals with Disabilities program mainly supports projects that improve mobility for seniors and people with disabilities in four ways.[62] The program funds,

- public transportation projects planned, designed, and carried out to meet the special needs of these targeted groups when public transportation is insufficient, inappropriate, or unavailable;
- public transportation projects that improve access to fixed-route service and decreased reliance on complementary paratransit;[63]
- public transportation projects that exceed the requirements of the Americans with Disabilities Act (ADA); and
- alternatives to public transportation, such as volunteer driver programs, accessible and/or senior friendly taxi services and other transportation options.

The Federal Transit Administration (FTA) within DOT operates this program, which provides formula grants to states that typically award this funding to eligible local human services agencies to, for example, purchase accessible vehicles (e.g., vehicles with lifts) to provide transportation to older adults or persons with disabilities for a range of purposes. At least 55 percent of program funds must be used for public transportation capital, which includes the purchase or lease of buses, mobility management, and other expenses. Obligations for this program totaled $240 million in fiscal year 2014.

To qualify for funding, the Enhanced Mobility program requires recipients to develop coordinated public transit human services plans with other organizations that have a stake in their local transit systems. Recipients also are required to contribute matching funds to their projects. Only projects that are part of a locally coordinated human services transportation plan are to be approved for this funding.

In addition to promoting well-coordinated transit systems, the Enhanced Mobility program's planning requirement also facilitates coordination of resources across federal programs. According to AoA officials,

[62] In this report, the Enhanced Mobility or Seniors and Individuals with Disabilities Program will be referred to simply as the Enhanced Mobility program.

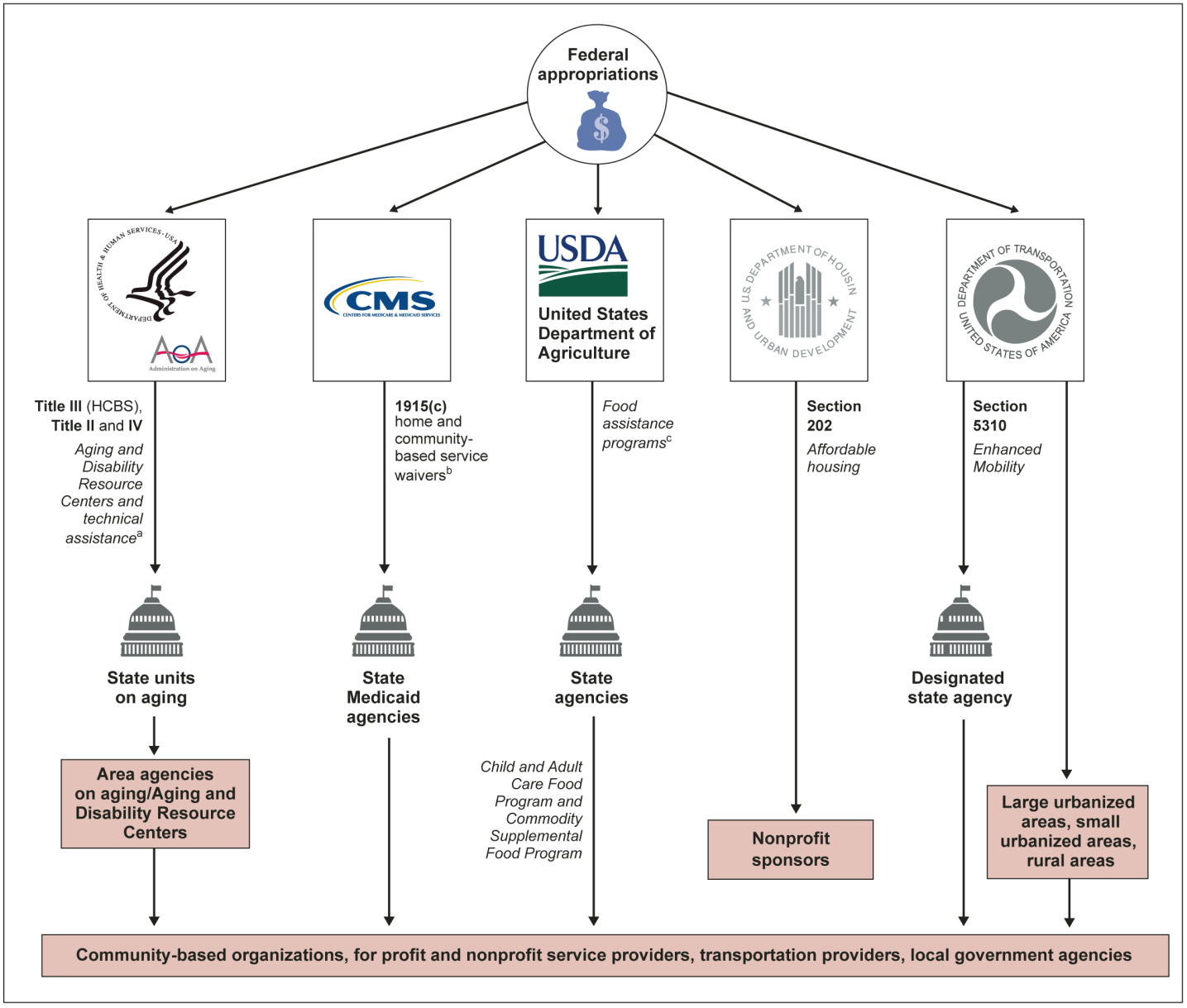
[63] As required by the ADA, complimentary paratransit is provided by transit agencies for individuals that are unable to use regular fixed-route transit service. 42 U.S.C. § 12143.

coordination between this program and AoA's HCBS program under Title III of the Older Americans Act, for example, has led to an agreement between FTA and AoA that the funding AAAs receive under Title III can be used as matching funds for local projects receiving Enhanced Mobility program funding.

## Federal Funding Is Usually Channeled to Local HCBS Systems through State Agencies

Federal funds for HCBS and other supports for older adults typically are targeted to local governments, other community-based organizations, and service providers. Figure 3 illustrates federal funding streams for HCBS and other supports for older adults.

**Figure 3: Federal Funding Streams for Home and Community-Based Services and Supports for Older Adults**




Source: GAO analysis of GAO data. | GAO-15-190

Notes:

For some programs, the term "state agency" also includes U.S. territories and Indian tribal organizations.

Many community-based organizations receive funding from a number of federal agencies for various home and community-based services they provide.

[a]The Aging and Disability Resource Center program is a collaborative effort of AoA and CMS.

[b]Additional Medicaid programs include 1915(i) HCBS state plan options, 1915(j) self-directed personal assistant services, Community First Choice Option, Program of All-Inclusive Care for the Elderly, personal care services, case management, home health services, rehabilitative services, private duty nursing, home health, Balancing Incentive Payment Program, Money Follows the Person Rebalancing Demonstration.

[c]USDA food assistance programs include the Supplemental Nutrition Assistance Program, Senior Farmers' Market Nutrition Program, Child and Adult Care Food Program, and the Commodity Supplemental Food Program.

While HUD provides funding directly to nonprofit sponsors, AoA, CMS, USDA, and DOT direct their funding to state agencies that, in turn, allocate them to state or local governments, CBOs, and other service providers. Formula grants under the Older Americans Act, for example go to each state unit on aging, which distributes this funding among their AAAs.[64] AAAs have key local planning and service delivery responsibilities and some degree of latitude in determining what HCBS to provide for older adults in their service areas. CMS pays a share of each state Medicaid agency's medical assistance expenditures for HCBS; state Medicaid agencies pay the service providers that deliver the care.

## In Selected Localities, Area Agencies on Aging and Community-Based Organizations Planned and Delivered Services to Older Adults, Using a Mix of Funding Sources

[64]42 U.S.C. § 3025(a)(2)(C).

## Community-Based Organizations Collaborated to Plan and Deliver HCBS Funded Through a Mix of Federal, State, and Local Programs

In San Francisco, California; Montgomery County, Maryland; and the Atlanta, Georgia region, similar steps were taken to plan HCBS and related supports for the growing population of older adults in their communities. To assist in planning, every AAA is required to have an advisory council.[65] The Montgomery County Commission on Aging serves as the Montgomery County AAA's advisory council. Each year the commission conducts a summer studies program through which its members engage outside experts and county officials to examine issues such as care giving, senior transportation, and greater representation of older adults in county decision making. According to commission members, the AAA's new senior transportation mobility manager was hired in part because of their recommendations. In addition to reporting on community needs and activities, the Advisory Committee on Aging, within Atlanta's AAA, promoted public awareness of resources for older adults, and assisted municipalities, educational institutions, private businesses, and nonprofit organizations in developing older adult programs and services.

To assess the need for HCBS services and related supports, according to the area plan on aging prepared by each area agency on aging, the AAA in each locality reviewed Census data on the characteristics of older adults in its service area and consulted other CBOs and community representatives, in addition to its advisory council, within its aging services network. For example, the Atlanta Regional Commission, Atlanta's AAA, sought input on need from aging services providers in each of its 10 counties, older adults, and other interested individuals and groups through public hearings and listening sessions.[66] As reported in its area plan, the San Francisco AAA consulted with representatives of the mayor's office and other city and county departments, nonprofit service providers, as well as consumers and advocates who participated on the city's Long-Term Care Coordinating Council. Because of its diverse population, San Francisco's AAA also held community forums and focus groups with African American; Chinese; Latino; and lesbian, gay, bi-sexual, and transgender (LGBT) older adults. In each locality, information on need, and recommendations from the advisory council and other

[65] 42 U.S.C. § 3026(a)(6)(D).

[66] The AAA operated by the Atlanta Regional Commission is the largest AAA in Georgia and serves 10 of the 29 counties in the Atlanta metropolitan region.

sources served as the basis for the area plan each AAA submitted to its state unit on aging.

In the three localities we visited, HCBS and related supports for older adults were delivered through a broad network of CBOs and programs. In each locality, these services and supports primarily relied on funding from federally-supported programs, state and local government programs, and from private sources such as foundation grants, charitable donations, and fees for services.[67] The AAA in each locality played a key role in determining what HCBS programs and related supports would receive funding from the Older Americans Act as well as other sources. Each locality's system of HCBS and related supports for older adults provided information and referral, nutrition and in-home services, as well as affordable housing and transportation services. There were some differences, however, in how these services and supports were funded and delivered in each locality.

## Information and Referral for HCBS and Related Supports

While a variety of CBOs provided information and referral services to help older adults find appropriate available HCBS and related supports in each locality, each AAA's Aging and Disability Resource Center served as the primary referral service in each locality. In San Francisco, the AAA responded to the city's multi-lingual population by creating 12 ADRC "outstations" throughout the city. These outstations provide services in multiple languages, such as English, Spanish, Mandarin, and American Sign. In Atlanta, the AAA also developed a referral database containing more than 25,000 registered providers of aging and long-term care services, covering nutrition services, housing options and services, and transportation assistance. This database was accessible, through subscription, to CBOs throughout the region that worked with older adults. In Montgomery County and San Francisco, "villages" of older adults served as important sources of information and referral for HCBS and related supports for their members. In addition to providing information and referral services, San Francisco Village is trying to diversify its membership in terms of socio-economic status. While the majority of its members are considered "middle-income," the Village has received a grant from the San Francisco AAA to subsidize membership for low-income older adults. Subsidized memberships fees are $100 per

[67]Under certain circumstances beneficiaries are asked to pay a portion of the cost of service.

individual or $150 per household, as compared to regular membership fees of $600 and $750, respectively. The San Francisco village, one of two we spoke with, also provided companionship visits and assistance with errands.

**The "Village" Model for Aging in Place**

Villages are grassroots, community-based membership organizations that facilitate access to HCBS and strengthen social supports for older adults as they age in their homes and communities. They are created and funded primarily by older adults and rely heavily on members volunteering to help other members. Usually governed by an advisory council or board, villages are operated by volunteers or by some mix of paid staff and volunteers.

A recent report, based on a survey of 69 villages in the United States, found that villages largely consist of older adults of middle to high socio-economic status, who are most likely between ages 65 and 74.[a,b] The average annual membership fee was $431 for an individual and $587 for a household, but approximately two-thirds of the villages charging fees offered discounted memberships based on income. Villages focus on providing access for their members to social and non-medical supports, emphasizing transportation, technology assistance, and home repair and maintenance. Many also negotiate with outside service providers for discounted fees for their members. The report found that approximately half of the villages were receiving at least 45 percent of their funds from membership fees. And, half of the villages received at least 20 percent of their budgets from fund-raising and charitable donations. Government funding and contributions from nonprofit organizations each accounted for 5 percent or less of village budgets. Currently, over 200 villages belong to the national Village to Village Network, an organization that helps establish and manage villages.

Source: GAO analysis of literature on villages and data from a survey of villages. | GAO-15-190

[a]Greenfield, E.A., Scharlach, A., A., Graham, C.L., Davitt, J.K., and Lehning, A.J. A National Overview of Villages: Results from a 2012 Organizational Survey, Rutgers School of Social Work (2012).

[b]The five report authors represented four universities: Rutgers, the State University of New Jersey, New Brunswick; the University of California, Berkeley; the University of Michigan, Ann Arbor; and the University of Maryland, Baltimore.

Service programs in naturally occurring retirement communities (NORC) were also important sources of information and referral for older adult

residents of certain communities in the Atlanta region, including the service programs in the East Point and Toco Hills NORCs.[68]

## In-Home Services

In all three localities, each AAA's ADRC program was the primary entry point for older adults into the system of HCBS and related supports. As such, the ADRC was the first point of contact for older adults seeking publicly-funded in-home services, such as personal care and homemaker services. In each locality, ADRC program staff assessed the individual needs and financial resources of older adults seeking such services, developed service plans for them, and referred them to providers for in-home services that, in some cases, were funded under the Older Americans Act. In Montgomery County, for example, the Senior Care program provided in-home services funded by the state. Older adults who were determined to be eligible for Medicaid HCBS under the state Medicaid program were referred to the county Department of Health and Human Services for care.

In addition to Medicaid and Older Americans Act funding, CBOs relied on other sources of financial support to cover the cost of in-home services for older adults. Senior Connections, a CBO in Atlanta, employed certified home-care aides to assist homebound older adults and those with physical limitations.[69] It charged for its services, other than meals, according to a sliding scale, based on an individual's income. Senior Connections also relied on financial support from the county, United Way, private donations, and fundraisers to subsidize the cost of services to its clients in need.

## Nutrition Services

As a part of HCBS, meals for older adults can be provided in a congregate setting away from recipients' homes or delivered to their homes. Four of the CBOs we visited across the three localities provided

[68]These service programs serve groups of older adults living in their respective NORCS. In addition to offering information and referral services, NORC programs can sponsor educational and social activities for members paid for with funding from public programs, foundation grants, and other sources. The Toco Hills NORC program serves residents over 60 in six zip codes in Atlanta and Decatur, Georgia and is affiliated with the Jewish Federation of Greater Atlanta. The East Point NORC program serves residents of the East Point neighborhood, south of Atlanta and is a collaborative effort between the Jewish Federation of Greater Atlanta and Fulton County, Georgia.

[69]Senior Connections is a nonprofit CBO, tax exempt under 26 U.S.C. § 501(c)(3). Its mission is to provide essential HCBS to maximize older adults' independence. Senior Connections also manages four senior centers in Dekalb County, Georgia.

meals, and we observed some differences in their delivery and funding in each locality. For example, Senior Connections in Atlanta offered congregate and home-delivered meals for older adults at a per meal and package price, with meals available to those who qualified based on income, age, and county of residence at no-cost or subsidized with Older Americans Act funding.[70] Further, Senior Connections delivered meals to senior facilities, opened its congregate meals to residents at area housing complexes and workers at businesses, at a cost to the latter, and offered nutrition counseling. There was also a senior multipurpose facility in Atlanta that offered congregate meals daily, and membership dues for the facility covered the cost of these meals.

Staff at two CBOs we visited told us that they also referred the low-income older adults they served to SNAP and helped them complete the required paperwork.[71] Despite the options USDA has provided states for making their SNAP application process simpler, according to some CBOs we contacted in two of the three localities, older adults continue to consider the annual recertification process in their states burdensome, especially considering that their anticipated monthly benefit could be as low as $16.[72]

## Housing and Transportation

We consistently heard in each locality that housing options and transportation were among the services most in demand by older adults. Among the five Section 202 properties we visited across our three localities, services and amenities provided for their older adult residents, include service coordinators who connected especially frail residents to the supportive services they needed (see appendix III for a description of the Section 202 properties we visited). For example, a service coordinator in a Montgomery County Section 202 property assessed residents' needs and referred them to various community resources. This coordinator also

[70]The law prohibits charging for meals or using means testing to determine meal qualification. 42 U.S.C. § 3030C-2(a)(2)(C) and (5)(E).

[71]According to USDA and HHS, SNAP benefits can be used by the participant as a voluntary contribution toward the cost of the meal if the provider is authorized by USDA to accept SNAP benefits for this purpose.

[72] In FY 2013, the minimum monthly allotment from FNS for a household with 1-2 people in the 48 contiguous states and DC was $16. In FY 2013, FNS data show that eighty percent of all SNAP households with older adults were single person households. Older adult SNAP recipients who lived alone received an average SNAP benefit of $113 per month, compared to $171 for multiperson households composed of only older adults.

helped establish support networks and volunteer services for residents. At one Atlanta property, the service coordinator was in charge of organizing education and wellness programs, such as stroke awareness, healthy eating on a budget, and music therapy, as well as making referrals and providing residents with information about outside services. According to some of the sponsors of Section 202 housing properties we interviewed, the program's service coordinators save federal dollars because they delay older adults' reliance on federally funded nursing home care.

At one of the Section 202 properties we visited, staff expressed concern over the suspension of federal funding for construction of housing units for low-income older adults under the Section 202 program. Further, some sponsors of existing Section 202 housing told us that using low-income housing tax credits for older adults may not be realistic because households with extremely low incomes may not be able to afford the rents that would be charged even under a tax credit program.

Some CBOs and local governments we contacted across our three localities provided transportation services for older adults that received funding under the federal Enhanced Mobility program. For example, Dekalb County, Georgia collaborated with CBOs to operate a senior shuttle service that provided county residents who were 60 and older with curb-to-curb rides. Similarly, the Montgomery County transportation project we contacted coordinated transportation services for older adults in Montgomery County and was funded with Enhanced Mobility funds. San Francisco used a DOT, Federal Transportation Administration grant to provide peer escorts to accompany older adults with dementia.

## The Three Localities Faced Similar Challenges in Meeting the Demand for HCBS and Supports

According to AAA and CBO officials, the growing population of older adults, in conjunction with constraints on federal, state, and local government funding, made it difficult to meet older adults' needs for affordable housing, in-home and nutrition services, and transportation. In addition, the growing diversity of the older adult population—differences in language, culture, and customs—compounded these challenges. Some CBOs also indicated that as funding from public programs has remained flat in recent years, they were finding it difficult to secure funds from other sources to sustain the HCBS and supports they provide to older adults.

In all three localities that we visited, we were told that there were lengthy waiting lists—one consequence of funding constraints—for a number of HCBS and supports. AAA officials in Atlanta and Montgomery County reported that while Medicaid funding for HCBS has been increasing in

recent years, hundreds of older adults referred to Medicaid for in-home services under state Medicaid waiver programs were ending up on waiting lists because their state Medicaid agencies had not met their funding match. In one locality, there was concern that the state Medicaid program may have chosen to devote a higher percentage of state Medicaid resources to nursing home care than to HCBS. In Montgomery County, an AAA official said that of the 23,000 people, statewide, who were on Maryland's waiting list for the state's Medicaid Community First Choice option, about 10 to 12 percent were Montgomery County residents. In Atlanta, the AAA director said that there were 800 people in the region who were eligible for services under one of the state's Medicaid 1915(c) waiver programs and on a waiting list because the program was closed due to lack of state Medicaid matching funds. According to the Atlanta AAA director, applicants would be assessed for eligibility for Medicaid funded in-home services as soon as more state funds became available.[73] Only older adults who are low-income are eligible for Medicaid-funded HCBS, and in Atlanta and Montgomery County, AAA officials described a mix of Older Americans Act, state, and local funds that they used to serve older adults who were not eligible for Medicaid. In the Atlanta region and Montgomery County, officials reported that there were also waiting lists for Older Americans Act-funded HCBS.

CBO officials also reported waiting lists for affordable senior housing. Among the Section 202 properties that reported information on waiting lists, waiting periods ranged from 6 months to 10 years, indicating that the existing supply of affordable units available to older adults under Section 202 and other programs was not meeting the demand. Further, Section 202 is no longer producing new units. Congress did not approve new rental assistance contracts through the Section 202 demonstration funded in fiscal year 2014 and there was no funding for new units in fiscal year 2015. Given the increasing size of the older adult population and projections that many will need assistance with their housing costs, the

[73]State Medicaid eligibility determination procedures vary. In the Atlanta region and Montgomery County, MD, applicants for services under the waiver are assessed in a 2-step process. When they first contact the AAA, the AAA conducts a resource and needs assessment and determines eligibility for various programs, including Medicaid and services under the waiver. If they are Medicaid eligible and state matching funds are not available, they are placed on a waiting list for services under the waiver. Once state funds become available and there is an opening in the program, the individual receives an in-home interview to determine their medical eligibility for the waiver. Both the Atlanta and Montgomery County AAAs used an automated in-home interview available from CMS.

demand for affordable housing for older adults will likely continue to exceed the supply.

The demand for nutrition services has also grown in recent years. Two CBO officials noted shortfalls in meeting the demand for nutrition services in their communities. Senior Connections representatives, who provided meals for older adults in several Georgia counties, told us that one county had more than 200 individuals on its waiting list, mainly for meals and in-home care. In a previous study, we reported that officials told us that requests for home-delivered meals were increasing as older adults were remaining in their homes longer rather than moving into assisted living facilities or nursing homes.[74] Moreover, complicated application requirements may be impeding their access to food assistance through SNAP, which USDA and HHS officials told us may be used by the participant as a voluntary contribution toward the cost of congregate and home delivered meals for older adults, if the provider is authorized by USDA to accept SNAP benefits for this purpose (e.g. is an authorized SNAP retailer). Three USDA initiatives--the Combined Application Project, Standard Medical Deduction, and the Elderly Simplified Application Project--to allow states to simplify the application and recertification requirements for older adults have been adopted by 17, 16, and 6 states, respectively. According to a USDA official, all three initiatives include evaluation and reporting requirements, due to their status as demonstration projects, that can be viewed as burdensome by state agencies. According to the official, those evaluation and reporting requirements may deter states from applying to operate a project.

CBOs in each locality also reported high demand for transportation services for older adults, but one we visited, which assisted older adults with different modes of transportation, had temporarily suspended its transportation voucher program until new funding was made available through a DOT grant. Further, local officials said that flexibility was critical in providing older adults with the right type of transportation assistance to address their needs. For example, a San Francisco mobility program manager noted that an increasing number of baby boomers living at home had dementia. She stated that there were day programs for older adults available at senior centers, but these individuals needed

[74]GAO, *Older Americans Act: Preliminary Observations on Services Requested by Seniors and Challenges in Providing Assistance*, GAO-10-1024T (Washington, D.C.: Sept. 7, 2010).

transportation to the centers. Some older adults who did not meet the specific requirements for paratransit required assistance that was not available through the fixed-route bus system even when subsidies made trips more affordable to them. Further, those with dementia needed more hands-on assistance in transit than was available through paratransit.[75] To respond to this need, local officials in San Francisco said that in July 2014 the city launched its peer escort transportation service. According to the mobility manager, in this instance, the city was able to use FTA grant funds to acquire vehicles for the peer escort service, but had to find another grant to fund a small stipend for the escorts. Several transportation service providers across the localities expressed a need to reduce restrictions on the use of federal transportation grant funding. For example, CBO and local government officials told us that they would like to spend more transportation grant funds to transport older adults to recreational events. They said that some programs allowed funding for older adult transportation to hospital and other non-emergency medical appointments, but not recreational transportation, even though this was important to older adults' quality of life. This is consistent with our findings in a previous report that when flexible transportation services exist and are accessible, older adults can more comfortably age in place in their homes and communities.[76]

In the three localities, a diverse older adult population has compounded the task of meeting increasing demand for HCBS and supports, and challenged CBOs to find ways to accommodate differences in language, culture, and customs.[77] Representatives of a Montgomery County village told us that they served individuals who represented more than 57

[75]To ensure that individuals with disabilities have equal access to public transportation, the ADA requires all public entities operating a fixed-route transit system to provide complementary and comparable ADA paratransit service. 42 U.S.C. § 12143. Although DOT gives transit agencies some autonomy in defining their paratransit service, its implementing regulations require transit agencies to offer a level of service comparable to the level of service offered to the general public without disabilities and set criteria for agencies to make determinations about paratransit eligibility. 49 C.F.R. §§ 37.121 and 37.123.

[76]GAO, *Transportation for Older Adults: Measuring Results Could Help Determine If Coordination Efforts Improve Mobility*, GAO-15-158 (Washington, D.C.: Dec. 10, 2014).

[77]Harvard's Joint Center for Housing Studies has estimated that by 2030, minorities will make up 30 percent of the population aged 65-79 and 23 percent of the population 80 and older. *Housing America's Older Adults—Meeting the Needs of an Aging Population* (Cambridge, MA: 2014).

countries of origin and shared a common characteristic—many were first generation Americans. One Section 202 property in the Atlanta region relied on its collaboration with an Asian community center to meet the social needs of its Korean residents, who represented 20 percent of all residents. The property had also hired a part-time language interpreter to facilitate communications with these residents.

At the same time that Older Americans Act funding has been essentially flat in recent years, some local CBOs reported finding it difficult to secure from non-federal sources the funds they need to sustain the services they provide to older adults. For example, the mobility manager at the CBO which suspended its transportation voucher program told us that local fundraising was challenging in the low-income community where the CBO was located. Moreover, in addition to constraints on Older Americans Act funding, our 2014 analysis of state and local budgets suggests that states and local governments will continue to face fiscal challenges in the coming years absent substantial policy changes.[78] Further, HHS budget documents note that states, tribes, and localities that depend on federal funds for these services have limited options to offset losses of federal funding.[79]

Developing the capacity to compete in new markets for HCBS and opportunities may be a strategy for AAAs and CBOs to address these challenges. For example, the San Francisco AAA is taking advantage of the business acumen learning collaborative formed by ACL's Center for Consumer Access and Self-Determination. As one of the sites selected to participate in the learning collaborative in 2013, San Francisco's AAA convened a network of 15 CBOs. The stated outcome for network members is to build their organizational capacity to contract with managed health care entities. The goal was that future contracts with health plans and managed care providers would provide revenue to the CBOs that were part of the AAA's network. ACL's business acumen

[78]GAO, *State and Local Governments' Fiscal Outlook, 2014 Update*, GAO-15-224SP (Washington, D.C.: Dec. 17, 2014). GAO's model analyzed the level of receipts and expenditures for the state and local sector as a whole using Bureau of Economic Analysis's National Income and Product Accounts as the primary data source. The model assumes the current set of policies in place and incorporates the Congressional Budget Office's economic projections.

[79]HHS, *Fiscal Year 2015 Administration for Community Living Justification of Estimates for Appropriations Committees* (Washington, D.C.).

learning collaborative is in line with the Older Americans Act, which requires AoA to provide technical assistance designed to assist state units on aging (SUA), AAAs, and service providers in serving older individuals with the greatest economic and social needs.[80] The act also requires the establishment, directly or through AoA grants or contracts, of national technical assistance programs to fund technical assistance to SUAs, AAAs, and CBOs funded under the act in implementing home and community-based long-term care systems.[81] While local, state, and federal funding is constrained, local entities may be best served by having greater opportunities for technical assistance that could help them form strategic networks and identify additional sources of non-federal financial support. Local partnerships between service providers could in turn facilitate the type of care coordination that would benefit older adults.

## AOA Has Collaborated with Other Agencies but Has Not Brought Them Together to Develop a Cross-Agency Federal Strategy for HCBS and Supports

AoA, within HHS, is the principal agency designated to carry out the provisions of the Older Americans Act. As we reported in table1 earlier, AoA and CMS fund a range of HCBS for older adults while the other agencies that fund home and community based services—HUD, DOT, and USDA, do so in their respective areas. AOA funds HCBS and related supports and has reached out to the other agencies to collaborate on selected projects. However, AoA has not yet brought all five agencies together to develop a cross-agency federal strategy for home and community-based services and related supports.

### AoA Has Reported Collaboration on Certain Projects

The Older Americans Act directs AoA to facilitate, in coordination with CMS and other federal agencies as appropriate, the provision of services and supports in the home and community. However, AoA, CMS, HUD, DOT, and USDA fund programs that deliver HCBS and supports to older adults through individual agency efforts, for the most part. While AoA has formed collaborative projects with each of the five agencies that fund HCBS for older adults, most of the collaborative arrangements reported

[80] 42 U.S.C. § 3012(a)(15).

[81] 42 U.S.C. § 3012(b)(9).

are between AoA and one or two other federal agencies. Table 5 below lists the HCBS and support programs for older adults covered in this report.

**Table 5: Extent of Federal Collaboration on Home and Community-Based Services and Support Programs for Older Adults**

| | Federal agency program administrators and collaborators | | | | | |
|---|---|---|---|---|---|---|
| **Home and Community-Based Services Programs** | **Administration on Aging** | **Centers for Medicare and Medicaid Services** | **Department of Housing and Urban Development** | **Department of Transportation** | **Department of Agriculture** | **Collaborative projects** |
| Congregate meals<br>Home Delivered Meals<br>Nutrition Services Incentive | X | | | | X | Use of Nutrition Services Incentive Program funds to purchase USDA commodities to supplement AoA nutrition programs |
| Home & Community Based Supportive Services | X | | | | | |
| Aging Service Network Support Activities | X | | | | | |
| Aging and Disability Resource Centers (ADRC) | X | X | | X | | ADRCs are located in communities. The ADRC program seeks to improve older adults' access to HCBS. |
| 1915(c ) HCBS Waiver Program | | X | | | | |
| 1915 (i) State Plan Options | | X | | | | |
| Balancing Incentive Program | | X | | | | |
| Money Follows the Person demonstration project | | X | | | | |
| Community First Choice option | | X | | | | |
| Commodity Supplemental Food Program | | | | | X | |
| Senior Farmers' Market Nutrition Program | | | | | X | |

| Home and Community-Based Services Programs | Federal agency program administrators and collaborators | | | | | Collaborative projects |
|---|---|---|---|---|---|---|
| | Administration on Aging | Centers for Medicare and Medicaid Services | Department of Housing and Urban Development | Department of Transportation | Department of Agriculture | |
| Supplemental Nutrition Assistance Program (SNAP) | | | | | X | |
| Child and Adult Care Food Program | | | | | X | |
| Section 202 Supportive Housing for the Elderly | | | X | | | |
| Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities | X | | | X | | Use of other federal funds as a local match |

Source: GAO analysis of GAO interview data. | GAO-15-190

Three of the programs include projects that one of the participants has identified as an interagency collaboration,

- AoA has worked with USDA to allow state distribution of USDA foods in lieu of all or part of their cash allotments under the Nutrition Services Incentive Program to supplement the home-delivered and congregate meal programs funded by the Older Americans Act.

- AoA collaborates with CMS in implementing the ADRC program, previously discussed. The AoA officials we interviewed identified the ADRC program as the focus of the agency's effort to improve older adults' access to HCBS at the local level. AoA is currently working to implement the no wrong door system—the updated model of the ADRC program—throughout the aging services network.[82] DOT officials also reported that they collaborate with AoA in the ADRC program.

[82]All of the AAAs in the localities we visited operated ADRC programs.

- According to DOT officials, DOT changed its requirements to allow other federal funds to be used as the local match for DOT funds.[83] Under the revised requirement, local agency recipients of Section 5310 grant funds could use grant funds from AoA as a match for FTA Section 5310 funds.

However, as table 5 shows, the five agencies administer most of the programs independently, without involvement by other agencies at the federal level.

In addition to these programs that fund HBCS for older adults, agency officials reported collaboration on projects in which AoA and one or more other agencies participate. These projects, including a housing demonstration project, development of a data base, and specification of standards for an electronic HCBS record, focus mainly on federal program development tasks, rather than front line service delivery,

- AoA participates in DOT's Coordinating Council on Access and Mobility, which is a federal interagency council for transportation services, established by Executive Order.[84] The Council oversees activities and makes recommendations intended to simplify customer access to transportation and improve the efficiency of services using existing resources. While the five agencies that fund HCBS are represented on this council, their discussions focus on better coordinating transportation funding streams, programs, and transportation services.

- AoA also collaborated with HUD and HHS' Office of the Assistant Secretary for Planning and Evaluation to develop design options for a demonstration of publicly assisted rental housing coordinated with health and long-term care services and support for low-income older adults. The goal is a sustainable, collaborative system between housing and human services agencies.

[83]*Statewide and Nonmetropolitan Transportation Planning; Metropolitan Transportation Planning*, 79 Fed. Reg. 31,784, 31,782 (June 2, 2004) (to be codified at 23 C.F.R. § 450.206(e). According to DOT, most of its grant programs require the local agency grant recipient to contribute 20 percent of the grant award amount.

[84]Exec. Order No. 13,330, 69 Fed. Reg. 9185 (Feb. 24, 2004).

- HUD officials also told us that AoA and HUD support contractors who are developing a database that links demographic health status and health service utilization data for older adult residents of public housing.

- AoA, HUD, and CMS collaborate on a housing and supportive services project known as the Housing Capacity Building Initiative for Community Living. This initiative is a series of projects that focus on strategies for providing supportive services to older adults and individuals with disabilities who live in the community. Thus far, most of the projects focus on individuals with disabilities.

- CMS has an agreement with the HHS Assistant Secretary for Planning and Evaluation to develop standards for an electronic record for HCBS, according to CMS officials.

- CMS also is working with HUD's 10 regional offices to examine what is required to integrate Section 202 developments into the larger community. In the past year, conversations have centered on HUD's challenge with Section 202 developments that are more isolated from other community elements.

Of the three collaborations identified in table 5 earlier, plus the six described above, three involve three or more of the agencies that fund HCBS for older adults. However, only DOT's Coordinating Council on Access and Mobility included all five agencies.

While these projects represent steps toward interagency collaboration, they do not allow all five agencies to consider jointly the broad implications of their independent initiatives for older adults, their common target population. For example, three CMS programs provide incentives for state Medicaid Programs to reduce the use of institutionally-based long-term services and supports in the community. At the same time, Congress eliminated funding for capital advances under the Section 202 program. According to HUD officials, HUD is encouraging localities to look to existing affordable housing resources in the community in the absence of funding for housing construction under the Section 202 program. AoA is collaborating with HUD and CMS by helping to determine how best to provide services to older adults in multifamily housing in the community. However, as we previously discussed, while attributable not only to changes in the Section 202 program, the demand for older adult affordable housing will likely continue to exceed the supply. One implication of these simultaneous developments is that, if there is no

housing available, older adults may be unable to receive services unless they reside in an institutional setting. Collaboration to develop mutually reinforcing or joint strategies could help ensure that federal resources for HCBS and supports are used efficiently and effectively.

Others also have pointed out the potential consequences of the lack of collaboration among the agencies that administer programs for older adults. For example, a 2014 report prepared for the Department of Health and Human Services[85] noted that the disconnects among Medicare, Medicaid, acute and chronic health care providers, affordable housing programs, aging programs, and home and community based services may lead to lower-quality care, premature institutionalization, and higher costs for public and private health and long term care. This study reported that the factors contributing to higher costs were premature transfers to nursing homes and residential care facilities, repeated trips by emergency medical technicians to an individual's home, repeated trips to hospital emergency rooms, and frequent hospitalizations.

## Federal Agencies Support Interagency Collaboration

Officials we interviewed at AoA, DOT, HUD, and CMS all voiced support for interagency collaboration. The AoA officials we interviewed stated that the agency believes that collaboration with other federal agencies is necessary to build a comprehensive system of home and community-based services and has taken steps to formalize some of the agency's collaborative relationships.

HUD officials also thought that all of the HHS, HUD, DOT, and USDA programs and resources directed to older adults should be aligned to better serve them, especially because of the changing demographics of the older adult population.

DOT officials emphasized that all federal agencies that fund HCBS for older adults should reach beyond barriers to coordination at the federal level. They suggested that the transportation services that community based organizations operate should be connected to locally coordinated planning organizations, such as a metropolitan council of governments.

[85]U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, *Picture of Housing and Health: Medicare and Medicaid Use Among Older Adults in HUD-Assisted Housing*, prepared by the Lewin Group (Washington, D.C.: March 2014).

They said that they hope AoA will promote the message that joint planning is needed.

CMS officials reported a positive experience collaborating with ACL and HUD. They said that they were unaware of any challenges to collaboration and found that any differences in the participating agencies' organizational cultures that exist often enhance collaboration.

When asked at what point AoA plans to coordinate a more comprehensive, cross-agency approach to administering the federal programs that fund HCBS, an AoA representative said that the agency does not have adequate resources to cover the cost of such a collaborative process. While we recognize that AoA is a small agency and faces many competing priorities for its resources, our recent work on interagency collaboration found that most collaborative groups in government are not directly funded, but leverage the existing resources of the participating agencies in order to operate.

## Federal Collaboration Could Help Address Local Challenges

As part of our work on collaboration, we previously reported on key practices to enhance and sustain interagency collaboration.[86] In that work, we broadly defined collaboration as any joint activity that is intended to produce more public value than could be produced when the agencies act alone.[87] We also described how agencies can enhance and sustain their collaborative efforts by engaging in eight practices, including,

- define and articulate a common outcome;
- establish mutually reinforcing or joint strategies;
- identify and address needs by leveraging resources;
- agree on roles and responsibilities;
- establish compatible policies, procedures, and other means to operate across agency boundaries;
- develop mechanisms to monitor, evaluate, and report on results;

[86]GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, GAO-06-15 (Washington, D.C.: Oct. 21,2005)

[87]For the purpose of this report we use the term "collaboration" broadly to include interagency activities that others have variously defined as "cooperation," "coordination," "integration," or "networking." We have done so since there are no commonly accepted definitions for these terms and we are unable to make definitive distinctions between these different types of interagency activities.

- reinforce agency accountability for collaborative efforts through agency plans and reports; and
- reinforce individual accountability for collaborative efforts through performance management systems.

These practices can serve as a framework for collaboration among the five agencies that administer HCBS that would allow them to consider and establish a cross-agency federal strategy for administering HCBS. For example, as the five agencies collaborate, CMS officials might contribute lessons learned by state Medicaid agencies that would help develop joint strategies for using HCBS to prevent frequent use of emergency medical services by older adults.

More specifically, using the eight practices for collaborative efforts, a cross agency federal strategy could help the federal agencies address some of the challenges associated with funding and delivery of HCBS in the localities we visited. For example,

- Officials at AoA and local officials said that federal rules governing the use of funds for transportation for older adults could be more flexible or subsidize transportation for older adults for different purposes, including health care and recreation.[88] AoA, DOT, HUD, CMS, and USDA might define common outcomes for local transportation for older adults that took into account different transportation modes and the range of transportation purposes, and incorporate these objectives into their grant awards.

- AoA and the Center for Consumer Access and Self-Determination, also within ACL, have taken the initiative to help develop AAAs' and other community-based organizations' capacity to contract with healthcare entities to provide HCBS. AoA, HUD, DOT, and USDA, could help ensure that HCBS such as affordable housing, non-medical transportation, and additional nutrition assistance are provided at the community level by first defining common outcomes for these services. AoA, HUD, DOT, and CMS also could develop lessons learned for the local networks that AAAs and CBOs form to provide these services that could contribute to efficient and effective use of federal resources.

[88]Making the rules governing the use of funds for transportation more flexible may require legislative changes.

- As previously discussed, although HUD provides older adults with project rental assistance for units in existing multifamily housing developments, HUD did not anticipate any new funding for Section 202 capital advances to construct new housing after 2012. On the other hand, in each locality we visited, we were told that there were lengthy waiting lists for affordable housing for older adults. Defining common outcomes for affordable housing construction and rental assistance with supportive social services, including transportation and nutrition services, by HUD, CMS, AoA, DOT, and FNS could help develop strategies for leveraging limited resources for housing construction.

- The diversity of the older adult population presents challenges to meeting the needs of all older adults. Cross-agency goal setting by the five federal agencies with a focus on meeting the needs of diverse populations could help AAAs and community based organizations serve their clientele more effectively.

In our work on interagency collaboration, we have found that when federal support in a particular area cuts across federal agencies, as it does with regard to HCBS and supports for older adults, agency collaboration is important to ensuring that federal efforts, overall, achieve meaningful results. Each of the five agencies that fund home and community-based services and supports for older adults, however, for the most part does so independently. While AoA is well-positioned to lead federal agencies in planning a cross-agency federal strategy for the provision of home and community-based services and supports for older adults, an AoA representative indicated that the many competing priorities it has for its limited resources prevent it from doing so. Development of a cross-agency federal strategy could help provide assurance that federal resources are used efficiently and effectively to help communities meet the demand for HCBS and supports for older adults.

## Conclusions

As the older population continues to grow, communities will find it increasingly difficult to meet the demand for the HCBS and supports many older adults will need to age in their own homes and communities. Based on recent trends, federal funding at AoA, HUD, and DOT for HCBS and supports is not likely to keep pace with demand for these services and supports, making it important to ensure that the federal resources available for this purpose are used effectively and efficiently. Development of a cross-agency federal strategy could better position the federal agencies to assist area agencies on aging and community-based

organizations with providing HCBS and supports in the most efficient and effective manner. Under the Older Americans Act, AoA is responsible for facilitating the provision of home and community-based services and supports for older adults in this country, in coordination with CMS and other federal agencies. As a result, AoA is well-positioned to lead collaboration among the five federal agencies covered in our review. However, because of increases in Medicaid spending and emphasis on the role of HCBS in supporting health care patients, CMS has become an even more important partner to AoA in meeting older adults' expected demand for HCBS. Thus, it may be most appropriate for the HHS Secretary to take the initiative in developing such a cross-agency federal strategy.

## Recommendation for Executive Action

The Secretary of the Department of Health and Human Services should facilitate development of a cross-agency federal strategy to help ensure that federal resources from ACL, CMS, USDA, HUD, and DOT are effectively and efficiently used to support a comprehensive system of HCBS and related supports for older adults. Through such a strategy the agencies could, for example, define common outcomes for affordable housing with supportive services, non-medical transportation, and nutrition assistance at the federal level; develop lessons learned for the local networks that area agencies on aging and community-based organizations are forming; and develop strategies for leveraging limited resources.

## Agency Comments and Our Evaluation

We provided a draft of this report to HHS, DOT, HUD, and USDA. HHS provided general comments that are reproduced in appendix IV. All four departments provided technical comments which we incorporated as appropriate.

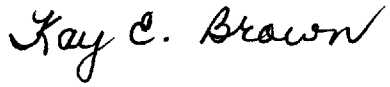
HHS concurred with our recommendation and stated that HHS leadership agrees with the need to continue to coordinate services to address the often complex conditions of older adults with long term services and support needs. HHS also stated that the department continually strives to improve its strategic coordination and described ways that it facilitates cross agency strategic efforts, including a community-living initiative with

HUD and an interagency workgroup on *Olmstead* requirements.[89] HHS also described collaboration by HHS and HUD on policy research projects concerning housing and supportive services for older adults, including a comparison of health service utilization by older adults who live in assisted housing with those who do not and an evaluation of a demonstration in Vermont that provides services and supports to residents of HUD-assisted housing. We continue to encourage HHS to engage all five agencies—the Administration on Aging and Centers for Medicare and Medicaid Services in HHS, HUD, DOT and USDA--in development of a cross agency federal strategy for administering home and community-based services for older adults. Using the eight practices to enhance and sustain interagency collaboration that we have identified in prior work could help the five agencies address some of the challenges associated with funding and delivery of home and community-based services to older adults in the communities where they live.

We are sending copies of this report to the appropriate congressional committees, the Secretaries of the Departments of Health and Human Services, Housing and Urban Development, Transportation, Agriculture, and other interested parties. We will also make copies available to others on request. In addition, the report will be available at no charge on GAO's website at http://www.gao.gov. If you or your staff have any questions about this report, please contact me at (202) 512-7215 or brownke@gao.gov. Contact points for our Offices of Congressional

[89]In Olmstead v. L.C., 527 U.S. 581 (1999), the Supreme Court held that unjustified segregation of people with disabilities is a form of discrimination prohibited under the Americans with Disabilities Act. Accordingly, the Court found that individuals have the right to a community-based alternative to institutional care if "the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities." Each disabled person is entitled to treatment in the most integrated setting appropriate to their needs, which may be an institution or a community-based location.

Relations and Public Affairs can be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix V.



Kay E. Brown
Director
Education, Workforce, and Income Security Issues

# Appendix I: Community Based Organizations Contacted, by Locality and Type

**Table 6: Area Agencies on Aging and Community-Based Organizations That We Visited, by Locality**

| Area Agencies on Aging | Community-Based Organizations |
|---|---|
| Atlanta, Georgia Region | |
| Atlanta Regional Commission | Benson Manor (Department of Housing and Urban Development (HUD) Section 202) |
| | Dekalb County Senior Transportation Services (Department of Transportation Enhanced Mobility) |
| | East Point Naturally Occurring Retirement Community (NORC) |
| | Gwinnett Christian Terrace (HUD Section 202) |
| | Senior Connections Atlanta |
| | Toco Hills NORC |
| Montgomery County, Maryland | |
| Montgomery County Area Agency on Aging | Chevy Chase at Home Village |
| | Homecrest House (HUD Section 202) |
| | Jewish Social Services Agency |
| | Muslim Community Center Senior Program |
| | Victory Oaks (HUD Section 202) |
| | Village Rides (Department of Transportation Enhanced Mobility) |
| San Francisco, California | |
| San Francisco Department of Aging and Adult Services | Armstrong Place (HUD Section 202) |
| | Bayview Hunters Point Multipurpose Senior Services Inc. |
| | On Lok House |
| | On Lok 30th Street Senior Center |
| | Openhouse |
| | San Francisco Village |

Source: GAO analysis of GAO data. | GAO-15-190

# Appendix II: Federal FundingTrends for Programs Serving Older Adults

**Table 7: Federal Funding for Home and Community-Based Services and Support Programs, FY 2010–2014**

| | | | Obligations[a] in Millions of Dollars | | | | |
|---|---|---|---|---|---|---|---|
| **Department** | **Agency** | **Home and community-based services (HCBS) and other support programs** | **FY 2010** | **FY 2011** | **FY 2012** | **FY 2013** | **FY 2014** |
| Department of Health and Human Services (HHS) | Administration on Aging (AoA); Administration for Community Living (ACL) | Congregate Meals | $441 | $441 | $439 | $416 | $438 |
| | | Home Delivered Meals | $218 | $218 | $217 | $205 | $216 |
| | | Nutrition Services Incentive | $158 | $161 | $158 | $144 | $153 |
| | | Home & Community-Based Supportive Services | $368 | $369 | $367 | $348 | $348 |
| | | Aging Network Support Activities | $44 | $33 | $8[b] | $7 | $7 |
| | | Aging and Disability Resource Centers (ADRC) | $16 | $6 | $6 | $6 | $6 |
| | | Aging and Disability Resource Center (Mandatory)[d] | $10 | $10 | $10 | $10 | $10 |
| | | Aging and Disability Resource Center (MIPPA)[e] | $10 | 0 | 0 | $5 | $5 |
| | Centers for Medicare & Medicaid Services (CMS)[c] | 1915(c) HCBS Waivers | $24,358 | $23,461 | $21,470 | $22,023 | $21,780 |
| | | 1915(i) HCBS: State Plan Options | $5 | $5 | $218 | $571 | $203 |
| | | Balancing Incentive Program (BIP) | - | - | $40 | $444 | $917 |
| | | Money Follows the Person Demonstration (MFP) | $122 | $303 | $297 | $372 | $495 |
| | | Community First Choice (CFC) | - | - | - | $3,185 | $2,449 |
| Department of Agriculture (USDA) | | Commodity Supplemental Food Program[f] | $183 | $196 | $189 | $187 | $180 |
| | | Senior Farmers' Market Nutrition Program | $23 | $22 | $22 | $21 | $21 |
| Department of Housing and Urban Development (HUD) | | Supportive Housing for the Elderly (Section 202)-Capital Advance and New Project Rental Assistance Contracts (PRAC) | $510 | $100 | 8[g] | 5[g] | $9[g] |
| | | Supportive Housing for the Elderly (Section 202)-Renewals and Amendments PRACs | $158 | $206 | $259 | $255 | $287 |
| | | Supportive Housing for the Elderly (Section 202) -Service Coordinators | $89 | $89 | $81 | $75 | $62 |
| Department of Transportation (DOT) | | Enhanced Mobility of Seniors and Individuals with Disabilities (Sections 5310) | $176 | $203 | $214 | $258[h] | $276[h] |

Source: Except where noted, amounts for fiscal years 2010 - 2014 were taken from the President's Budget Appendices for the Departments of Health and Human Services, Agriculture, Housing and Urban Development and. | GAO-15-190.

[a]An obligation is a legally binding agreement that results in outlays, immediately or in the future.

[b]According to Congressional Research Service, the Aging Network Services Activities program funds declined starting in fiscal year 2012 because some activities supporting older adults that were previously included under the Aging Network Support Activities program were moved to separate line items in fiscal year 2011. These included the Senior Medicare Patrol Program, ADRCs, the National Center on Elder Abuse, and the National Long-Term Care Ombudsman Resource Center.

[c]Expenditures for Medicaid programs for fiscal years 2007 – 2014 were provided by CMS from the Medicaid Financial Management Reports.

[d]Appropriations of $10 million for FY 2010 through FY 2014 for ADRCs were made under the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, §2405 124 Stat. 119, 305.

[e]Area Agencies on Aging, ADRCs and State Health Insurance programs receive funding through MIPPA to help Medicare beneficiaries apply for the Medicare Part D Extra Help/Low-income Subsidy and the Medicare Savings Program.

[f]According to USDA, obligations for the Commodity Supplemental Food Program in fiscal year 2010 were $182 million and for fiscal year 2013, $186 million.

[g]Appropriations for capital advances for fiscal years 2012-2014 were for administrative expenses related to the Capital Advance Program. No appropriations for new capital advances were made that year.

[h]Amount is significantly higher in fiscal year 2013 and beyond due to the incorporation of the former New Freedom program into the Enhanced Mobility of Seniors and Individuals with Disabilities program.

# Appendix III: Selected Properties Funded by The Department of Housing and Urban Development's (HUD) Section 202 Program

**Table 8: Details of Section 202 Properties That We Visited, by Locality**

| Locality | Name | Sponsor and property background[a] | Examples of amenities and activities |
|---|---|---|---|
| Atlanta Region | Benson Manor | Retirement Housing Foundation is a nonprofit, faith-based charitable organization formed in 1961. This sponsor operates more than 120 Section 202 properties nationwide.<br>Property opened for occupancy in 2002 and has 76 units | Amenities and activities: HUD-funded service coordinator (and activities manager), exercise room, computer room, library, laundry facility, Bible study, potluck dinners, games, bingo, project H.A.N.D.S., and health fairs[b] |
| | Gwinnett Christian Terrace | Decatur Church of Christ Senior Housing, Inc. is a nonprofit, faith-based charitable organization formed in 1972. This sponsor operates 1 Section 202 property.<br>Property opened for occupancy in 1981 and has125 units | Amenities and activities: HUD-funded service coordinator (and activities director), part-time language interpreter, laundry facility, 24-hour surveillance and overnight security, twice weekly shopping trips, bus excursions, terrace room (for movies, gaming, and special events), book club, free weekly swap meet, sewing and craft clubs, bingo, wellness and exercise room, fitness classes, worship services and Bible study, resident gardens, combined library and computer room. |
| Montgomery County | Homecrest House | Homecrest House is a nonprofit, nondenominational community formed when HUD awarded the first Section 202 grant in 1976. This sponsor operates two Section 202 properties in Maryland.<br>Two adjoining properties by the same sponsor opened for occupancy in 1979 and 1985, respectively. There are 235 total units. | Amenities and activities: HUD-funded service coordinator, one meal daily six days a week, convenience store, computer lab with assistant, library, fitness room with trainer, social halls, beauty salon/barber shop, regular shopping trips, greenhouse and gardening, laundry facility, lounge, TV room, 24-hour staff, and monitored emergency alert system |
| | Victory Oaks | Victory Housing is a nonprofit organization and has served as the affordable housing arm of the Archdiocese of Washington, D.C. since 1979. This sponsor operates nine Section 202 properties in Washington, D.C. and Maryland.<br>Property opened for occupancy in 2012 and has 49 units | Amenities and activities: Kitchen, outdoor patio, laundry facility, community room, vending machines, wellness room, fitness center, computer room, library, sunroom, 24-hour security, and health education meetings. |
| San Francisco | Armstrong Place | Bridge Housing Corp. is a San Francisco-based nonprofit housing developer formed in 1983. This sponsor operates five Section 202 properties in California.<br>Property opened for occupancy in 2011 and has116 units<br>(23 designated for homeless older adults) | Amenities and activities: Community room with kitchen, laundry facility, assigned covered parking, courtesy patrol, landscaped courtyard and picnic area. |

Source: GAO analysis of information provided by area agencies on aging and community-based organizations. | GAO-15-190

[a]HUD refers to community-based organizations that receive Section 202 funding to provide affordable housing to older adults as sponsors.

[b]Project H.A.N.D.S. is a Canada-based international nonprofit organization that helps needy communities through projects such as outreach clinics and education funding.

# Appendix IV: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

MAY 06 2015

Kay E. Brown
Director, Education, Workforce,
and Income Security
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Brown:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, *"Older Adults: Federal Strategy Needed to Help Ensure Efficient and Effective Delivery of Home and Community-Based Services and Supports"* (GAO-15-190).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

**GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: OLDER ADULTS: FEDERAL STRATEGY NEEDED TO HELP ENSURE EFFICIENT AND EFFECTIVE DELIVERY OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS (GAO-15-190)**

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

**GAO Recommendation**

The Secretary of the Department of Health and Human Services should facilitate development of a cross-agency federal strategy to help ensure that federal resources ACL, CMS, USDA, HUD, and DOT are effectively and efficiently used to support a federal system of HCBS and related supports for older adults. Through such a strategy the agencies could, for example, define common outcomes for affordable housing with supportive services, no-medical transportation, and nutrition assistance at the federal level; develop lessons learned for the local networks that area agencies on gaining and community-based organizations are forming; and develop strategies for leveraging limited resources.

**HHS Response**

HHS concurs with this recommendation. HHS's leadership recognizes and agrees with the need to continue to coordinate services to address the often complex conditions of people with long-term services and support needs. Coordination can be thought of in a number of ways. It can occur at the level of large federal agencies, at the program level, at the provider level or at the level of the individual beneficiary where providers, programs and people interact. We appreciate GAO's recommendation for improved coordination. The people we serve don't live according to program silos so neither should we operate as if they do. We believe we can and do continually strive to do better strategic coordination; we would also like to point out a number of successful ways that HHS facilitates cross agency strategic efforts including a few described below:

HUD and HHS coordinate and work closely with each other at the federal level, recognizing that our respective programs have different legislative and budgeting authorities and therefore different expected program outcomes. Early in this Administration, the HHS and HUD created a formalized "Community-Living Initiative" to support individuals living in the community. This initiative created a more formalized partnership and a number of policies, research and technical support initiatives resulted from that partnership.

Leadership from HUD and HHS continue to meet regularly to discuss issues related to their beneficiaries. With that in mind, in addition to day-to-day joint policy work on housing with services and homelessness, annually, CMS convenes HHS and HUD staff to meet at headquarters for a joint "central office training" to better support community living and to better coordinate our HHS and HUD programs CMS and HUD have together provided direct technical assistance to states who are working to meet requirements under the *Olmstead* supreme court decision. There is an interagency workgroup on Olmstead that continues to meet to help states meet these requirements. Representatives include staff from HHS (including, CMS, ACL, OCR, ASPE), HUD, and the Department of Justice. Additionally, leadership and staff from HHS, HUD and OMB have been meeting periodically to discuss shared priorities.

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**GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: OLDER ADULTS: FEDERAL STRATEGY NEEDED TO HELP ENSURE EFFICIENT AND EFFECTIVE DELIVERY OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS (GAO-15-190)**

HUD and HHS have been working closely on policy research related to housing and services for older adults. For example, HHS and HUD recently completed a first ever pilot test to match CMS administrative data to HUD administrative data. The project examined the health services utilization of residents in HUD assisted housing compared to individuals not living in HUD assisted housing. The report found that individuals receiving HUD-assistance had more chronic conditions and used more Medicare and Medicaid services than individuals not receiving HUD assistance, even when comparing Medicare-Medicaid enrollees (i.e. Duals). In particular, individuals receiving HUD assistance received more CMS HCBS services than individuals not receiving HUD-assistance. For more information see ***"A Picture of Housing and Health: Medicare and Medicaid Use Among Older Adults in HUD-Assisted Housing"*** (March 2014) http://aspe.hhs.gov/daltcp/reports/2014/HUDpic.pdf. This work will help HHS and HUD further refine our programs to best serve our beneficiaries.

In addition, HHS and HUD have been evaluating promising models of housing with services, including a rigorous evaluation of the Support And Services at Home (SASH) intervention in Vermont. The SASH intervention is part of a larger Medicare Demonstration, the Multi-Payer Advanced Primary Care Demonstration (MAPCP), as implemented in Vermont.

To support on-the-ground infrastructure building, CMS supported a "Housing Capacity-Building Initiative for Community Living" to support states and communities through the Money Follows the Person demonstration, and for assistance in developing a robust HCBS system that links Medicaid beneficiaries to housing options.

At the program, provider and beneficiary level, coordination is especially important for persons dually eligible for Medicare and Medicaid (duals). Many duals are served by CMS, ACL, and DoT programs. The Affordable Care Act created the Medicare-Medicaid Coordination Office (MMCO) within CMS to facilitate better coordination of benefits and services for duals. MMCO works with ACL to provide technical assistance to states who are partnering with HHS to better coordinate services for this population.

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# Appendix V: GAO Contact and Staff Acknowledgements

## GAO Contact

Kay Brown, (202) 512-7215, brownke@gao.gov

## Staff Acknowledgements

In addition to the contact named above, Clarita Mrena (Assistant Director), Sara Edmondson (Analyst-in-Charge), Laurel Beedon, Bernice Benta-Jackson, John Lack, and Nhi Nguyen, made significant contributions to all aspects of the work. Also contributing to the report were Holly Dye, Sheila McCoy, John McGrail, Mimi Nguyen, Cheryl Peterson, Monica Savoy, Walter Vance, Maria Wallace, Emily Wilson, and Craig Winslow.