

HEALTHY AGING PROMISING PRACTICES

State Scan of Policies & Programs to Strengthen Long-Term Care

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FEBRUARY 2019 • THE BELL POLICY CENTER

As one of the fastest aging states in the country, Colorado is in the midst of an unprecedented demographic shift. Between 2019 and 2030, the number of Coloradans aged 65 and older is projected to grow by more than [46 percent](#) — that's in addition to a 32 percent increase between 2010 and 2018.

This is good news. When Coloradans live longer, healthier lives, not only do we collectively benefit from their accumulated knowledge, but our state economy is bolstered by increased [retiree spending](#). But to truly see the benefits of our aging population, Colorado must proactively recognize and address gaps that prevent healthy aging. Fortunately, many leaders throughout our state understand this, and have actively supported initiatives to meet identified needs. On the well-regarded [“LTSS Scorecard,”](#) which analyzes long-term care systems across the country, Colorado has continuously ranked among the top 10 states in providing long-term supports.

Despite our progress, work remains. Too often, our current programs and systems don't adequately meet the needs of Colorado's aging population. Amongst the many consequences: Older adults and their caregivers often can't afford or access the resources they require, our state budget is strained by the rising cost of long-term care, and tension continues to grow between the availability of and need for the direct service workers who help our older adults live the lives of their choice.

Our state can meet these challenges head on by building a comprehensive policy agenda that addresses the needs and leverages the opportunities of an aging population. To lay the groundwork for this agenda, the Bell Policy Center conducted a scan across all 50 states, identifying promising aging and long-term care policies and practices. This report contains our findings, discussing how successful programs and policies were developed and implemented, as well as resulting outcomes.

The lessons highlighted throughout this scan offer Colorado leaders an opportunity to learn from other states' efforts. By embracing these values, learning from others' work, and tailoring lessons to our own state's needs, we can create an environment where Coloradans of all ages thrive.

Every three years, since 2011, the American Association of Retired Persons (AARP), Commonwealth Fund, and SCAN Foundation release the [“LTSS Scorecard,”](#) a comprehensive, state-by-state analysis of long-term care systems. Long-term services and supports, also known as [LTSS](#), are the essential supports that help older adults and people with disabilities with the basic activities of daily living. Provided either in an individual's home or in a nursing facility, LTSS may include preparing meals, helping with dressing, managing medications, providing transportation, or providing adult day services. Since the Scorecard's inception, Colorado has regularly ranked among the top 10 best states.

Characteristics of Quality Long-Term Care Systems

Comprehensive systems that address the multiple and intertwined needs of an aging demographic include several important characteristics. To identify them, the Bell consulted multiple well-respected sources, including AARP, Colorado’s Strategic Action Planning Group on Aging, the National Center on Elder Abuse, and the Colorado Health Institute (CHI). These characteristics were then used to determine which states to highlight in this report. They include:

- **Sustainable Financing for Aging Services**
Whether provided at home or in a facility, aging-related services can be [expensive](#). Compounding the problem, many older adults live on fixed incomes and don’t have [adequate retirement savings or pensions](#). When older adults can’t finance their own long-term care, costs are often pushed to family members or [state Medicaid budgets](#). In Colorado, an increased need for services, combined with individuals’ growing inability to pay for care, has led to a projected [\\$488 million](#) gap between state-funded LTSS costs and revenue. Without a more sustainable financing system, LTSS costs will continue to constrict already-tight budgets.
- **Support for Unpaid Caregivers**
Unpaid, informal [caregivers](#) provide a range of vital services for older adults. These include help with transportation, dressing, eating, coordinating medical care, and financial support. A CHI [report shows](#) almost 1 in 10 Coloradans provided informal care for an older adult in 2015. In total, CHI estimates this resulted in \$3.7 billion of unpaid care that year. Unfortunately, this support comes at a cost to caregivers, who are more likely to experience [physical, mental, and financial stress](#), as well as decreased [workforce participation](#).
- **Coordinating Systems of Care**
Coordinating the programs and systems that support older adults is [considered](#) a best practice in promoting healthy aging. While coordination helps older adults and their caregivers find and access the services they need, it also allows for more effective and efficient distribution of services. Though coordination is a best practice in most fields, it’s an especially vital component of healthy aging given older adult services are both funded and provided by a mix of local, state, federal, and private sources.
- **Providing Quality Home & Community Based Services**
Most older adults prefer to [remain in their own homes and communities](#) as they age. Quality [home and community-based services](#) (HCBS) help make this happen. HCBS encompass a broad range of supports, including personal care, transportation, and adult day services. Without this preventative help, many older adults are prematurely forced into institutional settings, like skilled nursing and assisted living homes. Quality HCBS bolster older adults’ [quality of life](#) while simultaneously reducing [Medicaid costs](#).
- **Developing a Well-Trained & Supported Workforce**
The paid long-term care direct service workforce is comprised of positions like personal care, home health, and nursing facility aides. Though critical to the aging landscape, direct service workers [receive minimal wages, benefits, and training](#), resulting in high vacancy and [turnover rates](#). Poor workplace conditions and an [increased need](#) for direct care staff contribute to a worker shortage. Without enough well-trained, supported direct service workers, older adults suffer.
- **Protecting Older Adults from Abuse**
Abuse of older adults can include physical abuse, sexual abuse, emotional abuse, neglect, abandonment, and financial abuse. According to the [Centers for Disease Control and Prevention](#), elder abuse impacts 1 of every 10 older adults over the age of 60 who live at home. The [National Center on Elder Abuse](#) notes abuse of older adults has long-lasting consequences, including physical harm, depression, increased reliance on Medicaid, and higher rates of hospitalization. The public sector has an important role in preventing this abuse.
- **Creating Livable Communities**
The AARP defines [livable communities](#) as those that allow people of all ages to thrive. These communities are “safe and secure, [have] affordable and appropriate housing and transportation options, and supportive community features and services.” While important at any age, livable communities are especially significant for older adults who often have different, more complex, or acute needs than younger peers. Notably, aspects of livable communities, like accessible transportation and housing, can decrease social isolation and premature use of nursing or assisted living facilities.
- **Supporting All Older Adults**
There’s often disproportionate availability of and access to resources based upon geography, race, and ethnicity. A report by the [Colorado Latino Age Wave](#) finds service providers aren’t adequately prepared to meet the particular needs of older Latinx Coloradans, who may need “additional access to health care, nutrition, transportation and adequate housing.” Similarly, CHI’s [Vulnerability Index](#) shows older adults in the Eastern Plains and San Luis Valley are amongst the most vulnerable in the state: Residents here often find it especially difficult to age in communities of their choice.

State Profiles

Across the country, states have invested time and resources into creating successful programs that support healthy aging. Among these efforts, the work of Minnesota, New York, Vermont, and Washington stand out for their dedication to developing networks of support to meet their changing demographic needs. Though all working toward the same goal, each state has focused on different aging-related needs and employed unique strategies to provide support. In Colorado, we can strengthen our own systems to support healthy aging by examining and extrapolating important lessons from the successful work in these four states.

Minnesota

Minnesota's prioritization for coordination and efforts to build upon previous successes have propelled the state to its top position. Minnesota's success isn't accidental. Organized efforts to examine and meet the needs of its aging population began in the [1990s](#), and since then, have been continuously championed by bipartisan leaders across state government.

Decision makers in Minnesota recognize developing a quality system to support older adults and those who care for and depend upon them requires sustained commitment, both politically and financially. While this may require an upfront investment in time and money, Minnesota's leaders also understand these efforts have long-term benefits, for both older adults and the state budget. States like Colorado can learn from Minnesota's prioritization of long-term goals, as well as its commitment to developing integrated and holistic systems.

Creating a Coordinated System of Care

Minnesota's coordinated system of services for older adults centers around [Senior LinkAGE Line](#). The Line acts as the state's single point of entry, or [No Wrong Door](#), for older Minnesotans' who need medical, housing, employment, or long-term care assistance. Overseen by the Minnesota Board on Aging and run in partnership with local Area Agencies on Aging (AAA), Senior LinkAGE Line received over [270,000 contacts](#) in 2016. The site is funded through a [mix](#) of both state and federal funds.

Several years after its development, Minnesota used Senior LinkAGE Line as a model to create the Disability and Veterans Linkage Lines. All three lines currently exist under the umbrella of the MinnesotaHelp Network. As the entire system has grown, policymakers have made it possible for individuals to not only access services via phone, but also through in-person visits, an online database, and internet chat features.

Senior LinkAGE Line has also been used in the implementation of new programs, like the [Return to Community Initiative](#) (RTCI). RTCI is a [nationally recognized](#) program that helps high-functioning older adults transition out of skilled nursing facilities and back into their communities. As of 2018, the program had helped more than [5,000 people](#) leave skilled nursing facilities, [70 percent](#) of whom remained in their homes for at least a year. RTCI has been [credited](#) with decreasing state Medicaid expenditures.

In 2013, Connecticut launched a new No Wrong Door initiative, [My Place CT](#). A free web-based service, My Place CT is a centralized information hub which connects older adults, people with disabilities, and their caregivers to community resources. To expand My Place CT's reach, Connecticut created the Care Through Community Partner Network. Recognizing that using the internet to self-identify available resources is difficult for some, this expanded effort works with local organizations so those in need of services can receive in-person assistance. In 2017, Connecticut awarded [mini-grants](#) to several community organizations to provide more intensive in-person services.

Several states operate initiatives that have a purpose similar to RTCI's. However, many of these programs are funded through federal [Money Follows the Person](#) grants and, as a result, only serve Medicaid beneficiaries. State funded, RTCI doesn't have these restrictions, and specifically targets individuals who are above the Medicaid eligibility threshold. Despite its [\\$3.5 million](#) cost in 2017, policymakers continue to support RTCI because of its proven ability to delay Medicaid enrollment.

Operationally, RTCI is connected to Senior LinkAGE Line and MinnesotaHelp Network. To assess program eligibility, potential beneficiaries meet with a Community Living Specialist, arranged for by the MinnesotaHelp Network. For up to five years after returning home, RTCI participants receive regular check-in phone calls from Senior LinkAGE Line counselors.

Senior LinkAGE Line is also connected to Minnesota's [Long-Term Care Consultation](#) (LTCC) program. Available in all counties across Minnesota, the program offers older adults free consultations with qualified counselors to help them better understand available long-term care options. The LTCC program expanded in 2011 with the passage of [HF 25](#), which requires most adults to receive a free consultation from a Senior LinkAGE Line representative before signing a lease with any long-term residential, supportive living establishment. This mandate was spurred both by an uptick in the number of individuals spending down to Medicaid eligibility while in an assisted living facility, and consumer feedback about the difficulties of accessing and understanding the breadth of available long-term services. Prior to HF 25, when consultations were voluntary, an evaluation showed 10 days after an initial conversation with a counselor, almost [50 percent of callers](#) decided not to move into a supportive housing unit.

During the required consultation, individuals are screened for risk and given information about long-term care options, supportive services for caregivers, and financial options. Though individuals can refuse counseling, they must still speak with a Senior LinkAGE counselor to receive an authorization code that is submitted to the supportive living establishment. It's been difficult to assess the financial impacts of this program, but when the measure became law, it was projected to save Minnesota [\\$3.8 million](#) over a two-year period.

Supporting Unpaid Caregivers

To support its unpaid caregivers, Minnesota capitalizes on the infrastructure created by Senior LinkAGE Line and MinnesotaHelp. Using these two platforms, caregivers can access and connect to services specifically designed to meet their needs. Available services include respite, support groups, training, and help developing individualized long-term care plans. Additional in-person assistance is available through the [Caregiver Consultation](#) program. Offered statewide through local AAAs, this program helps caregivers develop personal care plans and provides follow-up support from trained counselors. Consumer costs are minimal and are assessed on a sliding scale.

After years of effort, Hawaii passed legislation creating the [Kupuna Caregivers Program](#) in 2017. This program is specifically designed for caregivers working at least 30 hours per week, and provides them up to \$70 a day to cover [expenses](#) like adult daycare, chore services, home-delivered meals, homemaker services, personal care, respite, and transportation services. Program participation however is limited and subject to the availability of allocated funds.

The state has also collaborated with community groups to educate the public about unpaid caregiving and its importance. The [Working Caregiver Initiative](#) emerged from this work and teaches employers about the economic benefits of supporting employees who have unpaid caregiving duties. The initiative also provides resources to help employers better support these workers.

Additionally, the state is part of the larger [Caregiver Awareness Campaign](#). Geared toward the public, this effort tries to increase caregiver self-identification, and was in response to findings that showed many caregivers weren't taking advantage of available resources because they didn't identify as a "caregiver." In recognition of the state's diversity, most of the above-mentioned outreach materials are multicultural and multilingual.

Developing a Well-Trained & Supported Workforce

The 2013 legislative session was important for Minnesota's direct service workforce. The legislature passed a bill allowing home care workers to unionize and another requiring home care agencies to use at least [72.5 percent of Medicaid revenue](#) on direct worker wages and benefits. With the aforementioned enabling legislation, direct service workers voted to unionize in [2014](#).

Union negotiations resulted in the creation of [Direct Support Connect](#). This online platform connects individuals in need of LTSS to the paid workers who provide care. Workers can only register on the site if they have the training and background check required by state law. Direct Support Connect is relatively new, having only launched in the summer of 2018. However, supporters expect the site to be mutually beneficial to both care providers and recipients, allowing for easy matching of needed skills and availability.

Minnesota's direct service workforce also benefits from the support of the nonprofit, Paraprofessional Healthcare Institute (PHI). PHI has been working with home care organizations throughout the state to develop worker training best practices that decrease employee turnover. Efforts are currently underway to [study](#) how to create advanced roles for home care aides, develop entry-level training programs, provide supervision training for managers, tailor proven recruitment and retention strategies, and create eLearning approaches. The study is expected to last into 2020.

Takeaways from Minnesota

Minnesota has developed a host of holistic programs supporting its older adults, unpaid caregivers, and direct service workers. Success hasn't happened overnight, but years of sustained efforts have helped meet the needs of the state's aging demographic and speaks to the value policymakers place on preventative and long-term efforts.

Stakeholders throughout Minnesota have also intentionally built upon successful, preexisting programs to expand the reach and scope of services available to residents. Importantly, upfront costs haven't deterred policymakers from investing in needed infrastructure. Instead, when developing programs and deciding where to invest, state leaders have regularly considered long-term impacts and benefits, for both the state's budget and older adults. Colorado can learn from Minnesota's work to develop sustainable systems that leverage preexisting resources and maintain focus on long-term goals.

New York

Historically, New York hasn't been recognized as one of the top states for providing long-term care for older adults, but the state is gradually improving. This is partially attributed incremental, but steady investment in supportive initiatives for older adults and direct service workers.

A secondary element to New York's success comes from its utilization of both top-down and bottom-up strategies. By using both techniques, New York has increased coordination between partners, leveraged unique resources, and strengthened the capacity of both state and local governments to implement needed change. New York's work speaks to the value of embracing coordination and integration as the central tenets of a long-term care system.

Coordinating Systems

In January 2017, New York Governor Andrew Cuomo issued an executive order creating the [Health Across all Policies Initiative](#). This top-down order requires all state departments to consider [New York's State Prevention Agenda](#) priorities and the [World Health Organization's](#) (WHO) Eight Domains of Livability when creating plans and policies. The executive order also allows state agencies to award additional points to contractor applications that meet both standards. Cuomo's initiative was initially meant to create more age-friendly communities and is supported by his previous [Age-Friendly Health System Initiative](#).

Governor Cuomo's efforts parallel the work of New York City's [Age-Friendly NYC](#). A public-private partnership in New York City, the organization exists to "identify and catalyze improvements to enable older people to access, enjoy and contribute to city life." This collaborative effort primarily involves the mayor's office, the New York City Council, and the New York Academy of Medicine, but also includes private sector allies.

Since its creation in 2007, Age-Friendly NYC has embraced a [wide range of goals](#), including empowering older adults to age independently, fostering community connectedness, and ensuring that city programs and planning are responsive to the needs of older adults. Unlike many organizations, this effort isn't solely focused on meeting older adults' immediate needs. Instead, Age-Friendly NYC prioritizes prevention and quality-of-life concerns. The organization also intentionally solicits [feedback](#) from older adults and encourages their input and participation. This highlights the agency's deliberate effort to place older adult voices at the center of identifying community problems and solutions.

Age-Friendly NYC's work has [contributed to](#) a 10 percent decrease in pedestrian fatalities among older adults, enhanced public transportation services, outreach to over 30,000 businesses about age-friendly business practices, and the creation of a Market Ride program that transports older adults in underserved areas to grocery stores. Age-Friendly NYC was recognized as the [Best Existing Age Friendly Initiative](#) in the world by the International Federation on Aging in 2013.

Age-Friendly NYC's success is largely due to its ability to integrate the agency's priorities into the work of city departments, neighborhood organizations, and other local governance structures. Due to Age-Friendly NYC's efforts, the mayor and city council asked all city agencies to consider how they could improve older adult services in 2009. Additionally in 2015, New York City incorporated Age-Friendly NYC's work and priorities into the city's overall strategic plan, [OneNYC](#). Thanks to Age-Friendly NYC, several grants administered by the city now require applicants to describe how their project will address the specific needs of older adults. Age-Friendly NYC staff specifically mention tying funding to desired actions has incentivized some private organizations to adopt more age-friendly policies.

Creating Livable Communities

When Governor Cuomo took office, he saw the state's Medicaid costs were growing rapidly. In response, Cuomo created the [Medicaid Redesign Team](#) "to address underlying health care cost and quality issues in New York's Medicaid program." This initiative was successful in saving the state \$2.2 billion its first year, and was a finalist for Harvard's John F. Kennedy School of Government 2015 [Innovations in American Government Award](#).

Since its creation, the Medicaid Redesign Team has grown and now includes a [Supportive Housing Initiative](#). Specifically aimed at "high cost/high need" Medicaid recipients, the initiative funds a range of housing-related projects and supports including home and community-based services, rental subsidies, and capital projects. Though the initiative has a wide focus, [targeted services](#) are specifically available for older adults. An [evaluation](#) of the Supportive Housing Initiative connected its work to a 40 percent reduction in in-patient hospital stays, a 26 percent reduction in emergency department visits, and a 15 percent reduction in overall Medicaid health expenditures.

New York City also has also developed programs to promote affordable housing for older adults. The [Senior Rent Increase Exemption](#), also known as SCRIE, began in 1970 and freezes rent on households headed by an adult aged 62 or older, rent-regulated, and occupied by a household making \$50,000 or less a year and paying more than one-third of their total monthly income on rent. In return, landlords receive a tax abatement credit on their property tax bill for the entirety of the credit.

A study shows in [2014](#), approximately 61,000 households were enrolled in either SCRIE or its sister program for people with disabilities, and the median benefit was over \$200 a month. Unfortunately, this same study shows over 60 percent of eligible households weren't aware of the benefit. In response, the city has done [door-to-door](#) outreach to help eligible New Yorkers understand and access SCRIE. Similar [programs](#) exist in other New York cities that also have rent control or stabilization regulations.

Additionally, both local governments and school districts throughout New York have the ability to [reduce](#) property taxes for older adults. Reeducations can be up to 50 percent of taxable assessments. To qualify, most localities require older adults to be 65 or older and make between \$3,000-\$29,000 a year.

Developing a Well-Trained & Supported Workforce

Though increased, across-the-board Medicaid reimbursement rates are arguably the best way to support direct care workers, New York has sought alternative methods to grow worker wages and benefits. To that end, New York created a Quality Incentive Vital Access Provider Pool (QUIVAPP). This \$70 million pool is funded through state and federal Medicaid dollars, and reimburses providers that meet certain requirements with an additional \$1/hour per home care worker. To [qualify](#) for QUIVAPP, providers must exceed minimum training requirements and offer direct service workers access to a comprehensive health plan.

Results from QUIVAPP are [mixed](#). Many of the identified challenges, however, have been linked to flaws in implementation as opposed to design. If adequately funded and efficiently administered, this program could produce more positive outcomes, according to PHI.

To provide more career advancement opportunities for direct care workers, New York's legislature passed [Assembly Bill A10707](#) in 2017. This bill, which originated from the state's Medicaid Redesign Team and was [supported by Governor Cuomo](#), creates a new advanced home health aide position. As of late 2018, New York was finalizing regulations for the role. Once officially created, advanced home health aides will be able to administer routine or prefilled medications while working under the supervision of a licensed registered professional nurse. Additional training for these aides is required.

Home care workers in New York City also benefit from the [Paid Care Division](#) within the [Office of Labor Policy and Standards](#). Created in 2016, the division develops policies regarding the paid care workforce, educates paid care workers about their rights and available resources, conducts and promotes research on the paid care industry, and coordinates with stakeholders to provide and develop programming and training. The Division also enforces [worker rights](#) and offers a centralized location for employees to lodge workplace complaints. As [Mayor de Blasio](#) noted, the department works to “actively address — through referrals to direct service providers, policy advocacy, and research — the poor working conditions and the high rate of workplace law violations faced by paid care workers.”

By February 2017, [the office](#) had created an intake and referral system to capture complaints and resource requests; organized trainings, workshops, and large conferences; partnered with community organizations to more effectively reach workers; convened paid Care Working Groups to inform the division’s work; and conducted original research on worker needs and experiences. Importantly, the division recognizes many direct service workers are women, migrants, and people of color. As a result, the division tailors its services to meet the specific needs of these groups.

Supporting Quality Home & Community Based Care

To serve older adults in rural communities living at home or in the community, Georgia utilizes [mobile adult day centers](#). These centers “travel from a central location on a daily basis to various sites, primarily (but not limited to) rural areas” in order to provide day services to adults in need of care. Georgia’s program has been [recognized](#) by multiple groups, including the American Public Health Association, Federal Office of Rural Health Policy, and U.S. Administration on Aging. Initially developed by a local AAA, mobile adult day centers now exist throughout the state.

A [Naturally Occurring Retirement Community](#) (NORC) is any “community that has naturally developed a high concentration of older residents.” While NORCs aren’t new, their advantages have only recently been acknowledged. Many NORC residents benefit from a shared sense of community centered around housing, but also from easy access to the community centers, health providers, shopping centers, transportation hubs, and places of worship that have naturally developed around them. As NORCs become more formalized, they have begun employing service coordinators to plan activities and connect residents to needed social services. [Research](#) on three formalized NORCs in the Denver metro area found residents reported lower levels of social isolation, better health outcomes, and a higher quality of life.

Funding the supportive services associated with successful NORCs is often [challenging](#), and many rely upon private grants. However, [since 1998](#), New York has dedicated state funding to support NORCs. In fiscal year 2018-2019, the state legislature allocated a collective [\\$4 million](#) to their NORC Supportive Service and Neighborhood NORC programs. By serving a large number of older adults in a small area, leveraging community resources, and proactively addressing social isolation, NORCs are viewed by state officials as a quality public investment.

Protecting Older Adults from Abuse

Over the past several years, New York’s legislature and Governor have considered several measures to address elder abuse. Unfortunately, many of these efforts did not pass. Passed legislation would [have](#) created an Elderly Abuse Protective Act, developed training and education programs to prevent elder abuse, required financial planners working with older adults to be certified planners, and established a centralized registry to record all reports of maltreatment against older adults.

In 2018, Governor Cuomo pledged [\\$8.4 million](#) in combined state and federal funding to bolster the state’s Elder Abuse Interventions and Enhanced Multidisciplinary Initiative. Through the initiative, teams comprised of aging service, adult protective, health care, financial services, criminal justice, victim assistance, and mental health professionals work collaboratively to investigate and prevent elder abuse. The state intends to have teams serving in every county by the fall of 2020.

In 2016, more than 850 Michigan direct care workers began a new curriculum to prevent physical, emotional, and financial neglect. [Training to Prevent Adult Abuse and Neglect](#) promotes communication and interpersonal skills so caregivers “listen more effectively, manage their emotions when under stress, and turn potentially explosive situations into positive, meaningful reactions.” This preventative focus goes beyond solely identifying abuse, and training recipients largely reported how the curriculum taught them new ways to handle stressful situations.

Takeaways from New York

New York’s system to support older adults is effective because it uses a variety of top-down and bottom-up strategies. By employing both techniques in its work with businesses, nonprofits, and local and state government, New York has been able to leverage and capitalize on the unique strengths of all stakeholders invested in healthy aging. As a result, New York’s long-term care system is more robust, coordinated, and capable of addressing holistic quality of life concerns.

The programs, policies, and initiatives New York employs to support older adults aren’t particularly new or flashy, but they have been successful. New York’s work speaks to the importance of strategically investing time and resources into sustainable efforts that have a broad reach and impact.

Vermont

Like New York, Vermont hasn’t always been known for its support of healthy aging. However, over the last few decades, the state has become a national leader in this work. Vermont’s success is centered around its clear prioritization for serving older adults in their home and community instead of in facility or institutional settings. Vermont’s focus on HCBS began in the late 1990s with the passage of [Act 160](#), which served as the blueprint for shifting how the state provides long-term care.

Years later, Vermont remains committed to the goal of providing care in the home and community. To do this, Vermont infuses prevention into a range of programs and systems aimed at keeping older adults in their homes whenever possible. Colorado can learn from Vermont’s dedicated and persistent pursuit of this important goal.

Creating Livable Communities

Vermont has undertaken several efforts to create communities conducive to aging. Initiatives have specifically centered on developing more accessible housing and transportation options. Leveraging both state and local resources have been critical to this work.

Like many states, Vermont’s transportation system is composed of multiple, independent regional transportation districts. Charged with meeting the unique needs of their geographic area, these districts rely upon [collaboration and coordination](#) to provide needed services. Collaborative efforts normally involve public transit providers, community nonprofits, human service groups, and volunteers. In these districts, specialized systems are often [developed around](#) the needs of unique populations, including older adults, individuals with special needs, students, and tourists.

To pay for its Elders and Persons with Disability (E&D) Transportation program — administered at the local level and specifically focused on the transit needs of older adults and people with disabilities — Vermont [combines](#) multiple federal funding streams. By integrating funds, the state ensures coordination between services and maximizes limited resources. Also notable: Vermont’s E&D Transportation program makes a concerted effort to attract and utilize [volunteer drivers](#), especially for longer, less specialized trips. While Vermont’s older adults still have outstanding transportation needs, its E&D Program is [credited](#) with increasing rural transportation capacity, encouraging provider coordination and collaboration, and strengthening Vermonters’ ability to age in place.

Montana's many low-density communities — it's one of the most rural states in the country — make providing quality and affordable public transportation difficult. However, between 2008 and 2015, the number of rural public transit systems [grew](#) from nine systems to nearly 40. This growth is partially attributed to the state's offer to partner with local Councils on Aging already providing transportation services for older adults. Montana provides additional funds and operational assistance if these councils serve a more diverse ridership.

[North Central Montana Transit](#) is one of many rural transportation systems and runs an almost 200-mile route through north-central Montana. This system was recognized by the Federal Highway Administration and Federal Transit Administration in 2010 with the [Transportation Planning Excellence Award](#). As a public-private partnership, the system is operated by a community nonprofit, [Opportunity Link](#), but works in close [collaboration](#) with community partners, local and tribal governments, and private bus companies.

Vermont is also incorporating technology and innovation into its transportation systems. In 2016, the U.S. Department of Transportation awarded almost [\\$8 million](#) to support “innovative public-private partnerships to deploy, demonstrate, and evaluate on-demand concepts in transit.” Vermont's Agency of Transportation received over \$450,000 of these funds to develop a “statewide transit trip planner incorporating flex-route, hail-a-ride, and other non-fixed route services into mobility apps.” The project helps older adults, who as the [American Public Transit Association](#) note, benefit from comprehensive and real-time transit information which can reduce “rider uncertainty about schedules and conditions on the system.”

Vermont policymakers have also focused on creating accessible housing for older adults. Though most people prefer to age in their own communities, many find as they get older, their homes can no longer accommodate their physical needs. For example, homes may not be wheelchair accessible or able to support grab bars. Without these features, individuals often find it necessary to move into more age-friendly, but also expensive, housing, like skilled nursing or independent living facilities. Incorporating [universal design](#) and [visitability features](#) into initial home design is one way to address these issues. Relatively similar to universal design, [visitability](#) embraces the “principle that all new homes should include a few basic features that make them accessible to people regardless of their physical abilities.”

To support and increase accessible housing options for older adults, in 2000, Vermont adopted some of the most comprehensive visitability requirements in the country. Through [legislation](#), Vermont now requires all new homes, with the exception of homes built for personal use, to include visitability features such as wider hallways, utility controls and outlets located at accessible heights, and bathroom walls that can accommodate grab bars. Though Vermont's statewide visitability standards weren't the first in the country, they're amongst the most comprehensive to apply to non-federally funded projects.

Admittedly, there are [gaps](#) in Vermont's visitability standards. Advocates note Vermont's law doesn't require zero-step entrances, have enforcement mechanisms, or address deficiencies in older housing stock. Despite this, Vermont's law is a considerable step forward in making the state's housing stock more accessible to residents of all ages.

Financing Aging Services

In 2017, to bolster private sector retirement savings, Vermont passed [Act 69](#). This act enables the creation of the [Green Mountain Secure Retirement Plan](#), giving individuals without an employer-sponsored retirement plan access to a voluntary, state-overseen retirement savings option. Expected to be operational in January 2019, eligible employees are auto-enrolled in the program, but can opt-out. For the foreseeable future, these retirement accounts will be entirely funded by employee contributions. However, in the coming years, employers may be allowed to contribute to employee savings accounts. This effort is expected to help the [45 percent of Vermont's private sector employees](#) who lack access to an employer-sponsored retirement plan.

Supporting Quality Home & Community Based Services

Vermont has embraced several initiatives to increase older adults' access to quality HCBS. The [Support and Services at Home](#) (SASH) program is one of these initiatives. Created in 2009 by the nonprofit Cathedral Square Corporation, SASH “coordinates the resources of social-service agencies, community health providers and nonprofit housing organizations to support Vermonters who choose to live independently at home.” Often partnering with affordable housing sites, the program assigns a care coordinator and wellness nurse to work with participants. These staff members connect beneficiaries to social services while also helping them develop and follow personalized healthy living plans.

Maine residents recently voted on a first-of-its-kind [ballot](#) measure to create an universal home care program. This program would've provided state-funded, home-based, LTSS to adults aged 65 and older, as well as adults with disabilities. Services would've been paid for with a new tax on high-income earners. Though the ballot effort [failed](#), the measure succeeded in raising public awareness about the challenges of affording LTSS.

SASH has grown from serving 50 Vermonters to over [4,700](#) in 2017. That same year, the U.S. Department of Housing and Urban Development funded [40 grantees](#) in seven states to develop their own SASH programs. Evaluations show SASH participants have lower [hospital admission rates](#), [decreased](#) fall and hypertension rates, and lower [blood pressure](#). Medicare costs for SASH participants are also more than [\\$1,500](#) less than their non-SASH counterparts. The program receives [funding](#) from a variety of sources including the Centers for Medicare and Medicaid Services; all-payer Medicaid waiver agreements; Vermont's Department of Disabilities, Aging, and Independent Living; the Department of Vermont Health Access; various foundations; and the state legislature.

Like other successful states, Vermont has also expanded access to HCBS through its Medicaid program. In 2005, Vermont applied for and received a Medicaid 1115 Waiver for a new [Choices for Care program](#) (CFC). The program, which provides a range of supportive services to older adults, was later extended with a second waiver through 2021.

CFC offers various long-term care services to individuals based upon their level of need. At the lowest level, individuals can qualify for the program if they have “moderate” care needs. In many cases, Vermonters who benefit from this specific package wouldn't qualify for similar Medicaid services in other states. To qualify at the moderate level, Vermonters don't have to require nursing home level care and can have up to [\\$10,000](#) in personal assets. This differs from most other states where Medicaid waiver eligibility is restricted to those who need nursing home level care and have, at most, \$2,000 in personal assets. These more permissive requirements for certain benefit packages are designed to help prevent or delay the future use of costly, state-funded LTSS. Though not completely attributable to CFC, Vermont saw a [14 percent](#) increase in the number of long-term service beneficiaries receiving HCBS three years after the program's implementation.

Takeaways from Vermont

Vermont's older adults benefit from their state's dedication to increasing the amount of long-term care provided in the home and community. This investment in HCBS is an actualization of Vermont's values for prevention and early intervention. Not only do the older adults benefit from this investment, but so does the state budget, which is relieved of more costly, acute Medicaid expenses.

In addition to providing preventative home-based care, Vermont has also holistically adopted measures to support aging in place. To create livable communities, policymakers have increased accessible housing, transportation, and community care options. Vermont's success in these areas speak to the benefits of embracing evidence-based practices and coordinated funding streams to support healthy aging in the home and community.

Washington

Like Minnesota, Washington is a recognized leader in providing long-term care for its older adults. Washington's success is largely attributable to policymakers' pursuit of forward-looking solutions to meet the needs of its aging residents, caregivers, and direct service workers. Though new and relatively untested, many of these programs and supports remain grounded in evidence-based best practices.

Washington's pioneering policies underscore the value of innovation. The state's policymakers recognize changing demographics are straining existing systems and have taken proactive steps to creatively meet current and future needs. Washington's success demonstrates what's possible when states actively address the complicated, but important, issues connected with an aging population.

Financing Aging Services

In 2018, Washington lawmakers were among the nation's first to propose a new social insurance program to help pay for LTSS. The proposal has roots in a 2015 bill requiring the state to contract for an independent feasibility study to examine the creation of two possible LTSS programs: a publicly funded long-term care benefit and a public-private reinsurance option aimed at stabilizing the private long-term care market. Released in 2017, the [study](#) finds stabilizing the private long-term care insurance market was the less feasible of the two options. In a [briefing](#) to the Joint Legislative Executive Committee on Aging and Disability, the study's authors say they don't think propping up the private market will increase the affordability or use of long-term care insurance, nor will it decrease state LTSS costs.

Based upon that study, a bipartisan group of legislators, most of whom were members of the [Joint Legislative Executive Committee on Aging and Disability](#), sponsored [HB 2533](#), also known as the Long-Term Care Trust Act. This proposal created a new social insurance program for people in need of assistance with at least three activities of daily living, such as bathing, dressing, and medication administration. Eligible individuals could have accessed up to \$100 a day for a total of 365 days throughout his/her lifetime. This new program would've been funded with a new .49 percent payroll tax on all Washington employees. Despite both bipartisan and [community stakeholder support](#), the Long-Term Care Trust Act didn't pass in 2018. This was largely due to a major [stakeholder's](#) technical objections to the bill. A similar piece of legislation which addresses previous concerns, was introduced at the start of the [2019](#) legislative session.

Supporting Unpaid Caregivers

Washington is at the forefront of supporting unpaid caregivers, doing so through Medicaid waivers, evidence-supported assessments, and a new paid family and medical leave program. This demonstrates the state's interest in utilizing both new and existing programs to support healthy aging.

At the start of 2017, the Center for Medicare and Medicaid Services approved a new five-year, \$1.5 billion waiver to create the [Medicaid Transformation Project](#) in Washington. One of the project's three [major components](#) centers on strengthening the state's LTSS system. Recognizing unpaid caregivers play an important role in this work, the waiver allows for the creation of two new benefit packages for caregivers through the [Medicaid Alternative Care \(MAC\)](#) and [Tailored Supports for Older Adult \(TSOA\)](#) programs. MAC provides the caregivers of Medicaid recipients up to \$550 a month in resources, such as trainings, support groups, respite, and home care services. Though TSOA provides similar support, it's open to individuals who aren't

Washington isn't the only state trying to understand the financial implications of an increased demand for LTSS. In 2017, Michigan legislators introduced a [bill](#) requiring the state's Department of Health and Human Services to contract for an independent feasibility study which would examine the use of public, private, and public-private hybrid LTSS. Though it didn't pass in 2017, up to \$100,000 of public matching funds for the study was included in the [state's 2019 budget](#). In addition to exploring the creation of different LTSS funding mechanisms, the study is also charged with examining current long-term care programs, new ways to meet anticipated workforce shortages, and impacts to family caregivers.

Medicaid eligible and who may not have an unpaid caregiver. These programs are new and have not yet been evaluated. That said, because they are part of a federal waiver, their impacts will be studied and publicly shared.

To ensure caregivers receive appropriate support, Washington's legislature mandated the use of an evidence-based caregiver assessment and referral tool for the state's [Family Caregiver Support Program](#) (FCSP) in 2007. Coordinated by local AAAs, FCSP gives caregivers access to support groups, respite, counseling, education, and training for little or no cost. To meet the mandate, Washington adopted the [Tailored Caregiver Assessment](#) (TCARE) for use in the FCSP program. TCARE has been [shown to](#) decrease caregiver, "stress burden, depression, and intention for nursing home placement" by assessing factors like depression and stress.

Washington took another important step to support caregivers in 2017, when, with bipartisan support, it became one of only five states to approve a paid family and medical leave program. The state now [allows workers](#) to take up to 12 weeks of paid leave a year, and up to 18 in certain circumstances. Income replacement during leave is [based upon a worker's salary](#), but is capped at \$1,000 a week. Benefits become accessible in 2020, with premium collection beginning in January 2019. Funding for this program comes from a 0.4 percent premium on employee wages and is paid by both the employer and employee. The enabling legislation provides some flexibility and support for small businesses.

Family caregivers for older adults have [few workplace protections](#). Federally, protections exist to prevent discrimination based on a range of identities, but not caregiving status. To prevent discrimination, some states and D.C. passed laws to protect family caregivers. D.C.'s law is one of the most comprehensive, and specifically [prohibits](#) employment discrimination due to "family responsibilities," which are [defined](#) as "the state of being, or the potential to become a contributor to the support of a person or persons in a dependent relationship."

Creating Livable Communities

Recognizing that older adults have unique housing and transportation needs, Washington has prioritized these two issues in its development of inclusive, livable communities. The state's achievements in these realms are partially attributable to its creative use of federal funds. This includes its utilization of federal Money Follows the Person funding to create affordable housing options for the older adults in its [Roads to Community Living](#) (RCL) program. RCL transitions low-needs individuals out of skilled nursing facilities and back into their own communities. Beneficiaries receive: intensive one-on-one assistance; access to extra follow-up and support for at least one year after moving back into the community; and financial assistance.

As mentioned earlier, several other states use Money Follows the Person funding to help individuals transition out of skilled nursing facilities. Washington's program, however, is considered one of the most [successful](#), in part to the program's focus on developing affordable and accessible housing options for individuals to transition back into. Initially paid for with federal monies, RCL created new housing program manager positions to increase the number of affordable housing options. To achieve this goal, housing program managers [cultivate relationships](#) with public housing authorities, property management companies, and housing finance agencies. Due to their effectiveness, there are now more than three times as many housing program managers as there were when the program began, and workers are permanent employees, paid for with state funds.

In addition to housing, Washington has prioritized developing transit options to help individuals in rural areas, including older adults. Private bus services operated by Greyhound connected many rural communities to larger urban hubs until the mid-2000s when lines were discontinued. When this happened, the state created the [Travel Washington Intercity Bus Program](#) to continue rural transportation services. Services were developed in [partnership](#) with a variety of partners, including human service agencies, transit organizations, local governments, regional transportation boards, and local citizen groups. [Funding](#) has also

been a collaborative effort with monies coming from different local, state, federal, and private sources. This prioritization for collaboration has resulted in increased coordination and efficiency.

Developing a Well Trained & Supported Workforce

Efforts to develop a better trained and supported direct care workforce in Washington have been largely driven by [SEIU 775](#), the state's service industry union. The union was the prime force behind [Initiative 1163](#), which was passed by voters in 2011. For most long-term care workers, the initiative strengthened the required training curriculum, lengthened training requirements to 75 hours, and required workers to pass state and federal background checks, as well as a certification exam.

Much of the required long-term care training is provided by SEIU 775's [NW Training Partnership](#). Offering a [range](#) of training opportunities, the Training Partnership is also home to the country's first Department of Labor registered apprenticeship program for home care aides. In addition to individual training programs, the Training Partnership has partnered with community colleges to develop three career pathways for home care aides, home care management, and related health care occupations.

Washington's work to increase training requirements for home care workers hasn't been without [obstacles](#). In 2013, evaluations show 2 in 5 trainees didn't complete the training program. Additionally, some self-directed Medicaid service beneficiaries, who have more control over how services are provided, believe these requirements are overly burdensome. In response, the state continues to adjust trainings to address these challenges.

For over a decade, Iowa has worked to develop a comprehensive, streamlined, and uniform training system for personal care aides. In 2006, the state legislature created an advisory committee which eventually produced the [Prepare to Care](#) curriculum. This curriculum provides both basic and advanced direct service worker training and includes pathways to advanced roles. An initial [pilot](#) found home care agencies using the curriculum were more efficient and had lower worker turnover rates. Despite legislative efforts to require the program, home care agencies aren't currently mandated to use it. Still, [Prepare to Care](#) is utilized by many community colleges and long-term care providers.

Takeaways from Washington

Washington's system of supports for older adults is widely considered one of the best in the country. The state's willingness to advance experimental solutions to tackle complex problems has been at the heart of Washington's success. State leaders have repeatedly demonstrated their dedication to ingenuity, as seen by their efforts to create innovative financing models, implement paid family and medical leave, and build comprehensive training standards for direct service workers. Colorado can benefit from Washington's work by not only monitoring the progress of its new programs, but by adopting a similar value for creativity and a willingness to experiment.

Conclusion

While each of the four states examined in this report has embraced different policies, practices, and programs to build systems that support healthy aging, several commonalities exist amongst their work, including:

- **Comprehensive system of supports:** The totality of needs created by an aging demographic can't be met by developing one or two isolated programs. Instead, successful states have built a host of interconnected initiatives that work as a comprehensive system to support healthy aging.
- **Holistic view on aging's impact:** An aging community doesn't solely impact older adults — this demographic trend touches a variety of groups, including older adults, unpaid caregivers, direct service workers, and employers. To support healthy aging, successful states recognize and address the needs and interests of each of these groups.
- **Value for centralized and coordinated systems:** Individual programs are important and can be immensely beneficial to individuals and communities, however, they become more effective when they're part of a broader system working in concert with other initiatives. Coordination not only helps people find and access needed resources, but also allows existing programmatic infrastructure to be leveraged in future efforts.
- **Support for preventative programs:** Successful states recognize the value of prevention, which can help older adults remain in their homes longer, while also decreasing the need for future costly Medicaid services. Supporting preventative services requires stakeholders to prioritize long-term goals and may involve initial investments of time and resources.
- **Embrace of creativity:** The challenges associated with an aging demographic are centered on the reality that, in their current form, existing structures can't adequately meet present or future needs. Successful states acknowledge this and are embracing new, creative solutions to address these challenging issues.

As with the entire country, Colorado is getting older. Though states across the country are developing a range of successful programs and initiatives to support healthy aging, it's also important to note where we're collectively failing. For example, few states have built large-scale, quality programs to meet the needs of their rural and minority communities. This country-wide gap offers Colorado an opportunity to develop its own effective initiatives to become a national leader in this work.

To meet future needs and embrace the opportunities that come with our shifting demographics, Colorado must take stock of current systems and invest in ones that systemically support healthy aging. This report offers Colorado policymakers, stakeholders, and advocates a bevy of aging-related programs other states have explored and found successful. By examining their efforts, extracting the lessons that work for Colorado, and using them to develop an actionable, comprehensive aging policy agenda, we can create a state where all Coloradans thrive, regardless of age.