

6

PART 6

INPUT FROM GOVERNORS & NATIONAL CONGRESS OF AMERICAN INDIANS

- Letter to Governors Inviting Comments
- Letter to National Congress of American Indians (NCAI) Inviting Comments
- Response from Governors and NCAI



**Letter to Governors
Inviting Comments**

2005 WHITE HOUSE CONFERENCE ON AGING

FINAL REPORT APPENDIX



March 15, 2006

Dear Governor:

On behalf of the 17-member, bi-partisan Policy Committee of the 2005 White House Conference on Aging (WHCoA) I am pleased to transmit for your consideration and input this preliminary report of the 2005 WHCoA held December 11-14, 2005 in Washington D.C. We look forward to receiving any advice or comments you may wish to offer.

The WHCoA is authorized by the Older Americans Amendments of 2000, (P.L. 106-501), which states that the Policy Committee shall send to the Governors a preliminary report on the Conference for their comments. A Final Report, to be presented to the President and Congress in June 2006, is intended to serve as a blueprint for aging policies for the next decade and beyond. Consistent with the authorizing legislation, it will reflect the WHCoA's emphasis on the challenges and opportunities presented by the nation's 78 million baby boomers.

The WHCoA was convened three weeks before the 60th birthday of the first of the baby boomers. By the time the next WHCoA is held in 2015, more than half of all baby boomers will be over 60, and by 2030, all of the baby boomers will have reached the age of 65, comprising roughly 20 percent of all Americans. Enclosed are general statistics pertaining to this aging population in your state. The nation's dramatic demographic transformation is reflected in the theme of the 2005 WHCoA: "The Booming Dynamics of Aging: From Awareness to Action." The theme urges us to take necessary action to address the impact that this diverse and growing aging population will have on the social, health and economic policies of the United States in the decades ahead.

Delegates to the WHCoA were selected by Governors of States, Territories, Puerto Rico and the District of Columbia, Members of Congress, the National Congress of American Indians, and the WHCoA Policy Committee. They represented national and community-based aging and allied organizations, business and industry, veterans, minorities, persons with disabilities and others with an interest and stake in the aging of America.

The 1200 delegates enthusiastically voted to identify 50 resolutions from among a total of 73 provided in advance of the WHCoA. The resolutions, which were broad based and diverse, were developed by the Policy Committee based on the input collected from approximately 400 grassroots events in the months leading up to the WHCoA. These events were held in states and communities across the United States and involved more than 130,000 people including senior citizens and baby boomers. Information about

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these events and the resolution development process is summarized in the enclosed WHCoA Resolutions Workbook.

It would be very helpful to the development of the WHCoA Final Report if you reviewed the enclosed resolutions, many of which have intergovernmental implications, and identify those that you consider to be the most important to your state. We would also like to know what action you are taking or might plan to take over the next ten years or the resolutions you have identified as priorities.

In planning for the 2005 WHCoA, the Policy Committee recognized that the efforts of the delegates must be supported by innovative, fiscally responsible, and realistic implementation strategies to ensure that the resolutions they selected have the greatest opportunity to become reality. Many of the strategies, offered by the delegates at the Conference, reflect actions that can be taken by not only the federal government, but also by states, tribal organizations, business and industry, communities and individuals to prepare for the challenges and opportunities of an aging America; work on these strategies is ongoing.

As clearly demonstrated by the resolutions the delegates adopted, the delegates placed great emphasis on the importance of ensuring that this fifth WHCoA in history would positively impact aging policy for future generations of older persons. To assist in that effort, I ask that you join us in shaping aging policies for the 21st Century.

I hope that you will be able to provide your vision, reactions and comments by April 15, 2006. You may send them by fax to 301-443-2902 or by mail to the WHCoA, 4350 East West Highway, 3rd Floor, Bethesda, MD 20814. If you or your staff have any questions or need additional information, please visit our website www.whcoa.gov or contact Gayle Cozens at 301-443-2802. On behalf of the Policy Committee, I look forward to hearing from you.

Sincerely,

Dorcas R. Hardy
Chairman
WHCoA Policy Committee

Preliminary Report Enclosures:
WHCoA Resolutions (Top 10)
WHCoA Resolutions (Top 50)
WHCoA Resolutions Workbook
Demographic Information
“65 Plus in the United States: 2005,” U.S. Census Bureau
WHCoA Fact Sheet
WHCoA Policy Committee Members
WHCoA Advisory Committee Members



**Letter to National
Congress of American
Indians Inviting
Comments**

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Governor Joe Garcia
President, National Congress of American Indians
1301 Connecticut Avenue, NW, Suite 200
Washington, DC 20036

Dear Governor Garcia

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The WHCoA was convened three weeks before the 60th birthday of the first of the baby boomers. By the time the next WHCoA is held in 2015, more than half of all baby boomers will be over 60, and by 2030, all of the baby boomers will have reached the age of 65, comprising roughly 20 percent of all Americans. The nation's dramatic demographic transformation is reflected in the theme of the 2005 WHCoA: "The Booming Dynamics of Aging: From Awareness to Action." The theme urges us to take necessary action to address the impact that this diverse and growing aging population will have on the social, health and economic policies of the United States in the decades ahead.

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It would be very helpful to the development of the WHCoA Final Report if you reviewed the enclosed resolutions, many of which have tribal implications, and identify those that you consider to be the most important. We would also like to know what action you are taking or might plan to take over the next ten years or the resolutions you have identified as priorities.

In planning for the 2005 WHCoA, the Policy Committee recognized that the efforts of the delegates must be supported by innovative, fiscally responsible, and realistic implementation strategies to ensure that the resolutions they selected have the greatest opportunity to become reality. Many of the strategies, offered by the delegates at the Conference, reflect actions that can be taken by not only the federal government, but also by states, tribal organizations, business and industry, communities and individuals to prepare for the challenges and opportunities of an aging America; work on these strategies is ongoing.

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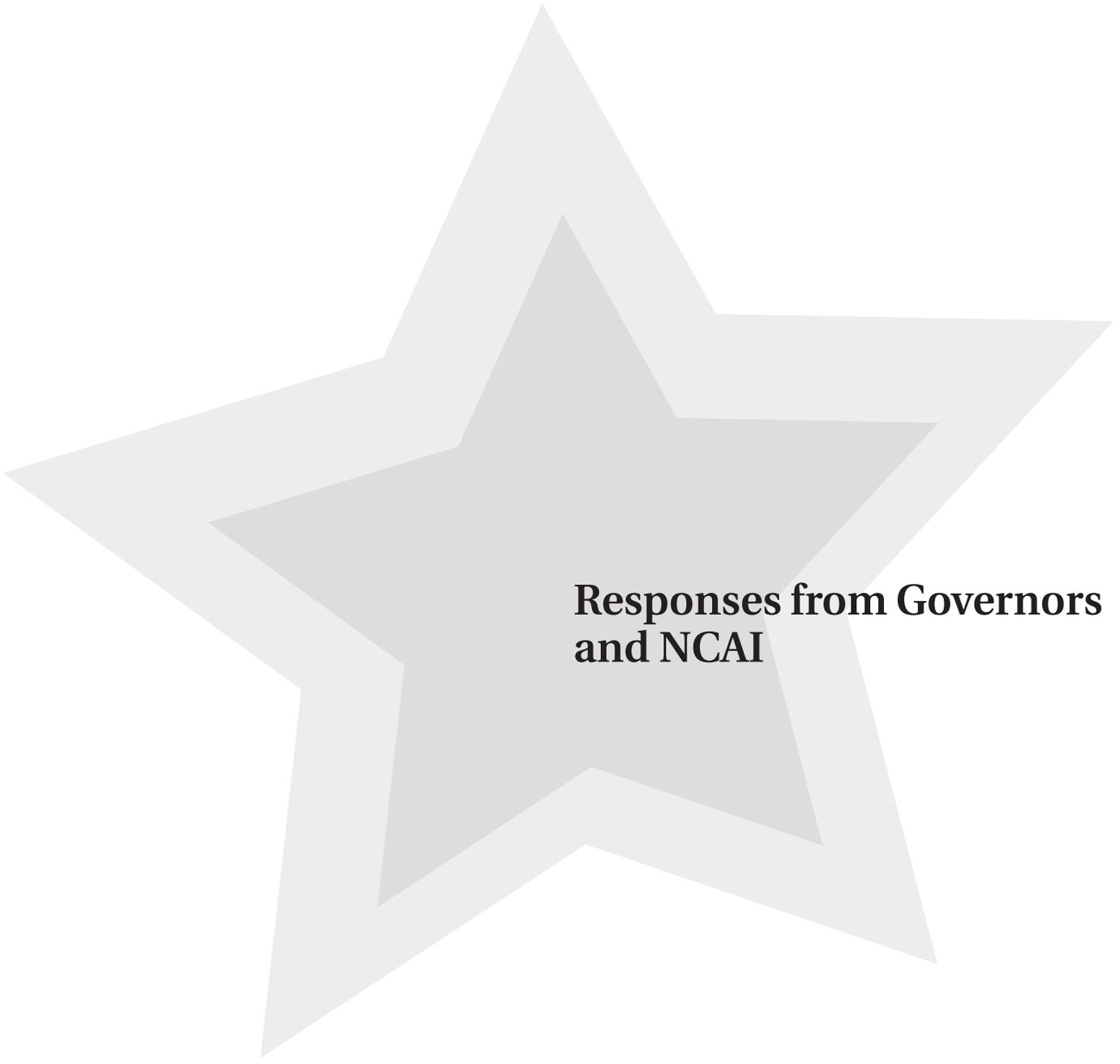
Sincerely,

Dorcas R. Hardy
Chairman
WHCoA Policy Committee

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“65 Plus in the United States: 2005,” U.S. Census Bureau
WHCoA Fact Sheet
WHCoA Policy Committee Members
WHCoA Advisory Committee Members

Cc: Ms. Jacqueline Johnson, Executive Director, NCAI



**Responses from Governors
and NCAI**

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OFFICE OF THE GOVERNOR

BOB RILEY
GOVERNOR



STATE OF ALABAMA

received
APR 18 2006

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MONTGOMERY, ALABAMA 36130

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FAX: (334) 242-0937

April 14, 2006

Ms. Dorcas R. Hardy
Chairman
White House Conference on Aging Policy Committee
4350 East West Highway, Floor 3
Bethesda, Maryland 20814-4410

Dear Ms. Hardy:

First let me congratulate you, the Policy Committee, for your hard work. The delegates from Alabama have reported back to me about their experiences and were pleased with the event.

Prior to the White House Conference on Aging (WHCOA), Alabama held several listening sessions across the state in an effort to determine what our citizens were most concerned about. A slate of 20 issues surfaced from these events. Of those 20 issues, 13 were in the top 20 identified by the WHCOA. I believe this suggests there is a unified voice across our nation.

I encourage Congress to pass the Reauthorization of the Older Americans Act which is the number one resolution. Medicare and Medicaid resolutions are in the process of changes and this should continue. The Medicare D program is of great benefit to all Medicare eligibles. I also support the concepts of the Elder Justice Act (Resolution 19) and its implementation. Through United We Ride, America is beginning to address the transportation issues of some elderly and disabled, but the federal government has to make some changes in the use of transportation dollars to allow this program to be successful. Senior employment is undergoing changes currently. The U.S. Department of Labor must take a strong look at the SCSEP program and the stringent regulations.

In Alabama we are looking at ways to improve the conditions of our elder population. For example, the Safe Center concept for the construction of our new senior centers is underway. Elder abuse and fraud sessions have just been conducted across the state. We have some of the finest institutions in the nation offering geriatric education. As our senior population continues to change, we must change with it. We cannot afford to wait.

Thank you again for providing a forum to look at what we can do to plan for the future in aging.

Sincerely,

A handwritten signature in black ink that reads "Bob Riley".

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FRANK H. MURKOWSKI
GOVERNOR
GOVERNOR@GOV.STATE.AK.US



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

P.O. BOX 110001
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April 28, 2006

Ms. Dorcas R. Hardy, Chairman
WHCoA Policy Committee
4350 East West Highway, Third Floor
Bethesda, MD 20814

Dear Ms. Hardy:

Thank you for the opportunity to comment on the recommendations of the 2005 White House Conference on Aging (WHCoA).

Today, Alaska is a young state with a small population. While our numbers are small, the growth of our senior population will have a significant impact on our state and our senior services. Estimates suggest that Alaska's over 60 population will grow from 10.3 percent to 17.1 percent of our population by 2030. The population over age 75 will increase from 2.8 percent to 5.8 percent during the same period.

Prior to the 2005 WHCoA, the Alaska Commission on Aging (ACoA) held meetings throughout Alaska to determine what issues are of concern to Alaska's seniors. We have reviewed the recommendations of the WHCoA and compared them to the issues raised by Alaska's seniors.

Strengthening Medicare and Medicaid are of high concern to Alaskans. Medicare has added a drug benefit and Alaska has assumed the premium and deductible for those with incomes up to 175 percent of the poverty level, under the SeniorCare Program. We applaud the federal recognition of the need for this new benefit.

We are pleased that the WHCoA recognized both the need for more health care professionals and the need to improve the training in geriatric issues. Alaska does not have a medical school. Thus, we depend on a national commitment to improving training in geriatric physicians. We are expanding our nurse and other professional health care education programs at the University of Alaska to include geriatric care in their curriculum. For the past three years, the Geriatric Education Center has developed training for direct service workers that includes a very successful distance education program for rural Alaskans.

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Ms. Dorcas R. Hardy
April 28, 2006
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Keeping seniors in non-institutional settings is a critical issue for Alaskans. We have many services targeted to help seniors remain in their communities. We encourage the federal government to continue working with states to provide incentives toward non-institutional care under the Medicaid home and community based programs. These programs not only improve the quality of life of older Americans, cost savings are realized for federal and state governments when institutionalization is delayed.

The WHCoA noted the importance of promoting elder justice and the prevention and prosecution of elder abuse. Alaska's Legislature is considering legislation to address those issues. I expect the legislation will be passed this year. This is an area we take very seriously in Alaska.

Housing is a concern of many seniors. I have appointed work groups to look at affordable housing in Alaska. One group is working on developing housing trusts, the other is working on developing private sector opportunities to increase the supply of affordable housing. We expect reports from both work groups early in the fall.

Improving health status of Alaskans is crucial to a healthy senior population. Our Division of Public Health is staffing a Chronic Disease Policy Academy. They have focused on four priority topics:

1. Reduction of obesity and overweight rates;
 - a. Increase in physical activity,
 - b. Increase in healthy eating,
2. Reduction of tobacco use and substance abuse,
3. Increase use of incentives for individual behavior change, and
4. Improvement in secondary prevention and management of targeted chronic diseases.

These activities over the next few years should help individuals improve their current health status and maintain more healthy life styles.

I have enclosed a chart that compares the WHCoA issues to those highlighted by Alaskans during the hearings held by the ACoA.

My administration will continue its work in addressing the needs of senior Alaskans as well as helping Alaskans prepare for their senior years.

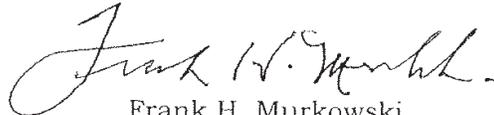
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Thank you for considering our comments.

Sincerely yours,



Frank H. Murkowski
Governor

Enclosure

cc: Karleen Jackson, Commissioner, Department of Health and Social
Services
Rod Moline, Director, Division of Senior and Disabilities Services
Alaska Commission on Aging
Division of Public Health

**Top 50 Resolutions from the 2005 White House Conference on Aging
And Related Alaska Resolutions**

WHCOA Resolutions	Alaska Resolutions
1. Reauthorize the Older Americans Act within the first six months following the 2005 White House Conference on Aging.	
2. Develop a coordinated, comprehensive long-term care strategy by supporting public and private sector initiatives that address financing, choice, quality, service delivery, and the paid and unpaid workforce.	
3. Ensure that Older Americans have transportation options to retain their mobility and independence.	The U.S. government shall increase resources for programs to provide medical transportation (rides to doctor visits, medical tests, etc.) for seniors under the Older Americans Act, Title III program. (8)
4. Strengthen and improve the Medicaid program for seniors.	The U.S. government shall ensure that reimbursement rates for the care of people on Medicare and Medicaid are sufficient so as to be commensurate with the actual cost of care. (1) The U.S. government shall update the Medicare and Medicaid programs based on today's economics and health care costs. (21)
5. Strengthen and improve the Medicare program.	The U.S. government shall ensure that reimbursement rates for the care of people on Medicare and Medicaid are sufficient so as to be commensurate with the actual cost of care. (1) The U.S. government shall update the Medicare and Medicaid programs based on today's economics and health care costs. (21)

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6.	Support geriatric education and training for all health care professionals, paraprofessionals, health profession students, and direct care workers.	Doctors other than pediatricians shall be encouraged to have a prescribed level of geriatric education as well as continuing education units in aging and palliative care. The U.S. government shall also provide incentives to encourage more physicians and other health care professionals to adopt a geriatric specialty. (5)
7.	Promote innovative models of non-institutional long-term care.	The U.S. government shall expand funding for and provide incentives to states to implement and/or expand consumer-directed care and in-home care programs for seniors, thereby avoiding more costly care in nursing homes. (9)
8.	Improve recognition, assessment, and treatment of mental illness and depression among older Americans.	
9.	Attain adequate numbers of health care personnel in all professions who are skilled, culturally competent, and specialized in geriatrics.	Doctors other than pediatricians shall be encouraged to have a prescribed level of geriatric education as well as continuing education units in aging and palliative care. The U.S. government shall also provide incentives to encourage more physicians and other health care professionals to adopt a geriatric specialty. (5)
10.	Improve state and local based integrated delivery systems to meet 21 st century needs of seniors.	The U.S. government shall study the options for restructuring the United States' health care system to provide for more comprehensive, equal, accessible care for all citizens. This study shall include input from the insurance industry, the pharmaceutical industry, business representatives, medical professionals, and health care consumers. (2)

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11.	Establish principles to strengthen Social Security.	<p>The Social Security program shall be preserved as a defined benefit program. No diminished benefit shall be allowed to be paid to any individual qualified to receive a retirement benefit. (14)</p> <p>The U.S. government shall remove the \$90,000 salary cap for Social Security payroll tax deductions. (15)</p> <p>Before any changes are made in the Social Security program, a valid fiscal plan must be developed and made available to the public. The plan should reflect accurate, objective information that is easy to understand for the general public. (16)</p>
12.	Promote incentives for older workers to continue working and improve employment training and retraining programs to better serve older workers.	<p>Congress shall consider developing tax credits or other incentives for employers who hire and retain older workers. (18)</p>
13.	Develop a national strategy for supporting informal caregivers of seniors to enable adequate quality and supply of services.	<p>The U.S. government shall provide a tax break for individuals who provide in-home long-term care services for a family member who meets nursing home level of care standards as determined by a medical examination. (4)</p>
14.	Remove barriers to the retention and hiring of older workers, including age discrimination.	
15.	Create a national strategy for promoting elder justice through the prevention and prosecution of elder abuse.	<p>The U.S. government shall increase funding under the Older Americans Act for the Long Term Care Ombudsman program to prevent and treat elder abuse. (24)</p>
16.	Enhance the affordability of housing for older Americans.	<p>The U.S. government shall expand and fund housing programs such as those under HUD (Dept. of Housing and Urban Development) and Rural Development (Dept. of Agriculture) which provide vouchers for low-income seniors and those with special needs. It shall expand and provide increased</p>

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		funding for the development of housing programs that integrate housing and in-home services for special needs populations, such as seniors and individuals with disabilities. (28)
17.	Implement a strategy and plan for accountability to sustain the momentum, public visibility, and oversight of the implementation of 2005 White House Conference on Aging resolutions.	
18.	Foster innovations in financing long-term care services to increase options available to consumers.	The U.S. government shall expand funding for and provide incentives to states to implement and/or expand consumer-directed care and in-home care programs for seniors, thereby avoiding more costly care in nursing homes. (9)
19.	Promote the integration of health and aging services to improve access and quality of care for older Americans.	
20.	Encourage community designs to promote livable communities that enable aging in place.	
21.	Improve the health and quality of life of older Americans through disease management and chronic care coordination.	
22.	Promote the importance of nutrition in health promotion and disease prevention and management.	
23.	Improve access to care for older adults living in rural areas.	

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24.	Provide financial and other economic incentives and policy changes to encourage and facilitate increased retirement savings.	Federal, state and local governments shall develop and require a financial literacy curriculum beginning in elementary school. The federal government shall establish incentives for states that implement financial literacy programs. (17) The U.S. government shall consider additional incentives and changes to the tax code to encourage personal savings accounts, IRAs and other personal investments, and health care savings accounts, without income cap restrictions. (20)
25.	Develop a national strategy for promoting new and meaningful volunteer activities and civic engagement for current and future seniors.	The U.S. government shall create a "domestic Peace Corps" of retired medical personnel to work with seniors, helping take some of the burden off doctors. (11) The U.S. government shall create a Civilian Conservation Corps type program for seniors, to utilize the energy, experience, and insight of seniors for community enhancement. (26)
26.	Encourage the development of a coordinated federal, state, and local emergency response plan for seniors in the event of public health emergencies or disasters.	
27.	Enhance the availability of housing for older Americans.	
28.	Reauthorize the National and Community Service Act to expand opportunities for volunteer and civic engagement activities.	The U.S. government shall create a "domestic Peace Corps" of retired medical personnel to work with seniors, helping take some of the burden off doctors. (11) The U.S. government shall create a Civilian Conservation Corps type program for seniors, to utilize the energy, experience, and insight of seniors for community enhancement. (26)

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29.	Promote innovative evidence-based and practice-based medical and aging research.	
30.	Modernize the Supplemental Security Income (SSI) program.	
31.	Support older adult caregivers raising their relatives' children.	
32.	Ensure appropriate recognition and care for veterans across all health care settings.	The U.S. government shall keep its promise to veterans to provide them with medical services and hospital care for the rest of their lives. (10)
33.	Encourage redesign of senior centers for broad appeal and community participation.	
34.	Reduce health care disparities among minorities by developing strategies to prevent disease, promote health, and deliver appropriate care and wellness.	Federal and state government and the health insurance industry shall emphasize prevention and wellness programs, including the provision of coverage for preventive care designed to deter or forestall chronic disease. (3)
35.	Educate Americans on end-of-life issues.	
36.	Develop incentives to encourage the expansion of appropriate use of health information technology.	The U.S. government shall require that information about drugs and health issues be presented to consumers simply, honestly, and without slick marketing tactics. (13)
37.	Prevent disease and promote healthier lifestyles through educating providers and consumers on consumer health care.	Federal and state government and the health insurance industry shall emphasize prevention and wellness programs, including the provision of coverage for preventive care designed to deter or forestall chronic disease. (3)
38.	Promote economic development policies that respond to the unique needs of rural seniors.	

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39.	Apply evidence-based research to the delivery of health and social services where appropriate.	
40.	Improve health decision-making through promotion of health education, health literacy, and cultural competency.	
41.	Strengthen the Social Security Disability Insurance program.	
42.	Evaluate payment and coordination practices in the geriatric health care continuum to ensure continuity of care.	The U.S. government shall ensure that reimbursement rates for the care of people on Medicare and Medicaid are sufficient so as to be commensurate with the actual cost of care. (1)
43.	Encourage appropriate sharing of health care information across multiple management systems.	
44.	Ensure appropriate care for seniors with disabilities.	The U.S. government shall expand and fund housing programs such as those under HUD (Dept. of Housing and Urban Development) and Rural Development (Dept. of Agriculture) which provide vouchers for low-income seniors and those with special needs. It shall expand and provide increased funding for the development of housing programs that integrate housing and in-home services for special needs populations, such as seniors and individuals with disabilities. (28)
45.	Strengthen law enforcement efforts at the federal, state, and local level to investigate and prosecute cases of elder financial crime.	
46.	Review alignment of government programs that deliver services to older Americans.	
47.	Support older drivers to retain mobility and independence through strategies to continue safe driving.	

48.	Expand opportunities for developing innovative housing designs for seniors' needs.	The U.S. government shall expand and fund housing programs such as those under HUD (Dept. of Housing and Urban Development) and Rural Development (Dept. of Agriculture) which provide vouchers for low-income seniors and those with special needs. It shall expand and provide increased funding for the development of housing programs that integrate housing and in-home services for special needs populations, such as seniors and individuals with disabilities. (28)
49.	Improve patient advocacy to assist patients in and across all care settings.	
50.	Promote enrollment of seniors into the Medicare Prescription Drug program.	The U.S. government should acknowledge consumers' concerns and work together with the pharmaceutical industry to find ways to achieve a reduction in the cost of prescription drugs. (6)

Alaska resolutions with no match in the WHCOA top 50 resolutions:

- (7) The U.S. government shall require simplification of paperwork required by insurance companies and government programs such as Medicare and Medicaid.
- (12) The U.S. government shall enact tort reform or other legislation designed to reduce medical costs by limiting liability.
- (19) The U.S. government shall overhaul federal income tax regulations to make them fairer and less complex.
- (22) The U.S. government shall enforce existing laws and/or expand them to protect corporate and government pensions and retiree health plans.
- (23) The U.S. government shall review the formula used for computing the national poverty level, as current poverty guidelines understate the extent of poverty in the U.S. today.
- (24) The U.S. government shall provide reduced-cost education loans for students committing to serve in the professional health care and in-home care direct services fields.
- (27) The U.S. government shall expand the Job Corps and AmeriCorps programs to include vocational training programs to prepare young people for providing seniors services.

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STATE OF ARIZONA

JANET NAPOLITANO
GOVERNOR

OFFICE OF THE GOVERNOR
1700 WEST WASHINGTON STREET, PHOENIX, AZ 85007

MAIN PHONE: 602-542-4331
FACSIMILE: 602-542-7601

April 27, 2006

The Honorable Dorcas R. Hardy, Chair
White House Conference on Aging
4350 East-West Highway, Suite 300
Bethesda, MD 20814

Dear Chair Hardy:

I am writing to respond to your letter of March 15, 2006 in which you transmitted materials from the 2005 White House Conference on Aging. Twenty Arizonans attended the conference, including delegates selected by me, our Congressional members, and the "at-large" delegates appointed by the WHCoA Policy Committee. Our delegation worked hard and invested a significant amount of time and energy, before and during the event, to ensure that the conference was a success.

After reviewing your letter and hearing from the Arizona delegates, I am quite disappointed that your report to the Governors did not include any of the ideas, innovations, or information that arose from the conference's implementation sessions. While the process for the conference was significantly different than in past years, the Arizona delegation indicated that despite the changes, some excellent discussions and opportunities for collaboration and innovation freely flowed from the implementation group discussions. I would like to review that material as well, and cannot provide the feedback you have requested without reviewing the outcomes of the conference. I strongly ask that you provide the Governors and delegates with the results from the implementation sessions.

Since you are asking for a response by April 28th, I am providing this letter, but request that you provide the conference outcomes and implementation strategies immediately so that we may provide you with more substantive comments.

I thank you, the other Policy Committee members and the conference staff for their service and diligence in enabling this historic conference to achieve its full potential.

Yours very truly,

A handwritten signature in black ink, appearing to read "Janet Napolitano".

Janet Napolitano
Governor

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GOVERNOR ARNOLD SCHWARZENEGGER

May 8, 2006

Ms. Dorcas R. Hardy
Chair
White House Conference on Aging Policy Committee
4350 East West Highway, 3rd Floor
Bethesda, Maryland 20814

Dear Ms. Hardy,

On behalf of the State of California, I appreciate the opportunity to provide input on the Preliminary Report of the 2005 White House Conference on Aging (WHCoA).

The 2005 WHCoA played an important role in raising awareness about the importance of planning for the unique needs of the nation's baby boomers. I was encouraged by the caliber and engagement of California's delegation and believe we have an opportunity to build upon the momentum from the conference.

I am pleased to report that California continues to engage its delegates in planning for post-WHCoA activities. The enclosed list compares the California delegates' ranking of policy priorities with those identified at the WHCoA and will help us identify key policies to address in the years to come. As a follow-up to the WHCoA, the California Health and Human Services Agency, in partnership with the California Commission on Aging and the California WHCoA delegates, is planning regional meetings to identify policy options and strategies to implement recommendations raised through the WHCoA and other state planning efforts. These meetings will culminate in a statewide forum that will highlight policies to pursue in planning for California's aging population.

As changing demographics quickly become a reality in California, we must continue to be the leader in promoting healthy lifestyles for our aging population. I look forward to continue working with stakeholders and turning ideas into action for all aging Californians.

Sincerely,

A handwritten signature in black ink, appearing to read "Arnold Schwarzenegger".

Arnold Schwarzenegger

Enclosure

STATE CAPITOL • SACRAMENTO, CALIFORNIA 95814 • (916) 445-2841



STATE OF COLORADO

EXECUTIVE CHAMBERS

136 State Capitol
Denver, Colorado 80203-1792
Phone (303) 866-2471



Bill Owens
Governor

April 28, 2006

White House Conference on Aging (WHCoA)
Emily Gross, Assistant Outreach Coordinator
4350 East-West Highway, Suite 300
Bethesda, MD 20814

Dear Ms. Gross:

I have reviewed the fifty resolutions that were developed by the Policy Committee from the White House Conference on Aging. This letter is in response to your request to Governors to identify those resolutions considered as priorities for their constituencies.

Colorado held the Governor's White House Conference on Aging in June of 2005 and identified six major priorities. The top ten Resolutions that came out of the December 2005 White House Conference on Aging correspond very closely with the recommendations made by Colorado's delegation. The Colorado delegation has continued to meet in order to advance and prioritize these important issues. I am enclosing a list of the priorities developed by Colorado's delegation along with examples of ongoing efforts and their ideas for seeing them come to fruition. I commend the hard work and dedication of the Colorado delegation to the White House Conference on Aging.

As our nation's baby boomers continue to age, it is crucial that we continue to address the impact this population will have on social, health and economic policies. As I have stated before, I know that our challenges are great, but our possibilities are even greater.

As Governor, I am especially supportive of the resolutions that will ensure and protect the rights of Colorado's older citizens to age with independence and dignity. I believe several resolutions play an important role in attaining this goal. The following is a partial list of these crucial resolutions:

- Resolution 5- Foster innovations in financing long-term care services to increase options available to consumers.
- Resolution 29- Promote enrollment of seniors into the Medicare prescription drug plan.
- Resolution 34- Improve the health and quality of life of older Americans through disease management and chronic care coordination.

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- Resolution 37- Prevent disease and promote healthier lifestyles through education providers and consumers on consumer healthcare.
- Resolution 42- Promote innovative models on non-institutional long-term care.
- Resolution 47- Encourage appropriate sharing of healthcare information across multiple management systems.
- Resolution 50- Strengthen and improve the Medicaid program for seniors.
- Resolution 53- Improve access to care for older Americans living in rural areas.
- Resolution 62- Develop incentives to encourage the expansion of appropriate use of health information technology.

I believe the adoption of resolutions such as these that revolve around greater involvement, knowledge and choice will help foster an environment in which seniors can thrive.

I look forward to reviewing the final report from the 2005 White House Conference on Aging later this year and continuing to work with Colorado's delegation on this very important issue.

Sincerely,



Bill Owens

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The Colorado delegation strongly supports the Reauthorization of the Older Americans Act within the first six months following the 2005 White House Conference on Aging; the strengthening and improvement of the Medicare program; and the strengthening and improvement of the Medicaid program.

Colorado has met with community members, stakeholders and the WHCoA delegates to determine the most important resolutions from the top ten to focus on within the next few years. These resolutions can be categorized into 3 general areas: Coordinated systems and innovative models, transportation, and geriatric education for all healthcare providers.

In the area of coordinated systems and innovative models, the following resolutions can be combined for discussion and performance.

1. Develop a coordinated, comprehensive long-term care strategy by supporting public and private sector initiatives that address financing, choice, quality, service delivery, and the paid and unpaid workforce.
2. Promote innovative models of non-institutional long-term care.
3. Improve State and local based integrated delivery systems to meet 21st Century needs of seniors.

Colorado supports the development of private/public partnerships to identify coordinated models of care for replication. We strongly support the concept of care management programs integrated with primary care, telemedicine, and education on wellness and prevention.

There are a number of initiatives and programs already in existence in Colorado working towards achieving the aforementioned goals. The following is a partial list.

- a. SB173- Long-Term Care Advisory Committee "to assist in the creation of a community long-term care delivery system that will provide an opportunity for excellence in management and that fosters a continuum of community long-term care services and service delivery."
- b. PACE, e.g., Total Long Term Care
- c. NORC, Naturally Occurring Retirement Community
- d. Seniors' Resource Centers partnership with Lutheran Medical Center Community Fund
- e. Special Needs Programs, e.g., EverCare
- f. Co-housing
- g. Benefits CheckUp
- h. ADRC, Aging and Disability Resource Center Grant Program
- i. Colorado Culture Change Coalition
- j. Kaiser Permanente programs (Senior Resource Line, Chronic Care Management, Partnership with Seniors Inc. for Medicaid Eligibility)

In the area of transportation, Colorado supports the resolution to:

Ensure that older Americans have transportation options to retain their mobility and independence.

The following is a partial list of projects and programs already in existence in Colorado.

- a. United We Ride
 - i. Colorado Interagency Coordinating Council
- b. State funds (10%) to support better coordination and access
- c. Getting There Collaborative funded by foundations to provide
 - i. Volunteer Driver program
 - ii. Travel assessment and travel training
 - iii. Analysis of Colorado transportation services
- d. DRMAC – Denver Regional Mobility Access Council – looking at regional transportation coordination

Finally, Colorado would like to express its support for the following resolutions on geriatric education:

1. Support Geriatric education and training for all healthcare professionals, paraprofessionals, health profession students and direct care workers.
2. Attain adequate numbers of healthcare personnel in all professions who are skilled, culturally competent, and specialized Geriatrics.

Colorado supports the development of prevention and wellness programs focusing on improving the function and quality of life of seniors and encouraging the need for continuing support for the following programs:

- a. Life Quality Institute
- b. Colorado Palliative Care Partnership
- c. University of Colorado Health Sciences Center- Center on Aging

Colorado will be continuing to focus on the above resolutions to enhance the programs and streamline the long-term care delivery system. In the next 10 years, Colorado would like to have a specific/dedicated-funding stream for aging services. Public education on long-term care programs, prevention/wellness programs, financial planning, and long-term care insurance.

If you would like further information, you may contact the chairpersons of the Colorado delegation, Dr. Michael Wasserman 303-306-4315, wassdoc@aol.com or Janice Blanchard, 303-756-7687, janicecsa@comcast.net.

2005 WHITE HOUSE CONFERENCE ON AGING

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JEB BUSH
GOVERNOR

STATE OF FLORIDA

Office of the Governor

THE CAPITOL
TALLAHASSEE, FLORIDA 32399-0001

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April 24, 2006

Ms. Dorcas Hardy, Chairman
White House Conference on Aging-Policy Committee
4350 East West Highway, Third Floor
Bethesda, MD 20814

Dear Ms. Hardy:

Congratulations on a successful 2005 White House Conference on Aging (WHCoA). I appreciate the time and effort you and the WHCoA staff dedicated to this important event. It is vital that Florida, along with the rest of our nation, develop effective policies on health care, community planning and workforce issues for our seniors.

It is encouraging to know that many of the top 50 resolutions adopted at the WHCoA have already been implemented or prioritized by the Florida Department of Elder Affairs. Allowing seniors to age in place is a top priority in Florida and our Legislature continues to support and fund programs which allow elders to remain in their communities and age with dignity.

One of my first initiatives as Governor was implementing *Communities for a Lifetime* (CFAL), which has grown tremendously in the last few years. This program assists Florida cities, towns and counties in planning and implementing improvements benefiting the lives of all residents—youthful or senior. This initiative recognizes the diverse needs of residents and the unique contributions all individuals can make to their communities. Today, the state has partnered with over 80 communities and recognized them as official *Communities for a Lifetime*. I am pleased to know many of the resolutions supported at WHCoA are already being addressed in these Florida communities.

I appreciate the work of Secretary Green and the other Florida delegates who are continuing to prepare for implementation of the resolutions, including outreach efforts once the final report is presented to the President and Congress in June 2006.

Again, thank you for your hard work and I look forward to continuing our efforts to better the lives of Florida's seniors.

Sincerely,

A handwritten signature in black ink that reads "Jeb Bush".

Jeb Bush



2005 WHITE HOUSE CONFERENCE ON AGING

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STATE OF GEORGIA
OFFICE OF THE GOVERNOR
ATLANTA 30334-0900

Sonny Perdue
GOVERNOR

April 28, 2006

Ms. Dorcas R. Hardy, Chairman
WHCoA Policy Committee
4350 East-West Highway, 3rd Floor
Bethesda, Maryland 20814

Dear Ms. Hardy:

I would like to thank you for the opportunity to comment on the resolutions adopted at the 2005 White House Conference on Aging (WHCoA). Our Georgia delegation to the WHCoA diligently and enthusiastically performed their duties to recommend strategies for implementation while at the conference and they are currently working on strategies for Georgia.

Our delegation reached consensus on three resolutions that are consistent with the priorities my administration has set for aging services in Georgia.

#30 Develop a Coordinated, Comprehensive Long-Term Care Strategy by Supporting Public and Private Sector Initiatives that Address Financing, Choice, Quality, Service Delivery and the Paid and Unpaid Workforce.

Our State strategy for long-term care has focused on long-term planning and aging-in-place. This strategy which has been supported by state general fund appropriations and the enactment of state legislation known as the Long-Term Care Partnership Program. State appropriations have targeted planning for financial and personal independence including training sessions, individual counseling, and outreach. Funding for Georgia's Community Care Services Program has been increased by \$4.5 million state dollars in FY06 and FY07, translating into 1,200 additional seniors with access to community services rather than institutional care.

#67 Develop a National Strategy for Supporting Informal Caregivers of Seniors to Enable Adequate Quality and Supply of Services.

Our long-term care efforts have been combined with an emphasis on caregiver supports through programs such as faith-based congregational respite services and our Area Agencies on Aging. These programs have established day care and respite services in 12 new communities. Kinship Care Resource Networks has also been established in 12 new communities, providing information and referral, case management and social supports to seniors and their caregivers.

#37 Prevent Disease and Promote Healthier Lifestyles through Educating Providers and Consumers on Consumer Healthcare.

Last year, the Governor's Live Healthy Georgia campaign was implemented with the goal of achieving better health outcomes for all Georgian through prevention and education programs. A major component of this campaign is our Division of Aging Services program that advances health and wellness issues such as nutrition, depression screening and treatment. A healthy senior population is essential for reducing institutional care and promoting independence as more Georgians than ever before are entering their senior years.

We look forward to the on-going work of the WHCoA Policy Committee and welcome a partnership to provide the framework that will enhance the lives of older adults. If you need any assistance please feel free to contact Maria Greene, Director of the Georgia's Division of Aging Services, at (404) 657-5252 or Abel Ortiz, my Health and Human Services Policy Advisor at (404) 656-1784.

Best regards for the continued success on implementation of the 2005 White House Conference on Aging resolutions. I look forward to the final report to the President and Congress.

Sincerely,



Sonny Perdue

2005 WHITE HOUSE CONFERENCE ON AGING

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THOMAS J. VILSACK
GOVERNOR

OFFICE OF THE GOVERNOR

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DES MOINES, IOWA 50319
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SALLY J. PEDERSON
LT. GOVERNOR

June 9, 2006

The Honorable Dorcas R. Hardy, Chair Policy Committee
White House Conference on Aging
4350 East-West Highway, Suite 300
Bethesda, MD 20814

Dear Chair Hardy,

Thank you for the opportunity to comment on the work of the 2005 White House Conference on Aging.

The Conference resolutions have significant implications for older Iowan's and state policymakers. I have consulted with the Iowa Department of Elder Affairs and the Iowa conference delegates and developed broad based comments on some of the White House Conference on Aging resolutions which are the most important to Iowa. The following highlights represent a number of key activities related to the resolutions but are by no means an exhaustive list of the efforts we are making to improve life for older Iowans and their families.

We are hopeful that the reauthorization of the Older Americans Act (OAO) will receive serious consideration and pass in the near future. We especially hope to see the inclusion of the Aging and Disability Resource Center as a titled funding under the OAO. We believe that Aging and Disability Resource Center is an important component of comprehensive efforts to increase the information and assistance offered to older Iowans and their families as they plan for and face the challenges of aging and disabilities.

We believe that it is critical to develop a coordinated, comprehensive long term care strategy. This should include strengthening the Medicaid and Medicare programs, promotion and development of innovative models of non-institutional long term care and strengthening of our health care infrastructure so that there is an adequate number of health care professionals with the ability to provide service in both rural and urban areas.

In Iowa, the Senior Living Coordinating Council recently completed a long range plan for the long term care system which lays out a comprehensive strategy to support various initiatives that address financing choice, quality, service delivery, and the workforce. In addition, the Aging Services Cabinet that was created by Executive Order meets to help facilitate the coordination of services and activities among key cabinet level department.

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Iowa created the Senior Living Trust Program to provide older Iowans with home and community based services. Over 34,200 seniors and people with disabilities are living more independently through alternatives to nursing homes as a result of increased home and community-based services funded by the Senior Living Trust.

We have used our Medicaid program to expand options and access to home and community based services for older people on Medicaid. We have done this with a variety of consumer directed programs. The Community Choice Options program is currently under development in the Medicaid program. The Program for All Inclusive Care for the Elderly (PACE) is currently under development and should be operational in the next year.

We continue to explore efforts to expand the use of home and community based services to help older Iowans avoid institutional care. In our recent Medicaid reform initiatives, one of the most significant pieces was the passage of a differential level of care for home and community based services and nursing facility care. Implementation of this initiative will allow resources for long term care services will be targeted to cost effective home and community based services. Along similar lines, we also recently added Case Management as a covered service under the Elderly Waiver program.

We have also taken steps to strengthen our continuum of care at all levels. The Department of Elder Affairs worked with legislators to develop new and revise existing regulations for Adult Day Services, Elder Group Homes and Assisted Living in order to provide better, safer and more effective continuum of care for seniors. Legislation was passed to allow nursing facilities to diversify and expand their operations to additional long term care services. This allows facilities to provide those services and build the infrastructure for a strong home and community based system, which is important both for rebalancing the long term care and maintaining the viability of rural nursing facilities.

Through these efforts, Iowa has made significant strides in rebalancing its long term care system and achieved an increase from 29 to 47 in the percentage of Medicaid enrollees using home and community based services for their long term care during the Vilsack/Pederson administration.

We also believe that it is important to improve the recognition, assessment, and treatment of mental illness among the elderly and ensure appropriate care for older Iowans with disabilities. We have very active coalitions dealing with mental health and disability issues in aging. We recognize the challenge posed by the developmentally disabled and chronically mentally ill and handicapped to the long term care system and are exploring the ways in which the services designed for older, frail people can accommodate and coordinate the services for these populations.

Iowa has also been actively engaged in removing barriers to the retention and hiring of older workers. Last year, Iowa was one of four states to engage in a collaborative project with AARP to promote the hiring and retention of older workers. We have held regional forums and a conference to help accomplish three main goals: define ways to highlight and build upon those efforts already underway in Iowa to create additional workforce resources for its citizens and its businesses; raise the state level visibility, interest, and recognition of mature workers within the media and among opinion leaders; and convene stakeholders from the critical components of the

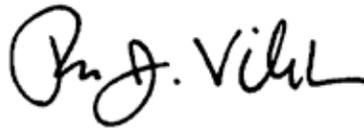
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various systems important to the identification, recruitment, assessment, screening, training and placement of mature workers to review what those systems are doing currently around the state and to report out what further can be done to enhance these offerings to mature workers.

I am appreciative of the opportunity to provide feedback on behalf of Iowa to the work of the White House Conference on Aging. It is my hope that this discussion will further our efforts to provide older Americans with the opportunity to live secure, independent and healthy lives as active members of our communities.

Sincerely,

A handwritten signature in black ink that reads "Tom J. Vilsack". The signature is written in a cursive, flowing style.

Thomas J. Vilsack
Governor

2005 WHITE HOUSE CONFERENCE ON AGING

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KATHLEEN SEBELIUS, GOVERNOR

April 28, 2006

Ms. Dorcas R. Hardy, Chair
White House Conference on Aging
4350 East West Highway, Third Floor
Bethesda, MD 20814

Dear Ms. Hardy;

I am pleased to respond to your March 15 request to provide input to the White House Conference on Aging final report. In Kansas, we are diligently working to uphold our responsibility to our seniors, particularly when it comes to affordable, quality health care.

At my request, Kathy Greenlee, Acting Secretary of the Kansas Department on Aging, convened the Kansas delegation to the Kansas White House Conference on Aging to review the national Top 10 Resolutions. The delegation evaluated the resolutions and selected those which are most relevant to Kansans.

Kansas seniors deserve quality health care at a reasonable price, and they deserve to be protected when their needs require long-term care services. That's why we're forming partnerships with providers and advocates to ensure older Kansans are healthy, protected and able to enjoy their later years. Toward that end, we submit the following brief summary of the 2005 WHCoA resolutions which impact the Kansas aging network and the actions that are either planned or currently underway to address our goals.

Thank you for the opportunity to offer the Kansas perspective to the White House Conference on Aging final report. Secretary Greenlee and I, along with the KDOA staff and our statewide network of organizations that serve senior Kansans, consider the needs of older adults to be one of our highest priorities. We appreciate the help of our partners at the federal level in meeting those needs.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Sebelius". The signature is written in a cursive, flowing style.

Kathleen Sebelius
Governor

2005 White House Conference on Aging Kansas Priorities

- **Reauthorize the Older Americans Act within the first six months following the 2005 White House Conference on Aging. (Resolution #1)**

The immediate re-authorization of the Older Americans Act (OAA) is essential because Titles III B, C, D and E all serve as the backbone of senior services for older Kansans. Kansans request the act retain the vital focus on community services and local organizations. Due to the rural nature of Kansas, we ask that any proposed near-term changes carefully consider the impact upon existing services where we already are experiencing challenges to infrastructure.

The OAA must also help states adapt to the changing longer-term needs of a larger and more diverse population of aging Baby Boomers. The availability of prevention and intervention services should be supported and expanded.

Kansans need fully integrated nutrition services such as meals, including, but not limited to congregate and home-delivered meals; health promotion; disease prevention; nutrition education; senior farmers markets; assessment and counseling through state, Area Agency on Aging and local providers. Just doing more of the same is not sufficient; we must find ways to expand best practices, encourage innovation, approach some services differently, and maximize the use of technology.

- **Develop a coordinated, comprehensive long-term care strategy by supporting public and private sector initiatives that address financing, choice, quality, service delivery, and the paid and unpaid workforce. (Resolution #2)**

Financing – A March 2006 Kaiser Commission report on “Medicaid High Cost Enrollees: How Much Do They Drive Program Spending?” concluded that fewer than 5% of Medicaid enrollees account for almost half of all Medicaid spending. High-cost enrollees are defined as those spending more than \$25,000 annually and virtually all high-cost enrollees are elderly or disabled and institutionalized enrollees had the highest average expenditures. Kansas has seen a decrease in the financing of institutional care over the past ten years due to alternatives being available in the community. The financing of community-based services has supported the shift from institutional care to community options.

Health-information transfer is key to transforming federal and state healthcare reimbursement systems. The United States ranks behind other nations in broadband access, and the shortage is most acute in our rural areas. Regulations and jurisdictions governing broadband access, should allow telemedicine to be delivered to more patients, reducing doctor and hospital visits and ultimately costs. Federal programs should consider expanding the definition of “medically necessary” to include telemedicine as a reimbursable medical expense.

Public/Private Initiatives – Most recently, Kansas public and private stakeholders have come together to strengthen our systems to assure that persons can access long-term care services in their environment of choice. Possible enhancements under consideration include: a 24/7 helpline and website, fast track eligibility and expedited service delivery for home and community-based services, enhancing education of physicians and other stakeholders about community-based options, and establishing a collaborative, data-driven process to assist nursing home residents who choose to return to the community.

Choice – For nearly 15 years, Kansas has promoted a growing array of care settings for older citizens. We were among the early adopters of a Medicaid Home and Community-Based Services Waiver (HCBS) program. We have implemented a sliding scale for state and locally funded community-based services programs. The CARE (Client Assessment, Referral and Evaluation) program, the Kansas nursing home pre-admission screening program, routinely guides more than 15% of the persons seeking nursing home care into community-based services, and serves as a model for other states. Currently, Kansas is engaged in a demonstration project to improve the hospital discharge planning process for older adults.

Culture Change – Kansas aging service provider organizations, consumer groups, academic institutions and state agencies rigorously pursue and support culture change in nursing homes. We base our efforts in changing the culture on the following principles: older adults should be the decision-makers about how they live their daily life; hands-on caregivers are equipped and empowered to assist elders to live out their choices; nursing homes should feel more like “home” than institutions; and the people who live and work in nursing homes are a vital part of the larger community. The Kansas Department on Aging was the first state agency in the country to formally recognize and encourage the transformation of nursing home culture through its PEAK (Promoting Excellent Alternatives in Kansas Nursing Homes) recognition program, culture change education modules and research on outcomes of new models of nursing home care.

Workforce Issues – Older adults account for 36% of all admissions to acute care hospitals and half of all physician hours. In Kansas, 5% of persons 65 and older reside in nursing homes. The demand for services for older persons in ambulatory, acute and long term care settings will continue to exceed the supply of specialty trained, culturally competent healthcare professionals and paraprofessionals in the coming years. According to the latest *Kansas Occupational Outlook*, healthcare practitioners (e.g. registered nurses) and healthcare support occupations (e.g. nurse aides) are among the top five occupations projected to add the most jobs by 2012. Provider organizations, academicians, health care professionals, state and federal governments and consumers must come together to build models to recruit, train and retrain these eldercare workers.

Informal caregivers relieve the long-term healthcare system of an unsupportable number of patients and associated expense. Half of these informal caregivers also work full-time and have more stress-related illnesses than their counterparts. Government and the business community must directly address the needs of caregivers and provide skills training to keep them healthy and productive. In Kansas, the Foundation on Aging has

formed the collaborative Kansas City Partnership for Caregivers, which provides skills training and support for area caregivers.

- **Strengthen and improve the Medicaid Program for seniors (Resolution #4)**

Medicaid is the largest public program providing long term care services to Kansas' older, low-income adults. Currently, Medicaid provides funding for more than half of the state's nursing home residents. In addition, 7,586 Kansans received Medicaid Home and Community-Based Services for the Frail Elderly (HCBS/FE) in FY2005. Access to this program must be preserved by continuing the current federal/state match approach to financing. Kansas is committed to continuing to provide quality care to low-income Kansans in the setting of their choice. Our goal is to rebalance the system so that older adults have equal access to home and community-based services.

Because of the nature of chronic diseases, we need to do more to educate those afflicted, their family members and the public about problems associated with those illnesses. For example, we are exploring ways to meet the need to increase the number of classes available in the community setting by expanding training opportunities for trainers.

- **Strengthen and improve the Medicare Program. (Resolution # 5)**

The Medicare program has been the mainstay of health care for older Americans since its inception but can be strengthened and improved. Kansans are concerned about the long-term financial solvency of Medicare, and therefore the ability to sustain the quality of this vital program as the number of older adults continues to grow. Kansas applauds innovation in approaching health issues for seniors, and we recognize that more must be done in prevention before medical emergencies arise. Programs that enhance wellness and well-being for older adults should be expanded, saving significant expenditures for "routine" medical care.

- **Improve recognition, assessment, and treatment of mental illness and depression among older Americans. (Resolution # 8)**

Older Kansans experiencing mental health problems face multiple barriers to mental health service utilization, including stigma, the lack of home-based services, and financial constraints. A single point of entry for older adults who could benefit from accessing mental health resources needs to be established. Further, older adults and aging service providers need education about how to identify mental health problems and how to access those resources.

The Kansas Mental Health and Aging Coalition, in partnership with the Kansas Department on Aging and the Department of Social and Rehabilitation Services and other advocate and provider groups, hosted a 2005 Mental Health and Aging Summit. The overall recommendations of the group were:

- Start building partnerships/coalitions across service delivery systems (including nontraditional stakeholders such as faith-based, education and transportation providers).
- Look at new ways to deliver services that include partnering with other providers.
- Educate the public at large about healthy living across the life span vs. getting old.
- Use best practice models to build programs on.
- Place value on providing services to the elderly, including the provision of incentives for individuals to go into the geriatric and mental health professions.

In the last year, the Governor's Mental Health Services Planning Council added an ex-officio member from the Department on Aging to the council and has created an Aging Subcommittee. The Kansas Department on Aging has incorporated mental health identifiers into its community-based and nursing facility placement assessments set for implementation on July 1, 2006. Although capacity to recognize mental health problems in older adults has improved, without a federal funding stream for reimbursing home-based mental health services for older adults who are not severely mentally ill, it is very difficult for many older adults to access needed mental health care.

NOTE: The Kansas delegation believes that Resolutions 6 and 9 were equally important and supported one another. Therefore, those two resolutions are addressed concurrently below:

- **Support geriatric education and training for all healthcare professionals, paraprofessionals, health profession students and direct care workers. (Resolution #6)**
- **Attain adequate numbers of healthcare personnel in all professions who are skilled, culturally competent and specialized in geriatrics. (Resolution #9)**

Public and private stakeholders must bring the resources, needs and expertise to develop innovative ways to address the shortage of adequately trained paraprofessional workers in aging services. The Kansas Registered Apprentice "Health Support Specialist" program, has gained national attention. This program is the result of collaboration between the Kansas Department of Commerce, Allen County Community College in Iola and Brewster Place, a not-for-profit retirement community in Topeka. The curriculum includes didactic and hands-on training in dementia, culture change and food safety, as well as nurse aide, medication aide, rehabilitation aide and CPR certifications. Frontline workers who complete the program have been found to experience increased job satisfaction and efficacy, which, in turn, have led to improved quality of care and life for the elders they serve.

The Kansas Department on Aging established the Workforce Enhancement Program to provide free educational courses to unlicensed direct care staff working in certified skilled facilities and nursing facilities. The grants are funded through Civil Monetary Penalties assessed on facilities that have failed to maintain compliance with conditions of participation in the Medicare and Medicaid programs. Courses or topics include abuse, neglect, restorative care, food safety, first aid and certified medication aide courses.

By 2010, Kansas will need 31% more registered nurses, 55% more medical records and health information technologists, 43% more respiratory therapists, and 39% more physical therapists and speech-language pathologists. More specifically, for example, we will need 11,350 new nurses by 2010. Currently between 7% and 10% of nursing positions in Kansas stand vacant. Vacancies in rural areas are particularly difficult to fill.

In addition, although the number of older adults who need social work services is increasing, fewer new social work practitioners are providing services to older adults. The National Institute on Aging estimates that by 2020, 60,000 to 70,000 gerontological social workers will be needed nationwide to meet the demand of the baby boom generation. Further, gerontological social workers are particularly in demand in rural areas. Kansas has a large rural population and is ranked 17th in the nation for having a high percentage of the population 65 and over. The University of Kansas-School of Social Welfare has been proactive in meeting the future demand for Kansas by partnering with the John A. Hartford Foundation on a number of initiatives to increase the competency and number of social workers entering the field of aging.

In order to begin to address this critical shortage across fields, we are working to increase the number of gerontologically trained health professionals educated in our state universities. However, more adequately funded initiatives at the federal and state level, as well as private initiatives, will be required to reduce the serious shortage of nurses and gerontological social workers. Continued federal and foundation support for education of nurses and social workers as well as other health professionals is crucial in order to meet the health needs of older Kansans.

The Geriatric Education, Research and Training Institute (GERTI) offers free training to employees of skilled nursing facilities. This regional program, partially funded by the Kansas Department on Aging, significantly reduces employee turnover rates and increases patient census. Because the classes combine employees at all levels, students also gain valuable insights about their co-workers. In a highly regulated industry, GERTI teaches students how to understand and comply with regulations and to deliver truly resident-centered care.

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JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
OFFICE OF THE GOVERNOR
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AUGUSTA, MAINE
04333-0001

April 27, 2006

Dorcas Hardy, Chair
White House Conference on Aging Policy Committee
4350 East-West Highway, 3rd Floor
Bethesda, MD 20814

Dear Ms. Hardy:

Thank you for sharing with us the resolutions and other information generated by the 2005 White House Conference on Aging. We like the theme of the conference—*The Booming Dynamics of Aging: From Awareness to Action*. You have asked us to review the resolutions discussed by the 1,200 White House Conference on Aging delegates, to identify those we consider to be the most important to our state, and to describe what actions we expect to take over the next ten years on our top resolutions.

To begin with, we support several of the resolutions that require federal action. These include the following:

Resolution #	WHCOA Ranking	Description of Resolution
17	1	Reauthorize the Older Americans Act within six months.
50	4	Strengthen and improve the Medicaid Program for seniors.
51	5	Strengthen and improve the Medicare Program.
19	15	Develop a national strategy for promoting elder justice through the prevention and prosecution of elder abuse.
9	30	Modernize the SSI Program.
10	41	Strengthen the SSDI Program.



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2005 WHITE HOUSE CONFERENCE ON AGING

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Here are the top resolutions we have identified for action here in Maine, along with the actions that are being taken and/or are under consideration:

Resolution #	WHCOA Ranking	Description of Resolution	Maine Actions
30	2	Develop a coordinated, comprehensive long-term care strategy by supporting public and private sector initiatives that address financing, choice, quality, service delivery, and the paid and unpaid work force.	<ul style="list-style-type: none"> • Update needs assessment data. • Seek/implement federal Transformation grants. • Conduct study of direct care workers. • Review/update LTC policies. • Continue to involve interested parties in policy planning.
42	7	Promote innovative models of non-institutional long-term care.	<ul style="list-style-type: none"> • Update needs assessment data. • Seek/implement federal Transformation grants. • Conduct study of direct care workers. • Review/update LTC policies.
36	8	Improve recognition, assessment, and treatment of mental illness and depression among older Americans.	<ul style="list-style-type: none"> • Implement related actions in Maine's state health plan. • Conduct pilot projects. • Assess the 2006 report of the Department's Joint Advisory Committee for Select Services for Older People and incorporate its recommendations as appropriate.
20	18	Encourage community designs to promote livable communities that enable aging in place.	<ul style="list-style-type: none"> • Encourage/participate in projects by University of Maine, Keeping Seniors Home, and others.
21	34	Improve the health and quality of life of older Americans through disease management and chronic care coordination.	<ul style="list-style-type: none"> • Encourage/participate in projects with various stakeholders. • Build on existing community networks.

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23	53	Improve access to care for older adults living in rural areas.	<ul style="list-style-type: none"> • Encourage/participate in projects by Area Agencies on Aging, Community Action Programs, University of Maine Center on Aging, and others.
26	25	Encourage the development of a coordinated federal, state, and local emergency response plan for seniors in the event of public health emergencies or disasters.	<ul style="list-style-type: none"> • Ensure that Department of Health and Human Services develops a clear and widely understood plan for addressing the avian flu and other emergencies.
38	28	Promote economic development policies that respond to the unique needs of rural seniors.	<ul style="list-style-type: none"> • Promote/engage in collaboration among Office of Elder Services, Department of Economic and Community Development, Maine Development Foundation, municipalities, and others.
48	14	Expand opportunities for developing innovative housing designs for seniors' needs.	<ul style="list-style-type: none"> • Implement Maine's federal Transformation grant. • Encourage/participate in projects by University of Maine, Keeping Seniors Home, and others.
58	27	Expand integrated aging and disability resource centers nationwide.	<ul style="list-style-type: none"> • Apply for federal support to expand upon three networks that already exist.
60	6	Coordinate prevention of financial crimes against seniors.	<ul style="list-style-type: none"> • Work with Maine's Adult Protective Services Program, Superintendent of Banking, banking community, Maine Office of Consumer Credit Regulationlaw enforcement, and elder advocates on strategies and training.

There is one more resolution we think is really important and relates particularly to the overall theme of the White House Conference—Resolution 66 (promoting broad policy readiness and engagement for the demographic future). This will be one of our top priorities in Maine in coming years. It is our experience that policymakers and the public have a general, rather fuzzy understanding of the Baby Boomer-generated elder-wave that is washing over us. However, we think that many more people must have a much clearer picture of what this means. In fact, the

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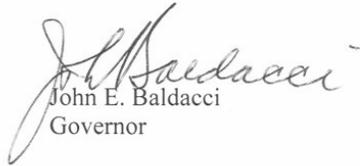
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elder-wave involves many facets—each with its own picture—that we must understand. It affects the social, health, economic, and legal threads of the fabric of our society here in Maine and beyond. It not only means that we must address the housing, health, behavioral health, long term care services, legal, financial, and employment needs of more and more elders. It also means that we need to craft solutions to prevent some of our small, rural towns from disappearing altogether, as they end up with more and more old people and fewer and fewer young people.

Finally, I'd like to let you know that we will be holding a Blaine House Conference on Aging here in Maine in September 2006. The ideas flowing from this event will play a key role in shaping our work regarding Maine's elders.

Thank you for this opportunity to comment.

Very Truly Yours,



John E. Baldacci
Governor

2005 WHITE HOUSE CONFERENCE ON AGING

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THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE DEPARTMENT

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MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

April 13, 2006

Ms. Dorcas R. Hardy
Chairman
White House Conference on Aging Policy Committee
4350 East West Highway, 3rd Floor
Bethesda, Maryland 20814

Dear Chairman Hardy:

Thank you for the outstanding work that you and the 2005 White House Conference on Aging Policy Committee have done in examining the issues facing our aging nation. The Conference came at a pivotal time in our nation's history. As Massachusetts prepares for the age wave, I look forward to the Final Report of the White House Conference on Aging.

I am pleased to share with you the Commonwealth's priorities as you bring the good work and ideas of the delegates and members of the Policy and Advisory Committees to fruition. Many of the strategies and ideas for action advanced through the White House Conference on Aging are aligned with activities and initiatives that are a priority for Massachusetts.

The Massachusetts *Community First* policy refers to an overarching set of principles, programs and initiatives with respect to support for elders, older veterans and people with disabilities. (See *Resolutions #30, 31, 33, 34, 42, 44, 46, 48, 61*) Central to the *Community First* policy is the recognition of the challenges that our country and the Commonwealth face as our population ages, and the opportunities available as a result of advances in health care and medical technology. This policy employs a comprehensive strategy in its implementation that addresses financing, choice, quality, multiple modes of service delivery and both the paid and unpaid workforce. (See *Resolution #30*)

Community First rests on several key components:

Health Care: A program new to Massachusetts that is receiving national recognition is our Senior Care Options program (SCO). This program blends funding from Medicare and Medicaid to offer services more robust than either alone, and has already begun to positively affect the lives and health status of some of our most vulnerable elders.

SCO in Massachusetts operates through a partnership between the Center for Medicare and Medicaid Services (CMS), the Commonwealth, and three networks of providers to offer elders a host of primary and ancillary health services including mental health care, vision and eye care, dental care, prescriptions, home care services as well as durable medical equipment. In addition, by working with the network of elder services providers, SCO is able to harness the social supportive services important to the well-being of elders. The program has also met great success in reaching out to communities of minority elders and those with limited English proficiency. (See Resolutions #37, 44, 61)

In addition to this initiative, the Executive Office of Elder Affairs, in collaboration with our statewide network of Aging Services Access Points (ASAPs), is developing a program to bring mental health services to elders in their homes, and with the state Department of Mental Health to integrate services for elders more completely. Further, these groups are working together with our system of Councils on Aging and emergency services providers on effectively bringing these services to elders. We have recently completed a study on the value of depression screening for older adults with the University of Massachusetts Medical School, and the data from this study will inform future work. The Commonwealth has also been involved in an anti-stigma campaign to reduce this barrier to care by educating elders and their caregivers about mental health and its treatment. (See Resolution #34)

In April 2006, “*An Act Promoting Access to Health Care*” was signed into law. Among many groundbreaking provisions, this legislation establishes a health care quality and cost council, which, among other things, will establish and maintain a consumer health information Web site. The Web site will contain information comparing the cost and quality of health care services and will assist consumers in making informed decisions regarding their medical care and informed choices between health care providers. (See Resolution #37)

Massachusetts has also been able to bring to bear the resources of our world-class academic and health care institutions to support the well-being of our seniors. We have supplemented the funds provided for elder nutrition with state dollars, and partnered with Tufts University and Lahey Clinic on pilots to educate elders regarding disease management through our meals programs. (See Resolutions #31, 46)

Our Commonwealth is also proud to host the University of Massachusetts Medical School’s Division of Geriatric Medicine, which is focused on medical education, clinical care, cutting-edge research, and community and public service. The University of Massachusetts also offers courses through its Gerontology Institute, which carries out basic and applied social and economic research on aging and engages in public education on aging policy issues, with an emphasis in four areas: income security, health (including long-term care), productive aging and basic social and demographic research on aging. (See Resolution #41)

Currently under development, and including collaboration between the Executive Office of Elder Affairs and MassHealth (the state Medicaid program), is a request for a waiver that will allow us to continue to advance the goals of *Community First*. This waiver request is based on sound findings from our own research and that of a database using linked Medicare-Medicaid information.

This, coupled with the work emerging from our CMS Systems Transformation Grant, our ongoing collaboration with the University of Massachusetts' Commonwealth Medicine, and work with the National Governors Association Center for Best Practices and the National Academy of State Health Plans, will allow us to continue to develop and refine our suite of services for elders in ways grounded in solid research and recognition of best practices. (*See Resolutions #31, 46, 61*)

Housing with Supports: Fundamental to the ability of elders to age in the communities that they helped to build and continue to enrich is affordable, accessible and available housing with supportive services. According to AARP in its report "Beyond 50.05," a livable community is one "that has affordable and appropriate housing, supportive community services, and adequate mobility options which together facilitate personal independence and the engagement of residents in civic and social life." The Executive Office of Elder Affairs, along with its sister agencies, has put in place a number of programs that allow seniors to remain in the community in a variety of settings. (*See Resolution #42, 14, 23, 24*)

Caring Homes is a new program due for full implementation pending approval of a CMS waiver. Targeted at MassHealth members who are nursing facility eligible, the on-going pilot program offers a modest stipend of \$1,800 per month to individuals, including certain family members, who host and care for an elder in their home. Based on an Adult Foster Care model of service delivery, the program allows elders an additional choice of care setting and offers one solution to the critical need for elder care workers.

Our award winning Supportive Housing program reflects a partnership between the Executive Office of Elder Affairs, our network of ASAPs, the state Department of Housing and Community Development and local housing authorities to provide "assisted-living like" services to residents of elder public housing. The program allows residents to elect a variety of home care services as needed, and offers at least one meal per day in a congregate setting.

The boom in housing prices in Massachusetts has been double-edged for elder homeowners – dramatically increasing their equity, while also increasing their property tax responsibilities. Massachusetts is committed to ensuring elders are able to remain in their homes. A recent 2005 amendment to the Senior Circuit Breaker Tax Credit Program provides expanded eligibility criteria and greater relief to senior property taxpayers. Eligible taxpayers who own their property may claim a credit equal to the amount by which their property tax payments in the current tax year, (excluding any exemptions and/or abatements) and use charges, exceed ten percent of their "total income" for that tax year.

The statewide Home Care program, in existence in Massachusetts for more than 30 years, provides case management through our network of ASAPs. The ASAPs contract with a range of service providers to address the documented needs of eligible elders. Available services range from homemaker services to adult day health programs, to skilled nursing, to helping elders with their activities of daily living. Home care services can also be offered to elders with nursing home level of frailty through our Choices program.

Under development or in research are several other housing options with support initiatives to allow elders to remain in their homes for as long as possible, including a plan to bring social support services to residents of Rest Homes (Board and Care Homes), and a public-private partnership to expand opportunities for congregate living arrangements for frail or isolated elders.

Senior centers will also continue to be an integral part of community living for elders. As the population ages, the demands on them will increase. Communities should be prepared to address the increased and varying needs of the Boomer Generation. *(See Resolution #15)*

Long-Term Care Financing: *(See Resolution #5)* The Deficit Reduction Act of 2006 allows states to work to mitigate future Medicaid Long Term Care expenses and to foster individual planning and responsibility for such care through the creation of Long Term Care Insurance Partnerships. Currently in research and development, with the Executive Office of Elder Affairs, is a plan for a Massachusetts Long Term Care Financing Collaborative that would create a relationship between individuals, insurers and the Commonwealth in the financing of long term care. In addition, the Partnership would offer outreach and education targeted to middle-income baby boomers on long-term care planning.

Civic Engagement: *(See Resolutions #56, 59)* While it is important to acknowledge the disparities in measures of income, wealth and education among the Boomer cohort, it is also essential to recognize that this is one of the best resourced and educated groups in American history. As the population ages, and as this cohort begins to retire from the traditional, formal workplace, it will be important for the quality of our common lives to capture the expertise of this group to address critical social needs. In Massachusetts, we have developed the Web site www.mass.gov/connectandserve, which is a free web-based volunteer recruitment and management tool that matches organizations offering volunteer opportunities with individual volunteers from across the state. Individuals can use the portal to search for volunteer opportunities, and volunteers may contact organizations through the portal, create a profile, and choose to receive e-mails with opportunities that match their interests.

Elder Affairs and the Department of Labor and Workforce Development are developing a strategy to reach out to Human Resources departments in order to educate them on the value of older workers and the need for developing policies that ensure older workers are supported. *(See Resolution #11)*

Prevention and Prosecution of Elder Abuse: *(See Resolution #19)* Massachusetts has recently enacted several pieces of legislation that enhance the prevention and reporting of elder abuse, neglect and exploitation, and the prosecution of the perpetrators of such crimes. “*An Act Relative to the Reporting of Abuse of Elders*” adds Council on Aging Directors and outreach workers to the list of persons who are mandated to make a report if they have reasonable cause to believe that an elderly person is suffering from or has died as a result of abuse. Further, “*An Act Relative to Crimes Against Elders and Persons with Disabilities*” provides for increased monetary fines and terms of imprisonment for those who abuse, mistreat or neglect an elder or person with disabilities.

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In July 2004, Massachusetts incorporated self-neglect into the legal definition of elder abuse. Self-neglect is defined as the failure or refusal of an elder to provide for him or herself one or more of the necessities essential for physical or emotional well-being, including food, clothing, shelter, personal care, supervision and medical care, which has resulted in, or where there is substantial reason to believe that such failure or refusal will immediately result in serious harm, and prevents the elder from remaining safely in the community. This change allows our Protective Services program to provide support and protection for this very vulnerable population.

I appreciate the opportunity to share comments with the White House Conference on Aging. Aging is a national issue that transcends every state's border. As such, it is critical that we come together at events such as the White House Conference to share our ideas and our vision. It is then that we do the best by the constituents who have done so much for us.

Massachusetts is well on the way to becoming a "Boomer Ready" state. Conversation amongst the Commonwealth's delegates to the Conference has been productive, and their continued involvement in advancing the top resolutions will be important. I am looking forward to reading the final report of the 2005 White House Conference on Aging as Massachusetts continues to refine its agenda to meet the Age Wave.

Sincerely,



Mitt Romney



STATE OF MINNESOTA

Office of Governor Tim Pawlenty

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May 1, 2006

Dorcas Hardy
Chairman
White House Conference on Aging Policy Committee
4350 East-West Highway, 3rd Floor
Bethesda, MD 20614

Dear Ms. Hardy:

Thank you for the opportunity to provide comments on the outcomes of the 2005 White House Conference on Aging. The challenges and opportunities of an aging population were well represented in the list of recommendations that emerged from the conference. The Minnesota delegation was invited to review the recommendations and suggest priorities based on the values and expectations of older people in the state, and the likelihood of positive change based on state action.

Supporting Communities: Our focus is on a statewide, Minnesota initiative to develop and promote best practices to help communities prepare for an increased number of older residents. This initiative includes public recognition by the Minnesota Board on Aging of communities that meet or exceed standards. Standards for best practices include:

- Specific models that apply to rural Minnesota that emphasize the importance of general *economic vitality* of small communities. These models support the range of services needed by residents of all ages including grocery, finance, shopping, and access to health care.
- Comprehensive planning requirements for all communities that acknowledge the characteristics and needs of residents through all stages of the lifecycle. These include accessibility, housing options, parks and open space, transportation (see below), and communications infrastructure (e. g., wi-fi or other internet-wired options that allow for future telemedicine development).

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Dorcas Hardy

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May 1, 2006

- Strategies for providing assistance and timely, accurate, and objective information regarding health and long-term care decisions by telephone and at resource centers located at key community access points.
- Strategies for recruiting and maintaining a strong cadre of community volunteers, whether through faith-based or civic organizations (includes addressing volunteers' liability concerns).
- Emergency response plans that acknowledge the specific needs, conditions, and locations of older persons.

Evidence-Based Long-Term Care: A second priority is to accelerate the adoption and application of geriatric care innovations that improve health and recovery outcomes (e.g., hospitalization reduction, medications management, falls reduction).

- Provide incentives to focus on the outcomes rather than the cost of care - to rejuvenate the intent of "managed care" in Minnesota.
- Encourage the implementation of electronic medical records, web-based consultation, and new uses of information technology that improve communications between patient, doctor and other clinicians.
- Strengthen the linkages between health care providers and community-based support services, including volunteer-based services across Minnesota.

Family Caregiver Supports: Currently, the major sources of support for frail older persons in Minnesota are family members, followed next by friends and neighbors. In the future, the role of these "informal" sources of support will be increasingly critical as families will have fewer children and higher proportions of elderly will be living alone. At the state level we will continue to:

- Support evidence-based programs that, in turn, support family caregivers in an effort to improve and prolong informal caregiving.
- Provide web-based, interactive tools that encourage people of all ages to plan for their own futures and help seniors and their caregivers find the resources they need to maximize their independence.
- Promote health care approaches that address caregiver burden and include transition services.
- Develop employer policies that extend "family care" concepts to include parents, spouses, and older relatives.

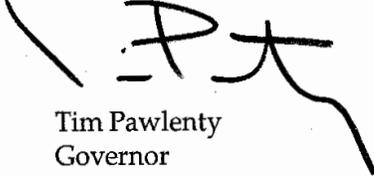
Dorcas Hardy
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May 1, 2006

There is much that can be done at the state level to advance these priorities and that, in part, is why they were selected. However, in every instance the group noted changes that could be made at the national level to remove barriers or provide incentives to successful state level efforts. The group also identified four additional priorities where federal initiative and leadership are essential:

- *Elder Justice* -- Create a national strategy to promote elder justice to combat exploitation and abuse.
- *Veterans' Healthcare* -- Ensure appropriate recognition and care for veterans across all health care settings and in their communities.
- *Long-Term Care Policy for the Future* -- Redesign of the basic benefit set of public programs to address the multiple chronic care needs of tomorrow's older population, to stress the kinds of interventions that help people help themselves, and to re-assess the balance of public/private responsibility for long-term care.
- *Federal-Tribal Relationships* -- Ensure recognition of the unique federal-tribal relationship in developing and implementing federal policies and initiatives.

Thank you for the opportunity to comment on the preliminary report of the 2005 White House Conference on Aging.

Sincerely,



Tim Pawlenty
Governor

2005 WHITE HOUSE CONFERENCE ON AGING

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May 4, 2006

Dorcas R. Hardy, Chairman
White House Conference on Aging Policy Committee
4350 East-West Highway, 3rd Floor
Bethesda, Maryland 20814

Dear Ms. Hardy:

Thank you for the opportunity to offer feedback on the preliminary report of the 2005 White House Conference on Aging. We share your concern that we must begin to address the issue of an aging baby boom population and the impacts that will have on our public and private programs, communities, businesses and most importantly our aging citizens and their loved ones.

Missouri's seniors play a very important role in the cultural and economic life of our state. Our vision is to keep our seniors living active and independent lives in their communities where they can enjoy their families, friends and neighbors and the contributions they have made and will continue to make. In Missouri, we are working to ensure that seniors have the resources they need to remain in their own homes. The first two budgets since we took office have included funding increases for in-home care providers to ensure that these providers can recruit and retain high quality employees to assist our seniors in their own homes, thus improving the quality and availability of in-home care and ensuring the safety and well-being of our senior population. The current budget recommendation, which is currently awaiting legislative approval, includes an increase for our senior nutrition program which provides home-delivered meals to seniors.

We also feel very strongly that every county in Missouri should have a vibrant senior center to provide opportunities for seniors to socialize and receive information about the services available to them. The current budget recommendation also includes funding to ensure that all Missouri counties have a senior center/nutrition site, which would offer the opportunity for older Missourians to meet their nutritional, social, and physical needs. Missouri has also been working very hard with the U.S. Department of Health and Human Services to get our seniors enrolled in the new Medicare Part D prescription drug benefit and to quickly address any problems our seniors may face as the new benefit is implemented. In the near future, we hope to explore the issues of the availability of transportation and affordable housing.

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While many of the resolutions adopted by the Conference are consistent with our vision for healthy, active and independent seniors, we would like to highlight several that we feel are of particular importance to Missouri.

We strongly support Resolution 17 which calls for the reauthorization of the Older Americans Act within the first six months following the 2005 White House Conference on Aging. The Older Americans Act provides a critical source of funding for providing many of the services that allow seniors to stay in their homes and failure to reauthorize this funding would place many important senior programs in jeopardy. From its inception, the OAA has been the cornerstone of services for the nation's older adults. It has built an aging network, working in partnership with local providers and community organizations that have a long-standing commitment to meeting the service demands of our aging population. The aging network has the ability to provide a cost-effective alternative within the nation's long-term care system. Services provided by the OAA include supportive services such as in-home, transportation, information and assistance, family caregiver, ombudsman, legal, older worker and nutrition programs.

There are many issues Congress must examine while considering the reauthorization of the OAA. The current aging boom is also a longevity boom. Seniors live longer and require services over a longer period of time. Senior nutrition is an especially important issue to consider. Proper nutrition promotes healthy aging and has a positive impact on the quality of life in older adults. In Missouri, 43% of the congregate recipients are at high nutritional risk and 73% of home delivered meals recipients are at a high nutritional risk.

Transportation is a top priority for Missouri seniors, especially in rural areas. We support Resolution 22, which aims to ensure that seniors have sufficient transportation options to support their independence. Missouri will be looking to maximize federal resources provided for transportation, while also exploring options for additional sources of funding.

Resolution 24 is also of particular interest to Missouri. The supply of affordable housing for seniors is far outstripped by demand. This shortage of affordable housing will only be exacerbated by the growing number of older Missourians. We are committed to exploring programs that offer low cost, high quality solutions for the housing issues faced by seniors in Missouri.

Resolution 34 is another key to ensuring quality of life for older Missourians. Missouri has had success with a number of small pilot projects to use disease management to improve health outcomes for individuals with chronic conditions. We firmly believe that through better management of these chronic conditions, we can effectively delay the onset of higher disease states in individuals with chronic conditions, delaying the need for higher levels of care. Healthier seniors will be in a much better position to remain in their communities longer. We hope to implement the Chronic Care Improvement Program (CCIP) in the Missouri Medicaid program in the very near future. CCIP will work with Medicaid recipients multiple chronic co-morbidities, many who are seniors, to provide intensive care coordination with the goal of improving health outcomes and lowering cost.

The current system of financing long-term care depends heavily on public programs to bear the rapidly increasing cost burden. As the population needing long-term care grows, these public programs will not be sustainable. As suggested in Resolution 5, we must begin

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adopting policies now that will encourage the private sector to create private market solutions that consumers anticipating a need for long-term care will find attractive.

Many times it can be difficult and confusing for seniors and their families to navigate the complex array of services that are available to them at the state and local level. Resolution 71 speaks to the need to improve the integration of state and local delivery systems. By giving our seniors the ability to navigate the systems of services available, we can make it much easier for them to access those services they need to remain in the community. In Missouri, we are exploring ways to create a single entry point for state government such as an Access Missouri 311 that will allow people to call any state agency through a single phone number. We will also continue to explore other ways to integrate service delivery systems for seniors that will improve efficiency and make it easier for seniors to get the services they need.

We also feel that it is very important that we protect our seniors from criminals who may try to prey on them through violence, neglect and financial exploitation. We support Resolution 19 which calls for the creation of a national strategy for promoting elder justice through prevention and prosecution of elder abuse. During the State of the State Address this year, the General Assembly was called upon to strengthen Missouri's laws regarding elder abuse. We hope to receive legislation very soon that will increase penalties and require jail time for certain crimes against our senior citizens.

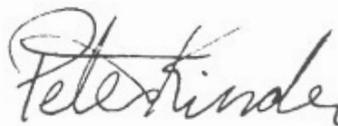
Finally, Resolution 57 was not adopted by the White House Conference, but we feel it is important nonetheless. Resolution 57 recommends the promotion of lifelong learning and e-literacy for older adults. We believe that such an effort will benefit our seniors by increasing their opportunity for social interaction and cognitive stimulation and arm them with an additional tool to find resources that they need. In Missouri, many seniors are eligible for free or reduced cost tuition at many of Missouri's higher education institutions. My goal is to better market this opportunity so that more seniors take advantage of it. We also hope to explore public/private partnerships that would allow us to place computers with Internet access in every senior center in the state so our seniors can learn valuable computer skills, email their grandchildren and access information that can help them in their everyday lives.

We appreciate your work and share your concern about this very important issue. We look forward to receiving your final report and to continuing the important task of planning for the impacts of our aging population. Thank you again for the opportunity to offer feedback and please do not hesitate to contact us again if we may be of further assistance.

Sincerely,



Matt Blunt
Governor



Peter Kinder
Lieutenant Governor



NATIONAL CONGRESS OF AMERICAN INDIANS

April 14, 2006

Submitted via FAX

Ms. Dorcas Hardy, Chairman
WHCoA Policy Committee
4350 East West Highway, 3rd Floor
Bethesda, MD 20814

Dear Chairman Hardy:

Thank you for the opportunity to provide further feedback about the resolutions and implementation strategies adopted at the White House Conference on Aging (WHCoA). Our delegation worked very hard to ensure that issues of concern to Tribes and our Elders were understood by our fellow delegates and integrated into the outcomes of the conference. We believe we succeeded in that effort and must now focus our attention on working with the President, Congress, states, and other stakeholders to effectuate change and coordination in legislation, policies and regulations over the next ten years.

Out of the top ten resolutions adopted by the delegates at the WHCoA, the National Congress of American Indians in conjunction with Tribal leaders and the National Indian Council on Aging believe that each of these resolutions resonates with the needs of our Elders. The number one resolution concerning reauthorizing the Older Americans Act (OAA) is the top legislative priority for our Elders, aside from increasing appropriations for OAA programs. The Older Americans Act has been the subject of several hearings this spring in the Senate; and, we are working closely with Congress to ensure the implementation strategies adopted by the delegates and listed below are included in the reauthorization.

1. Provide substantial budget increases for all OAA programs in light of the growing population of seniors, many of which are vulnerable and in need of services such as nutrition services, employment training and caregiver support.
2. Reauthorize Title V of the OAA, the Senior Community Service Employment Program (SCSEP), which provides employment training opportunities to low-income seniors.
3. Maintain the dual structure and purpose of SCSEP under Title V of the Older Americans Act, retaining vital, historic focus on community services to support local community organization and the aging network as well as streamlining program eligibility to promote increased participation of the growing ethnic and culturally diverse populations including American Indian Elders;
4. Retain the National Indian organization as a Title V national grantee;
5. Provide first time funding of \$1 million for Title VII, Part B for elder abuse awareness grants to Tribes, Tribal organizations and Indian organizations;
6. Provide \$1.3 million for training and technical assistance to Title VI grantees as separate line item from Title VI nutrition and supportive services funding;
7. Reestablish the Indian White House Conference on Aging to be held prior to the next WHCoA in 2015 to allow Tribes to present their issues directly to the President and WHCoA Policy Committee in recognition of the federal trust

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- responsibility and the government-to-government relationship between the federal government and Tribes;
8. Elevate the Director of the American Indian, Alaska Native and Native Hawaiian Affairs within the Administration on Aging to the Deputy Secretary level in recognition of the government-to-government relationship; and,
 9. Create a new title within OAA to authorize State Units on Aging and Area Agencies on Aging to integrate their delivery systems and work closely with Tribes and Title VI programs in planning for the aging baby boomer population on reservations and how best to wrap around the services they can offer to Tribal communities.

After the OAA reauthorization, the next priority for Tribes across Indian Country is how best to assist Elders to age well while remaining in their communities. The resolutions that address how to develop a coordinated approach to long term care, especially those implementation strategies that bring local, regional and national resources together to keep seniors in their homes are the most important to Tribal communities. With only 15 nursing homes throughout the 562 Tribes, the reality that an Elder must be cared for by the family and the community at large is often daunting given the lack of infrastructure present in most of Indian Country, such as adequate health care facilities, skilled health professionals, safe housing, trained caregivers, and varied transportation options. Another implementation strategy adopted by the delegates that compliments this, calls for the reauthorization of the Indian Health Care Improvement Act, which authorizes health care for Indians, and serves a key role in the provision of care for our Elders.

Some of the other top ten resolutions focused on the need for trained health professionals dedicated to geriatrics and support for the Geriatric Education Centers (GEC) across the country. This is critical for Indian Elders as we face a huge shortage of doctors, nurses, pharmacists, dentists and other trained health professionals throughout the Indian health care system. Additionally, the University of New Mexico's Geriatric Education Center, the only GEC in the country to focus its work solely on training health professionals to provide culturally component care to Indian Elders, had its funding eliminated along with the entire GEC network by the President and Congress in FY06. The loss to our communities without this training and support will be immeasurable.

Given the severe poverty that still exists in the majority of our communities, especially among our elderly, strengthening the Medicare and Medicaid programs rather than eliminating the services and benefits provided is critical for Tribes. With shrinking federal appropriations for the Indian Health Service (IHS), the reliance on third party billing from Medicare, Medicaid and private insurance by IHS, Tribes and urban Indian clinics in order to provide care is critical to continuing operations and provision of care. Any efforts to weaken or cut these programs will be met with resistance by Tribes.

Among the remaining resolutions adopted outside the top ten important to Tribes, there are a number that are important to mention and are integrated into the work of NCAI, NICOA, Tribes and other Indian organizations. These include:

- Establish Principles to Strengthen Social Security. As this is the most stable form of income for our Elders along with the Supplemental Security Income Program, it is critical that efforts to privatize or reduce the benefits offered under these programs be defeated.

- **Improve Access to Care for Older Adults Living in Rural Areas.** As previously mentioned, the lack of infrastructure in most Tribal communities often limits the ability of an Elder to receive the most appropriate care necessary for their condition. Tribes want to work with federal, state and local resources to access better care for their members.
- **Reduce Healthcare Disparities among Minorities by Developing Strategies to Prevent Disease, Promote Health, and Deliver Appropriate Care and Wellness.** Confronting the poverty and lack of access to necessary care and prevention efforts, the health disparities experienced by Indian Elders in comparison to the general elderly population are substantial. Tribal leaders focus a great deal of their time on how to address these issues and will continue to do so over the next ten years.
- **Ensure Appropriate Recognition and Care for Veterans across all Healthcare Settings.** Veterans hold a place of honor and distinction in our communities. While Tribes work hard to care for their veterans and honor their service, federal resources do not meet the needs of these individuals who have sacrificed and served the entire nation. Tribes are encouraged by the recent efforts between the IHS and the Veterans Administration to coordinate and better care of Indian veterans; and, we will remain involved to ensure the needs of all those who have served are met.

Although the resolution concerning assisting Elders with limited English proficiency to access programs and services within the health and aging network just missed being in the top fifty resolutions, it is an important resolution for Tribes. Many of our Elders only speak their native language; and, others who speak English often can only communicate in their first language after the onset of a stroke or Alzheimer's, for example. As such, integrating language into the laws and regulations that provides for targeted outreach to the limited English speaking will greatly assist Indian Elders who face many barriers to accessing programs and services within the health and aging networks.

While many of our delegates served for the first time at this WHCoA, we had several veteran delegates among our ranks. Although Tribal issues of concern remained unchanged from previous WHCoAs, they hoped this WHCoA would be different with its focus on generating realistic strategies and giving all stakeholders specific recommendations to consider and implement over the next ten. Certainly, the growing population of seniors across the nation will demand that policymakers pay attention to their needs. NCAI along with its partners will work diligently to ensure that the issues of concern to American Indian and Alaska Native Elders are addressed. Thank you again for the opportunity to provide additional feedback. If you or your staff has any questions or need additional information, please feel free to contact Jackie Johnson, NCAI's Executive Director, at 202-466-7767.

Sincerely,

Governor Joe Garcia
President
National Congress of American Indians

2005 WHITE HOUSE CONFERENCE ON AGING

FINAL REPORT APPENDIX



KENNY C. GUINN
Governor

OF THE GOVERNOR

April 21, 2006

The Honorable Dorcas R. Hardy, Chair
White House Conference on Aging 4350
East-West Highway
3rd Floor
Bethesda, MD 20814

Dear Dorci

On behalf of the State of Nevada I would like to thank you for the opportunity to highlight the priorities for Nevada as a result of the 2005 White House Conference on Aging. As you may know, Nevada has, on a percentage basis, the fastest growing senior population in the nation for those age 65 and older. Therefore it is critical that we plan ahead and set priorities for this booming population.

The Nevada delegation to the conference worked tirelessly both before and during the conference to frame the future of services to Nevada's seniors. I am confident that these delegates will continue to move the priorities of my state forward in the coming years as we plan for the growing needs of our aging population.

Attached you will find my report which identifies the resolutions most important to Nevada. The report also outlines action currently taking place in Nevada and plans we are taking towards these priorities.

I hope this report is beneficial to the Policy Committee in formulating a plan for this nation in facing the "Booming Dynamics of Aging." I express my thanks to you and the Policy Committee members for your service to the 2005 White House Conference on Aging.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenny C. Guinn".

KENNY C. GUINN
Governor

LF/lf

Attachment

555 101 N. CARSON STREET, CARSON CITY, NEVADA 89701 . TELEPHONE: (775) 684-5670 . FAX: (775) 684-5683
WASHINGTON AVENUE, SUITE 5100 . LAS VEGAS, NEVADA 89101 . TELEPHONE: (702) 486-2500 . FAX: (702) 486-2505

(0) 5089 ~

Nevada's Priorities from the 2005 White House Conference on Aging

In the decade from 1990 - 2000, Nevada ranked first among states nationwide in the percentage increase of its population age 65 and older with a 72% increase. During that same time, the number of people 85 and older grew by 128%. Because the rate of change has not diminished in the five years since the last census, Nevada is working to solve the challenges it faces with such a rapidly growing aging population.

In 2003 the Nevada Legislature adopted the Nevada Strategic Plan for Senior Services, a la-year plan. This plan lays the foundation for preparing for the needs of Nevada's growing senior population. The Strategic Plan calls for a strong and compelling course of action that will: increase the health and independence of all Nevada seniors and those who care for them; distinguish Nevada as a leader in effective long-term care policy; create preferred home and community based service options for elderly Nevadans; and save the state needless expenditures for chronic care institutional services. Within the plan the overarching strategies, target areas, target area strategies, and action steps provide a road map for action that will result in the best possible outcomes for Nevada seniors.

In preparation for the White House Conference on Aging (WHCoA) Nevada held two official Solutions Forums at each end of the state to reach as many seniors, senior organizations, senior service providers, and Baby Boomers as possible. In addition, several pre-conference listening sessions were held in various locations in preparation for the solutions forums.

The parallels between the top 10 resolutions from the WHCoA, the strategies in Nevada's Strategic Plan, and the solutions that came out of the two Nevada Solutions Forums are obvious. All of the top 10 WHCoA resolutions are important to Nevada with steps currently being taken or plans being put in place to move these resolutions forward within the next ten years.

Outlined below are the actions that are currently taking place within Nevada with regards to the WHCoA resolutions followed by what actions Nevada can set in motion in order to meet the needs of the growing senior population. In reviewing the 10 WHCoA resolutions it is apparent that several of the resolutions overlap and thus some have been grouped within this report.

WHCoA Resolution Ranked # - *Reauthorize the Older Americans Act.*

Due to Nevada's rapidly growing senior population there is a need to provide a substantial increase in Older Americans Act funding. State Units on Aging, Area Agencies on Aging and Title VI Native Americans need to prepare for the aging of baby boomers. The OM needs to be reauthorized to include funding for caregivers, Native American specific provisions, and Aging & Disability Resource Centers. In addition, States should have increased flexibility in administering OM programs without sacrificing the safety net that these programs provide. Although many of these programs

target low-income seniors, other programs should continue to be available to all seniors such as information and referral and protective services including the ombudsman and elder protective service programs.

- II. WHCoA Resolutions Ranked # 2, 4, 7, 10 - *Develop comprehensive long-term care strategy.. Strengthen Medicaid.. Promote innovative models of non-institutional LTC.. Improve state and local based integrated delivery systems.*

Currently, Nevada has been working on an integrated statewide access system recognizing the need to provide information on available services for seniors, coordinate services throughout the aging network and avoid duplication of services. Several components of this system are currently being developed and implemented including the NY Care Connection, the establishment of Aging and Disability Resource Centers and the newly activated 2-1-1 system.

Nevada considers its Medication Management Program a "best practice," which should be expanded. This program uses the services of Certified Geriatric Pharmacists for medication reviews and trains healthcare providers on the specifics of inappropriate prescribing of prescription and over-the-counter drugs to seniors. This program has identified inappropriate utilization of medications including improper dosages for aged persons, duplication of drugs and serious drug interactions between prescribed and/or over the counter medications.

Future Actions Nevada can take towards the resolutions:

- 1) Shift to Community Based Care - Nevada has already begun to make a fundamental shift in public policy to a community-based system of care instead of the institutionally biased system that currently exists. Nevada will continue to expand community-based services. (From Strategic Plan for Senior Services and Nevada Solutions Forums)
- 2) Affordable Drugs and Medical Care - Develop a comprehensive approach to controlling costs, simplifying paperwork and excessively complex coverage such as the new Medicare Part D, negotiating bulk purchasing prices on medications and other tactics to reduce the cost of health care and provide affordable drugs to the nation's seniors. The federal government must work with the states on these issues. (From Nevada Solutions Forums)
- 3) Team Care Management- Enhance Assessment Services by utilizing a multi-disciplinary team approach.
 - a. Geriatric Resource Team (doctor, nurse, social worker)
 - b. Medication Management
 - c. Consumer directed services
- 4) Advanced Chronic Illness Management Demonstration
 - a. Multi-disciplinary
 - b. Community-based
 - c. Consumer directed

- d. Flexible services
- e. Evaluative - Evidence-based

III. **WHCoA Resolution Ranked # 3 - *Ensure That Older Americans Have Transportation Options to Retain their Mobility and Independence.***

The need exists to increase public and community transportation investment and include statutory language in the OAA that increases funding support of the aging network to promote senior mobility. We must encourage better coordination among public and private transportation providers. In addition, we should require public transportation organizations and local governments to participate in disaster preparedness for planning evacuation of seniors without transportation through funding by Department of Homeland Security.

IV. **WHCoA Resolutions ranked # 6, 9 - *Support Geriatric Education and Training for all healthcare professionals, paraprofessionals, . Attain adequate numbers of healthcare personnel specializing in geriatrics.***

It has become particularly clear in a state like Nevada that we must take immediate action to provide for the healthcare workforce to meet the needs of the state's rapidly growing senior population. These two resolutions address the dire need for a growing pool of healthcare professionals, paraprofessionals, students, and direct care workers who are educated and skilled in the fields of geriatrics and gerontology. The labor needs in these areas are currently at crisis stages, and we have a responsibility to find the means to encourage young Nevadans to pursue healthcare careers in these fields.

One activity currently occurring within Nevada towards these resolutions is the Immersion Program to encourage careers in gerontology and geriatrics. This program links medical residents and students in high school, college, or medical school with community-based senior living and long-term care providers/facilities to foster interpersonal learning with an emphasis on maximizing independent living and lowest cost settings for seniors. It utilizes internships that provide live-in opportunities for medical students or residents in senior living and long-term care facilities, externships that provide real-life research opportunities between seniors and students or medical residents, and develops incentives such as scholarships and research grants to provide stipends to students who participate.

Work is underway in a number of areas to encourage careers in gerontology and geriatrics, including two educational proposals currently under consideration within the state:

Development of a Department of Geriatrics and Interdisciplinary Health Sciences within the University of Nevada School of Medicine. This department would foster interdisciplinary approaches incorporating basic, social, biomedical, and clinical disciplines including nursing, social work, nurse case managers, financial counselors,

physicians and more. If established, it would be one of only five similar departments in the country.

Establishment of positions for medical residents in geriatrics at area hospitals.

However, this is not enough. I propose that we work with healthcare associations, licensing boards and possibly the Nevada Legislature to develop continuing education programming as a requirement for practicing healthcare professionals who have a patient population of more than 50% elders. I would also like to see the schools and colleges within the Nevada System of Higher Education (NSHE) develop educational tracts or courses specific to aging, especially in nursing, social work, public health, psychology and mental health.

In addition, we cannot leave out the tremendous need for training and certification of paraprofessionals and direct care workers, something that is lacking not only in Nevada but also throughout the country. We expect the need for these types of workers to grow exponentially as the Baby Boomers age.

Future Actions Nevada can take towards the resolutions:

- 1) Mandate that Schools and Colleges within the NSHE develop tracts in aging (esp., Social Work, Nursing, Public Health, Psychology and Mental Health)
- 2) Mandate continuing education units and continuing medical education units for all NV practicing healthcare professionals who serve a greater than 50% elder population.
- 3) Enhance and expand paraprofessional, direct care worker training.. (e.g., guardianship training/certification)

V. WHCoA Resolution ranked #8 - *Improve recognition, assessment and treatment of mental illness and depression among Older Americans.*

During the 2005 Nevada Legislative Session the budget was increased significantly with the Division of Mental Health and Developmental Services in order to increase the availability to mental health services for Nevadans. In addition, a statewide Suicide Prevention Coordinator was funded to address the issues of suicide as Nevada has one of the highest suicide rates in the nation.

Lastly, I wish to share several "best practices" utilized and promoted in Nevada, which were highlighted at the Nevada Solutions Forums, although these do not fall within any of the top 10 resolutions of the WHCoA.

- 1) Special Advocates for Elders (SAFE) relates to resolution #15 Elder Justice. The SAFE program receives funding from the Division for Aging Services through Independent Living Grants. SAFE volunteers advocate for the most vulnerable seniors in our community - those who are facing guardianship and those who have lost all of their rights for making their own choices.

- 2) Silver Sky Affordable Assisted Living relates to resolution #16 Affordable housing. The 90-unit complex is a pilot program created through the Clark County Public Lands and Natural Resources Act of 2002, which authorized the BLM to transfer land to the city of Las Vegas solely to create additional affordable housing. The development is sponsored by the Nevada Model Assisted Living Advisory Committee (MALAC), which is made up of public and private representatives of the Nevada long-term care community, including the state Divisions for Aging, Health Care Financing and Policy, State Housing Division, the City of Las Vegas, American Association for Retired People, Fannie Mae Nevada Partnership Office, Harrah's Entertainment, Nevada H.A.N.D., and the University of Nevada Cooperative Extension. Silver Sky will be the first of its kind in the State, combining the tools of affordable housing financing with service reimbursement under Medicaid in order to deliver high quality and individually tailored home-based services to Nevada seniors.

In conclusion, it is important to note that the delegates' decisions about the top resolutions were well thought out and should be heeded by policymakers. I also understand that a number of innovative approaches were outlined in the implementation sessions during the conference. It would be beneficial to share the information from these sessions with state leaders as we move towards molding our aging policies and practices within our individual states. I also suggest that the final report include the Implementation Strategies developed by delegates. Lastly, the final report to Congress should be comprehensive and thorough and should include a plan for sustaining the momentum and visibility of the conference, as well as for implementing the resolutions identified by the delegates.



JOHN H. LYNCH
Governor

State of New Hampshire

OFFICE OF THE GOVERNOR

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April 13, 2006

The Honorable Dorcas Hardy, Chairman
White House Conference on Aging Policy Committee
4350 East-West Highway, 3rd floor
Bethesda, Maryland 20814

Dear Chairman Hardy:

Congratulations on the success of the 2005 White House Conference on Aging.

I have reviewed the material your office sent me about the conference and am pleased to see that we are in agreement on so many issues regarding our aging citizenry.

I met with the New Hampshire delegation before the conference. I indicated my strong support for the underlying values they spoke of such as: aging being viewed as a meaningful stage of life, not a disease; community support and concern for our aging citizens; and inclusion of our elderly in civic engagement, work opportunities and other meaningful activities in the community. We identified some of the specific resolutions that we felt were important considerations in New Hampshire. Those included strengthening Medicare and Medicaid, promoting innovative models for non-institutional long-term care, ensuring transportation options for our seniors, improving recognition, assessment, and treatment of mental illness and depression, and attaining adequate numbers of skilled professionals who are culturally competent and specialized in geriatrics. All of these were included in the top ten resolutions adopted by the WHCoA.

Here in New Hampshire, there is a strong commitment by all the stakeholders that we will come together to plan for an improved aging experience for all our citizens. That will include expanding our home and community-based care options, developing a stronger transportation system throughout the state, and enhancing our current mental health system to provide greater supports for seniors. My staff is working closely with the Department of Health and Human Services to look at changes to our Medicaid system that will include the integration of mental health, wellness, substance abuse, and primary care as well as a statewide care coordination model.

In September of 2006, I convened a group of over 150 citizens from all walks of life to take on the challenge of reforming healthcare in New Hampshire to ensure that all our citizens have access to quality, affordable healthcare. The Citizen's Health Initiative is comprised of individuals representing healthcare providers, businesses, elected officials, department heads, and members of the academic community. Together they will work over the next 10 years to guarantee that the citizens of New Hampshire live in a place where the economic, social, cultural, and bureaucratic barriers that make our system of health care unstable and unreliable are

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The Honorable Dorcas Hardy, Chairman

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April 13, 2006

removed. I believe this goal will enhance all of our quality of lives, and this will be especially true for our aging citizens.

As we actively work on integrating our state and local delivery systems in New Hampshire, there are significant national level resolutions and strategy recommendations from the WHCoA, which are important to our state's future efforts and success. These include:

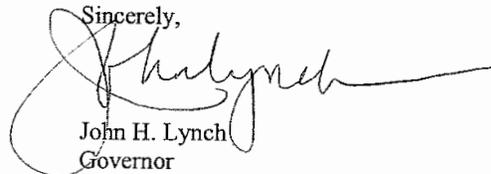
- Developing a national coordinated, comprehensive LTC Strategy;
- Preserving and strengthening Social Security and Medicare;
- Without block granting Medicaid, eliminating the need for waivers, to increase our state's flexibility, efficiency and effectiveness;
- Funding and supporting initiatives which ensure an adequate and well trained workforce;

Our White House delegation has offered to continue working with my office to help disseminate recommendations, implement strategies and obtain grass root supports for the strategies developed in Washington. In addition, I will be contacting our congressional representatives in Washington, for their assistance and coordination in making necessary changes on the federal level.

Again, I applaud the work done at the WHCoA. The theme of the 2005 conference, "The Booming Dynamics of Aging: From Awareness to Action," is an appropriate one as we see the arrival of the baby boom generation. Never before have we seen these large numbers of citizens entering the later stages of their lives. It is incumbent on all of us to address this changing dynamic now to ensure that our elders are valued and respected for all they can give back to us. New Hampshire will move forward. I plan to meet with our delegation shortly to discuss our next steps and will continue to bring together all the stakeholders to take on this challenge.

Thank you again for organizing the successful White House Conference on Aging.

Sincerely,



John H. Lynch
Governor

2005 WHITE HOUSE CONFERENCE ON AGING

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State of New Mexico *Office of the Governor*

Bill Richardson
Governor

April 14, 2006

Dorcas R. Hardy, Chairman
White House Conference on Aging Policy Committee
4350 East West Highway, 3rd Floor
Bethesda, MD 20814

Re: New Mexico Activity Summary
in relation to WHCOA Resolutions

Dear Ms. Hardy:

Thank you for the opportunity to provide input on the preliminary report and resolutions generated by the delegates of the White House Conference on Aging. The conference, which occurs only once a decade, was a historic event and one of great importance, particularly considering the aging of the Baby Boomers. New Mexico's representation was coordinated by Secretary Debbie Armstrong of New Mexico's Aging and Long-Term Services Department (ALTSD).

New Mexico is projected to be one of the fastest growing states in the per capita ratio of persons over age sixty-five. It is therefore critical that New Mexico address the needs of seniors, particularly those who are the most isolated, frail or vulnerable given our challenges with New Mexico's rate of poverty and the uninsured. To this end we have undertaken a number of initiatives in New Mexico to address the needs and concerns of seniors and to prepare our state for the future aging population.

The following is a summary of where New Mexico stands in relation to the 50 resolutions passed by the WHCOA delegates. Our comments are organized by the categories established by the Planning Committee with resolutions referenced according to their ranking number.

Planning Along the Lifespan

- New Mexico is very concerned about maintaining the integrity of the social security system, including the SSI and SSDI programs. Having a secure income for the most needy is critical. New Mexico supports Resolutions #11, #30 and #41.

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community service employment program. As mentioned above, New Mexico also supports the proposed Elder Justice Act.

- Housing and transportation are critical components of the infrastructure needed to meet Olmstead requirements and fully support home and community-based long term care initiatives for seniors and adults with disabilities, as well as to support persons with behavioral health needs. Both have been identified as high priorities in New Mexico. Last year a Housing Trust Fund was created to expand affordable housing opportunities and assist persons with disabilities to obtain housing. In regard to transportation, New Mexico is initiating a “United We Ride” pilot program and plans to establish a Transit Fund to assist local communities in obtaining vehicles to build public transportation capacity.

Health and Long Term Living

- Health and long-term living are some of the most critical areas of concern as we face the aging of America and one in which we have placed great emphasis. New Mexico is currently second in the nation in its investment of public funding in home and community-based long term care versus institutional care – and we will do more to strengthen this system even further. New Mexico is in the process of implementing a self-directed waiver program with support from a Robert Wood Johnson Foundation Cash & Counseling grant. I have also signed into law the Money Follows the Person Act to support community reintegration. In addition, New Mexico has a second RWJ grant to support the development of a comprehensive coordinated long term care system. New Mexico strongly supports Resolutions #2 and #7.
- New Mexico is also leading the nation in the development of a unique and innovative behavioral health system that integrates all publicly funded behavioral health programs. Funding is pooled across departments, managed by a single statewide entity and overseen by a statutorily created behavioral health purchasing collaborative made up of 17 state agencies. ALTSD plays a significant role in the Collaborative and, through this unique system, the behavioral health issues of substance abuse and depression among older adults is now being addressed more effectively. New Mexico supports Resolution #8 to address these issues.
- Workforce issues in health and long term care are significant in New Mexico. Already there is a shortage of adequate numbers of direct caregivers and trained geriatric professionals. This situation will only get worse as the aging population grows. It is ironic that, while two of the top ten resolutions relate to geriatric workforce, Federal funding for New Mexico’s only geriatric education center was eliminated. To better address a broad range of needs in workforce training and education, New Mexico created a Cabinet-level Department of Higher Education. Healthcare, behavioral health and geriatric education will be some of the targeted areas for educational development. New Mexico supports Resolutions #6 and #9.
- New Mexico also supports the resolutions addressing the health issues of disease management (#21), nutrition (#22), rural access (#23), evidence-based practice (#29),

health disparities (#34), end-of-life care (#35), disease prevention (#37), disabilities (#44) and patient advocacy (#49).

- New Mexico strongly supports the resolution to ensure care for Veterans (#32). New Mexico has one of the only Cabinet departments in the country dedicated to Veterans. New Mexico also has a Cabinet department dedicated to Native American issues and relations and I am deeply disappointed that the unique needs and status of Native Americans were not recognized in a specific resolution.
- Strengthening and improving Medicare and Medicaid are also extremely important to New Mexico. In particular, the Medicare Part D prescription drug benefit needs to be simplified. I will not attempt in this review of WHCOA resolutions to outline all my recommendations for Medicare and Medicaid. Suffice it to say that the needs of an aging population cannot be adequately addressed without paying significant attention to the strengthening of these two critically important programs. That being said, New Mexico supports Resolutions #4, #5 and #50.

Civic and Social Engagement

- Like many areas of the country, New Mexico is starting to see a decline in volunteerism. However, New Mexico has a relatively new but active Commission on Volunteerism, which has just adopted a "Blue Print for Civic Engagement." ALTSD provides a broad range of opportunities for older volunteers, including the LTC Ombudsman program, SHIP counselors (benefits counseling), Medicare Fraud Patrol project, Foster Grandparents, Senior Companions, RSVP and an innovative intergenerational program that provides mentorship to young TANF clients and teens in foster care. New Mexico supports Resolutions #25 and #28.

Technology and Innovation in an Emerging Senior/Boomer Marketplace

- To support the integration of health and aging services to improve access and quality, New Mexico is developing an integrated health and human services IT system. Specifically, a web-accessible statewide social service resource directory is under development, as is an integrated eligibility system. Both efforts will allow for the further development of Aging and Disability Resource Centers and "one-stop" or "single point-of-entry" systems to streamline processes for improved access and coordination of services. New Mexico supports Resolution #19.

Cross-Cutting Resolutions

- New Mexico has a strong commitment to integrated, collaborative delivery systems. We are advancing such system design in our behavioral health system, as well as health and aging.
- To further the goal of integrated systems, I realigned State programs through the elevation of the former State Agency on Aging to a Cabinet-level department called the Aging and Long Term Services Department (ALTSD) and the transfer to ALTSD of Medicaid and State-funded home and community-based long term care programs, as well as Adult Protective Services. Transfer of additional long-term care programs, including

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Independent Living Centers and Developmentally Disability services, is under consideration. New Mexico supports Resolutions #10 and #46.

- Given the projected shortage of an adequate workforce, New Mexico also supports the development of strategies for expanding support of informal caregivers – Resolution #13.

Finally, I support Resolution #17 to implement a strategy and plan to sustain the momentum, public visibility and oversight of the implementation of the 2005 WHCOA resolutions. These are critically important issues for states and I welcome further dialogue and partnership in addressing the needs of our aging citizens.

Thank you again for the opportunity to provide input on these important issues.

Sincerely,



Bill Richardson
Governor

BR/mw

cc Debbie Armstrong, Secretary, NM Aging and Long Term Services Department
Michelle R. Welby, Health Policy Advisory

2005 WHITE HOUSE CONFERENCE ON AGING

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STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

GEORGE E. PATAKI
GOVERNOR

April 28, 2006

Dear Chairman Hardy:

Thank you for the opportunity to provide comments to you and the Policy Committee of the 2005 White House Conference on Aging on the preliminary report of the Conference.

Before sharing the enclosed comments, I want to thank you, other members of the Policy Committee, Advisory Committee and staff associated with the White House Conference on Aging for your diligent work in planning and conducting the Conference. As you well know, White House Conferences on Aging hold a special place in history for the significant contributions to aging programs and policy attributed to Conferences deliberations and subsequent reports to Congress. I am sure that everyone who participated in the 2005 Conference hopes and expects the same will be true this time as well. We have an opportunity to address issues of importance to the elders of today, as well as tomorrow, and therefore the final report produced from this Conference must provide a meaningful framework that will guide the changes and improvements we must make to insure continued improvement in the lives of this nation's elderly population.

In New York, in advance of the White House Conference on Aging, I asked Lieutenant Governor Mary O. Donohue to oversee pre-Conference planning and to provide guidance and leadership to the very well distinguished and qualified New York Delegation at the Conference in Washington. Aside from convening a series of eight regional pre-White House Conference on Aging events across the State, the Lieutenant Governor met with the entire New York State Delegation on two occasions before the December Conference. The New York Delegation, the second largest delegation at the Conference, worked very hard to make sure that it represented the diverse interest and concerns of citizens from across our great State. The Delegation, aside from working together before, and during the Conference, is continuing its work to address issues of importance to aging policy here in New York State, and beyond.



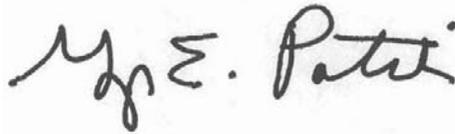
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2005 WHITE HOUSE CONFERENCE ON AGING

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As firsthand participants at the White House Conference on Aging, I asked Lieutenant Governor Donohue to review the preliminary report with the Delegation and to share their comments and perspective with me. I have outlined the key points that have been conveyed to me in the attached document and, on behalf of the New York State Delegation, ask you to consider these important points as you continue to work towards completing the final report of the 2005 White House Conference on Aging.

Sincerely,

A handwritten signature in black ink that reads "Dorcas Hardy". The signature is written in a cursive, slightly slanted style.

Dorcas Hardy
Chairman, Policy Committee
White House Conference on Aging
4350 East West Highway, 3rd Floor
Bethesda, MD 20814

cc: Honorable Mary O. Donohue
New York State Delegates

Enclosure

NYS DELEGATION COMMENTS ON PRELIMINARY WHITE CONFERENCE ON AGING REPORT

- As reflected in the voting by Delegates at the White House Conference on Aging, reauthorization of the Older Americans Act, as soon as possible after the Conference, is of paramount importance. The New York State Delegation fully supports this Resolution and recommends that it be made prominent in the final report of the Conference. Now so, more than ever, the basic principles and program and policy structure contained in the Act need to be reinforced to address ever-increasing needs. In addition, the Delegation believes the final report of this White House Conference on Aging must include recognition that funding associated with the programs included in the Older Americans Act must be in line with changes in the nation's population.
- White House Conferences on Aging are watershed events that shape discussions and activities for a decade. Given this, the NYS Delegation recommends that the results from all discussions at the Conference be reviewed and, as appropriate, included in the final report of the Conference. In particular, they suggest that outcomes from the many "implementation workshops" held at the Conference be summarized and included in the final report. Delegates spent many hours discussing implementation strategies related to the Resolutions identified by the Policy Committee and the specific ideas included in those discussions provide important detail to Congress, the Administration and others who will be acting on the outcomes from the Conference in years to come.
- As the second largest Delegation at the Conference, NYS Delegates felt very strongly that a number of the Resolutions, while not included in the Top Ten listing you provided, should receive priority attention in the final report. These Resolutions include:
 - No. 4: Establish Principles to Strengthen Social Security;
 - No. 61: Promote the Integration of Health and Aging Services to Improve Access and Quality of Care for Older Americans; and
 - No. 34: Improve the Health and Quality of Life of Older Americans Through Disease Management and Chronic Care Coordination.
- In addition, the New York Delegation believes very strongly that disaster preparedness and planning must play an important role at all levels of the public and private sector and, therefore, the final report of the 2005 White House Conference on Aging should include a specific recommendation to the President and Congress to take steps to strengthen and fund activities in this area.
- Because of the wording of some of the Resolutions presented to Delegates at the Conference, Resolutions that were somewhat duplicative in subject tended to split voting and, therefore, important issues did not receive priority (Top 10 or Top 50) designation. The NYS Delegation recommends that the final report make some note of this and insure that these important issues are highlighted and receive priority attention. In particular,

the New York State Delegation believes that Resolutions Nos. 19 and 7 address similar and very important issues and deserve priority recognition in the final report of the Conference:

- No.7: Strengthen Law Enforcement Efforts at the Federal, State and Local Level to Investigate and Prosecute Cases of Elder Financial Crime; and
 - No. 19: Create a National Strategy for Promoting Elder Justice Through the Prevention and Prosecution of Elder Abuse.
- The New York State Delegation strongly believes that the final report of the Conference should include a recommendation that some process be put in place to monitor the achievement of progress related to the Resolutions and Implementation Strategies included in the final report of the 2005 White House Conference on Aging. I want to emphasize that the Conference will provide a framework for a ten-year agenda. It is important to all to insure continued efforts are made to see that the thoughts, concerns and hopes of all those participating in the Conference and all those they represent are acted upon by Congress and federal Administrations.
 - The NYS Delegation also believes that recognizing and addressing diversity in policies and programs designed to assist elders is very important and, given the cross-cutting nature of this issue, it should be recognized as such in the final report of the Conference. Making sure our current and future policies, programs and services address the diversity of the population in our nation would be a significant outcome from this White House Conference on Aging.
 - Recognizing the task before you and the Policy Committee to comprehensively reflect all of the outcomes from this White House Conference on Aging and to do so within the timeframes legislatively mandated, the NYS Delegation strongly recommends the White House Conference on Aging receive appropriate resources to complete the important work of finalizing the report of the 2005 White House Conference on Aging. This is no easy task, and, without adequate resources, it will be difficult, if not impossible, to review and refine much of the substance of discussions that transpired at the Conference.

2005 WHITE HOUSE CONFERENCE ON AGING

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STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR
20301 MAIL SERVICE CENTER • RALEIGH, NC 27699-0301

MICHAEL F. EASLEY
GOVERNOR

May 19, 2006

Dorcas R. Hardy, Chairman
WHCoA Policy Committee
4350 East-West Highway, Suite 300
Bethesda, MD 20814

Dear Chairman Hardy:

Attached is North Carolina's response to the preliminary report of the 2005 White House Conference on Aging. This response was prepared by our Division of Aging and Adult Services after consultation with the state's leading senior advocates and the aging network. The Division had the lead role in preparing and supporting our delegates.

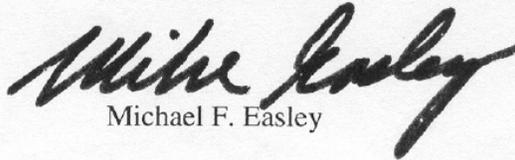
Overall, North Carolina's delegation was pleased with the serious work of the conference, and particularly the sessions allowing input from the delegates on implementation strategies. They remain hopeful that these efforts will shape future policy and programs affecting seniors.

We look forward to receiving updates on the conference's work, information on the final report and further discussion of implementation strategies.

I appreciate the opportunity to share our response.

With kindest regards, I remain

Very truly yours,



Michael F. Easley

MFE/PT/lc

Attachment

cc. Carmen Hooker Odom
Jackie Sheppard
Dennis Streets
✓ Ann Johnson



LOCATION: 116 WEST JONES STREET • RALEIGH, NC • TELEPHONE: (919) 733-5811

North Carolina's Response to the 2005 WHCoA Preliminary Report

To prepare this response to the White House Conference on Aging Preliminary Report, the Division of Aging and Adult Services surveyed three groups—(1) the NC Senior Tar Heel Legislature,¹ (2) the NC Coalition on Aging,² and (3) a mixed, informal group of local service providers, and Area Agency on Aging personnel and members of their Regional Advisory Councils. The opinions of these three groups reflect a cross-section of consumers, advocates, and the services network.

Attached is a grid that shows how these three groups recently ranked the top 20 WHCoA Resolutions. The grid shows universal support for the Older Americans Act, closely followed by interest in transportation options, the Medicare and Medicaid programs, care of persons with mental illness and depression, and the health care workforce.

The opinions of those surveyed are generally consistent with the opinions of North Carolina's delegates to the Conference. Prior to the Conference, North Carolina's delegates identified their priorities among the Resolutions released by the WHCoA Policy Committee. It is significant that six of their priorities were among the top ten WHCoA Resolutions:

- Reauthorize the Older Americans Act
- Develop a coordinated, comprehensive long-term care strategy
- Ensure transportation options
- Strengthen and improve Medicaid
- Strengthen and improve Medicare
- Promote innovative non-institutional long-term care.

Policy discussions like those that occurred at the White House Conference are imperative to preparing the nation, states and communities for the aging of our population. Between 2000 and 2030, North Carolina's elder population (65 and older) is projected to grow by about 128 percent—while growth of our total population is projected at 55 percent (see attached chart). While government has a vital role in leading our preparedness for this demographic trend, we must also assure active participation by all of society. Such broad involvement was the intent of the WHCoA Policy Committee. We hope that effective strategies for a comprehensive response and implementation will be reflected in the Conference's final report.

¹ The NC Senior Tar Heel Legislature, which was created by the North Carolina General Assembly in 1993. It provides information to seniors on the legislative process and matters being considered by the General Assembly. Members of the Senior Tar Heel Legislature promote citizen involvement and advocacy concerning aging issues before the General Assembly and assess the legislative needs of older citizens. There is one delegate to the Senior Tar Heel Legislature from each of the 100 counties in the state. Most counties also have an alternate delegate. Delegates and alternates must be age 60 or older.

² The NC Coalition on Aging is a statewide coalition of 28 consumer, trade, and professional organizations committed to improving the quality of life for older adults by addressing their needs and promoting their dignity, self-determination, well being, and contribution—both as individuals and within the context of their families and community.

2005 WHITE HOUSE CONFERENCE ON AGING

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As we look to the future, it is important to maintain and build upon what has already proven to be effective. Below are highlights of our aging community's interests, concerns, and plans pertaining to our priorities for the WHCoA resolutions.

Reauthorization and Funding of the Older Americans Act

The Older Americans Act (OAA) remains the backbone of our Aging Network in terms of forming a vision and touchstone for successful aging. The Governor's Advisory Council on Aging has passed resolutions urging support for the Older Americans Act. Many of the themes proposed in our Council's OAA resolution mirror those presented in the WHCoA Implementation Strategy Highlight Report. They include:

- Assure adequate funding;
- Establish and fund a new Title to help communities prepare for the aging of the baby boomers and the increasing diversity of our older population;
- Support an expanded role for Senior Centers;
- Strengthen the support of family caregivers; and
- Strengthen strategies to prevent elder abuse, including financial fraud, abuse and exploitation.

In addition, our Governor's Council on Aging reported its strong support of Senior Centers and consumer-directed service delivery methods as important vehicles for meeting the emerging needs and interests of aging baby boomers. We believe that our State's voluntary certification of Senior Center "Models of Excellence" is a good example of how we must prepare for the future (see <http://www.dhhs.state.nc.us/aging/scenters/srcencrt.htm>). The Council also encouraged the reestablishment of a strong advisory Federal Council on Aging, composed of advocates who are senior adults.

To respond to the increasing needs and expectations of an aging population, the Older Americans Act must provide states and communities with sufficient flexibility, as proposed in the Administration on Aging's 'Choices for Independence' proposal, and also assure sufficient funding. The President's proposed cut of \$28 million in Older Americans Act funds would seriously undermine the Act's objectives. The adverse effect of any reduction would especially be traumatic in light of similar proposed reductions in the Social Services Block Grant and the Community Development Block Grant, and changes to Medicaid targeted case management.

Housing and Transportation—Keys to Community Living

Support of housing and transportation infrastructure and options are essential to allow seniors to remain in the least restrictive settings. These are issues especially salient in a state as rural as North Carolina. Their importance was recognized in the 2001 Long Term Care Plan for North Carolina that was prepared by a task force of the NC Institute of Medicine. Housing and transportation options are fundamental and integral to our State's Livable and Senior-Friendly Communities initiative that is discussed in our 2003-2007 State Aging Plan (<http://www.dhhs.state.nc.us/aging/plan.htm>) and that was the focus of one of the five WHCoA resolutions of the Governor's Council. Many of the objectives of the

Livable and Senior-Friendly Communities initiative parallel such other important work as Smart Growth.

In reviewing the WHCoA Implementation Strategy Highlight Report, the following recommendations are particularly relevant to our interests and future goals:

- Increase the housing supply and housing options, especially for older adults with low income and disabilities;
- Expand opportunities for developing innovative housing designs;
- Increase public and community transportation investment and promote strong coordination among transportation providers; and
- Assure support for public transportation systems to participate in disaster preparedness planning.

Establish a National Health and Long Term Care Policy that Assures Strong Medicaid and Medicare Programs

Medicare and Medicaid are the backbone of our public response to the health and long-term supports needed by our aging population. Because of their importance, we are constantly striving to assure a rational, efficient, and well-coordinated system of access and delivery of services. There is an increasing emphasis on keeping people well and helping them plan to finance the costs of long-term care. Our State is actively working on improving the management of chronic care among our Medicaid recipients—especially those who are dually eligible. In examining the WHCoA Implementation Strategy Highlight Report, the following recommendations are particularly relevant to our interests and future goals:

- Establish and support a national Long Term Care Policy that promotes consumer education about long term care, provides personal incentives to plan ahead, respects consumer choice, supports family caregivers, provides states and communities with maximum flexibility under Medicaid, strengthens integrated financing and services of acute and long term care, and promotes an adequate direct care workforce;
- Use the tax code to give individuals and employers further incentive to encourage retirement savings and the purchase of Long Term Care Insurance;
- Support strengthening of chronic care management, including seamless access to information and assistance through such means as Aging and Disability Resource Centers, use of telemedicine, and reimbursement incentives;
- Establish and support incentives for implementation of health information technology across all settings to ease consumer access to services and facilitate multi-disciplinary and multi-provider interaction;
- Simplify Medicare Part D;
- Reinstate and increase funding to support geriatric education and career support programs; and
- Support evidence-based health promotion and disease prevention strategies.

On a final note, North Carolina wants to acknowledge several areas that were WHCoA priorities and several that did not appear to surface as high priorities in the WHCoA

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recommendations. First, we are pleased to see the recognition of mental health as an important issue for an aging population and welcome additional national leadership and funding in this area. Second, we want to reiterate our disappointment in the proposed reductions in such vital funding sources as the Older Americans Act and the Social Services Block Grant, which target effectively the socially and economically needy through home and community care often preventing or delaying more costly facility care paid by Medicaid. Third, we would have liked to see more emphasis given to the special needs of persons living in rural areas and to our Veterans. The Governor's Advisory Council on Aging made care of aging Veterans one of its five WHCoA resolutions.

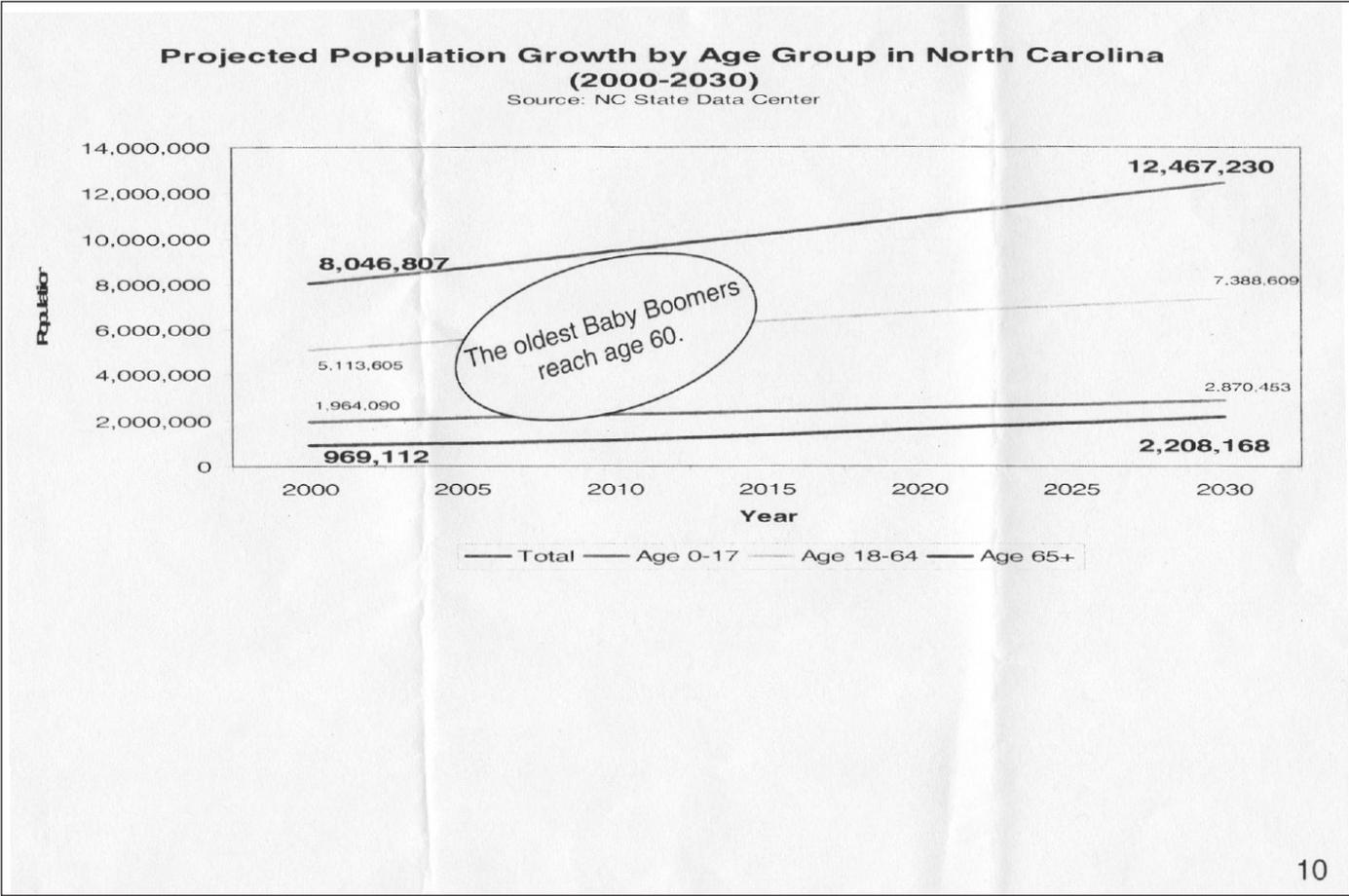
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White House Conference on Aging Follow Up: Results of NC Senior Tar Heel, Aging Coalition, and Aging Network Surveys					
Resolution	Senior Tar Heel rank	Aging Network rank	Coalition rank	WHCoA rank	differences among three sources
Reauthorize the Older Americans Act Within the First Six Months Following the 2005 White House Conference on Aging	1	1	1	1	low
Strengthen and Improve the Medicare Program	2	2	8	5	moderate
Ensure that Older Americans Have Transportation Options to Retain Their Mobility and	3	2	2	3	low
Establish Principles to Strengthen Social Security	4	20	20	11	high
Strengthen and Improve the Medicaid Program for Seniors	5	9	3	4	low
Improve Recognition, Assessment, and Treatment of Mental Illness and Depression Among Older Americans	6	6	8	8	low
Attain Adequate Numbers of Healthcare Personnel in All Professions Who are Skilled, Culturally	7	6	3	9	moderate
Develop a Coordinated, Comprehensive Long-Term Care Strategy by Supporting Public and Private Sector Initiatives that Address Financing, Choice, Quality, Service Delivery, and the Paid	8	16	15	2	high
Promote the Integration of Health and Aging Services to Improve Access and Quality of Care for	9	9	12	19	high
Support Geriatric Education and Training for All Healthcare Professionals, Paraprofessionals, Health Profession Students, and Direct Care Workers	10	6	12	6	moderate
Create a National Strategy for Promoting Elder Justice Through the Prevention and Prosecution of Elder Abuse	11	12	15	15	low
Encourage Community Designs to Promote Livable Communities that Enable Aging in Place	12	16	11	20	high
Improve State and Local Based Integrated Delivery Systems to Meet 21st Century Needs of Seniors	13	14	18	10	high
Foster Innovations in Financing Long-Term Care Services to Increase Options Available to Consumers	14	18	15	18	moderate
Promote Innovative Models of Non-Institutional Long-Term Care	15	9	3	7	moderate
Enhance the Affordability of Housing for Older Americans	16	2	8	16	high
Remove Barriers to the Retention and Hiring of Older Workers , Including Age Discrimination	17	18	15	14	low
Promote Incentives for Older Workers to Continue Working and Improve Employment Training and Retraining Programs to Better Serve Older Workers	18	12	12	12	moderate
Develop a National Strategy for Supporting Informal Caregivers of Seniors to Enable Adequate Quality and Supply of Services	19	2	3	13	high
Implement a Strategy and Plan for Accountability to Sustain the Momentum, Public Visibility, and Oversight of the Implementation of 2005 WHCoA Resolutions	20	19	19	17	low

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BOB TAFT
GOVERNOR
STATE OF OHIO

April 11, 2006

Dorcus R. Hardy, Chairman
WHCoA Policy Committee
4350 East West Highway
3rd Floor
Bethesda, MD 20814

Dear Chairman Hardy:

Thank you for the opportunity to provide comments on the results of the 2005 White House Conference on Aging (WHCoA). Prior to the WHCoA, I convened a rally to educate the Ohio delegation on Ohio's aging issues and to discuss priorities. Please note, Merle Grace Kearns, Director of the Ohio Department of Aging and leader of the 42 member delegation from Ohio has briefed me on conference activities and resolutions.

The top ten WHCoA resolutions are similar to those identified by Ohio delegates and participants at our local events. Reauthorization of the Older Americans Act and developing a coordinated, comprehensive long-term care strategy were our top priorities.

The latter, developing a coordinated, comprehensive long-term care strategy, has been a priority of my administration for the last seven years. In 2001, we began to implement Ohio Access: Strategic Plan to Improve Long-Term Services and Supports for People with Disabilities. This plan was updated in 2004 and used by my cabinet directors to plan and prepare Ohio's state fiscal year 2006-2007 budget. That budget included several initiatives to strengthen our system of Home and Community Based Services (HCBS) and enhance consumer choice:

- **Assisted Living:** Recently, Ohio was approved to implement a Medicaid HCBS waiver for assisted living. The waiver is limited to individuals age 21 and over who require a nursing facility level of care and are currently residing in a nursing facility or receiving services from an existing Medicaid waiver. The waiver is projected to start July 1, 2006 with the capacity to serve 1,800 individuals.
- **Self-Directed Care:** The budget expanded our Choices Medicaid HCBS waiver, which allows consumers to employ their own direct care worker. It also created a pilot Medicaid waiver to explore different methods of self-directed care, including use of debit cards and vouchers.

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Chairman Hardy
April 11, 2006
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- **Aging and Disability Resource Centers:** The U.S. Administration on Aging and the Centers for Medicare and Medicaid Services awarded Ohio a grant to develop an Aging and Disability Resource Center (ADRC). Our pilot ADRC, to be anchored in the Western Reserve Area Agency on Aging in Cleveland, will link local and regional entities and create a seamless service experience for consumers age 60 and older, as well as adults age 18 and older with physical disabilities. Consumers will access the network via Internet, phone or in person.
- **Home First:** This provision addresses the wait list for the PASSPORT HCBS Waiver by permitting individuals who are on the wait list and residing in a nursing facility to be enrolled on the PASSPORT waiver ahead of those on the wait list in the community. In effect, Medicaid funds used to pay for services in a nursing facility follow the consumer back to the community.

Reauthorizing the Older Americans Act (OAA) in 2006 was the top priority of our WHCoA delegation. In 2000, Ohio successfully advocated for reauthorization of OAA. The 2000 amendments, especially the National Family Caregiver Support Program (NFCSP), have benefited older Ohioans and their caregivers significantly. Our WHCoA delegation met with Congressional staff to advocate for OAA reauthorization and specific amendments that would benefit older Ohioans. Later this spring, the Ohio Department of Aging plans to reconvene Ohio's WHCoA delegates and enlist their continued support as the OAA reauthorization moves through Congress.

The OAA has created a foundation for Ohio's aging network (e.g., area agencies on aging, long-term care ombudsman, senior centers, service providers) to grow. In addition to managing OAA funded programs, our aging network operates one of the largest Medicaid HCBS waivers in the country and generates over \$100,000,000 from county senior services property tax levies.

If you or your staff has any questions about Ohio's involvement in the WHCoA and/or our aging network, services and initiatives, please contact Merle Grace Kearns, Director, Ohio Department of Aging, at 614-466-7246 or mkearns@age.state.oh.us.

Thank you for your leadership in making the 2005 WHCoA a reality. I look forward to receiving the final report, including the implementation strategies developed by the WHCoA delegates.

Sincerely,



Bob Taft
Governor

2005 WHITE HOUSE CONFERENCE ON AGING

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Chairman Hardy
April 11, 2006
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Attachments:

- Ohio Access: Strategic Plan to improve long-term services and supports for People with Disabilities, 2004
- Top Eight Recommendations from Ohio for Reauthorization
- Ohio's Older Americans Act Profile 2005

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Theodore R. Kulongoski
Governor

April 11, 2006

White House Conference on Aging (WHCoA)
Emily Gross, Assistant Outreach Coordinator
4350 East-West Highway, Suite 300
Bethesda, MD 20814

Dear Ms. Gross:

In response to your request to Governors and the National Congress of American Indians to identify resolutions considered as priorities for their constituencies and share what actions they might plan to take, or are already taking, over the next 10 years to implement those resolutions, I am enclosing some concepts that are emerging from our future of long-term care planning process in Oregon.

I look forward to reading the final report from the 2005 White House Conference on Aging later this year.

Sincerely,

THEODORE R. KULONGOSKI
Governor

TRK:eks:glv
Enclosure

STATE CAPITOL, SALEM 97301-4047 (503) 378-3111 FAX (503) 378-4863 TTY (503) 378-4859
WWW.GOVERNOR.STATE.OR.US

Oregon Response to 2005 WHCoA Resolutions

1. Resolution 30 - Develop a coordinated, comprehensive long-term care strategy by supporting public and private sector initiatives that address financing, choice, quality, service and the workforce.

Oregon Initiatives

Explore development of a 4-tiered strategy to assist seniors and people with disabilities address their long-term care needs:

- i. Information, education and financing tools to promote planning and personal responsibility.
 - ii. Expansion of non-entitlement, flexible in-home services.
 - iii. Utilization of the new Medicaid state plan option providing a capped benefit level.
 - iv. Target Medicaid nursing-facility level of care benefits towards those with the highest level of support needs.
2. Resolution 18 - Encourage community designs to promote livable communities that enable aging in place.

Oregon Initiatives

- a. Develop a “tool kit” for local communities to use in assessing and improving key livability factors for seniors and people with disabilities.
 - b. Conduct pilot projects to assist local communities to address key livability factors for seniors and people with disabilities.
 - c. Educate state and local partners on potential impacts of community livability for their growing populations of seniors and people with disabilities.
3. Resolution 61 - Promote the integration of health and aging services to improve access and quality of care for older Americans.

Oregon Initiatives

- a. Conduct a pilot project that provides integrated, coordinated care by combining Medicaid, Medicaid Oregon Health Plan and Medicaid long-term care services into a single entity.

4. Resolution 5 - Foster innovations in financing long-term care services to increase options available to consumers.

Oregon Initiatives

- a. Explore the development of a Long-term Care Insurance Partnership Plan through a CMS waiver, to promote the use of long-term care insurance.
 - b. Develop and market a toolkit on long-term care financing options for financial planners, elder-law attorneys and others to use with their clients.
 - c. Explore consumer and employer tax incentives for long-term care insurance and other personal long-term care financing mechanisms.
5. Resolution 37 - Prevent disease and promote healthier lifestyles through educating providers and consumers on consumer healthcare.
Resolution 39 - Improve health decision making through promotion of health education, health literacy & cultural competency.

Oregon Initiatives

- a. Develop a system of evidence-based interventions on physical activity and nutrition to be implemented in multiple settings and at multiple levels.

2005 WHITE HOUSE CONFERENCE ON AGING

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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

May 2, 2006

The Honorable Dorcas R. Hardy
Chairman
White House Conference on Aging
4350 East West Highway
3rd Floor
Bethesda, MD 20814

Dear Chairman Hardy:

I am writing in response to your letter dated March 15, 2006 asking for my comments on the preliminary report of the 2005 White House Conference on Aging (WHCoA). First, I wish to thank you and your staff for their hard work and dedication in making the 2005 WHCoA such a success. You and your staff have admirably served our nation's older adults. While I believe that all 73 resolutions are important to our nation's older adults, the conference dealt with several specific issues that are most critical to the needs of Pennsylvania.

One of my most pressing concerns is securing the support of the WHCoA to advocate for the re-authorization of the Older Americans Act. Reauthorizing the Older Americans Act will positively impact Pennsylvanians by ensuring the continuity of existing programs and services that help older adults age in their most preferred setting, their own home and community. As evidence of this resolution receiving the most votes, the reauthorizing the Older Americans Act is a vital resource in our state's ability to provide aging services.

I also urge the conference to send a strong message, in the final report to Congress, highlighting the need for the federal government to support transportation services for older adults. As we know, the ability for an older adult to drive diminishes with age and thus the opportunity for independence becomes more challenging. The Commonwealth of Pennsylvania has recognized transportation as one of its priorities for the 2004-2008 State Plan on Aging. Specifically, Pennsylvania objectives are to enhance responsive community based transportation systems that meet the mobility needs of older Pennsylvanians and to assist older drivers, their families and caregivers to make informed choices about mobility options. During our travels across the state, we have found that older adults in rural and urban areas each encounter different transportation problems, which require different responses and approaches. I

request that the final report include the innovative approaches to transportation that were discussed in the WHCoA implementation sessions.

Another priority for Pennsylvania is meeting the long-term care needs and preferences of older adults by supporting home and community-based care. Our objectives in this area are to:

1. Effectively respond to consumer preferences by increasing the availability of home and community-based services options.
2. Expand the numbers of consumers in our PDA Waiver, which service people in their homes.
3. Enable more older adults to transition from nursing home beds to home and community-based services.

Having Medicaid continue to provide coverage of home and community based services is crucial to reaching our goal. And one integral part of home and community based care is housing within Pennsylvania's communities.

Since 2001 Federal funding for the combined HUD Section 202 and 811 Programs has decreased by 14% or \$83.6 million. All indicators are that this funding is anticipated to continue to decrease. Between the Census Years 2000 to 2010 the U.S. population age 65 and older will increase by 14%. By 2010 there will be 40 million persons over 65. This coupled with the issue of fixed incomes for older Americans will continue to promote the need for low-income subsidized housing for older Americans over the next decade. Secondary to this, the federal program requirements that must be met for the award of HUD funding continue to increase. Reduced funding with increased need means that developers must meet stiffer standards to achieve approval. Meeting these requirements in low-income neighborhoods has become a dilemma.

Most states in conjunction with CMS have clearly stated their desire to reduce the numbers of institutionalized elders through the development of community-based programs. Unfortunately there is no clear plan that articulates an approach to meeting the housing needs of these elders. From a community perspective the housing stock in inner cities is steadily aging. City and state sponsored funding for low and very low-income affordable housing is also decreasing or nonexistent. As a result many elders cling to home ownership in order to stretch retirement income to meet the daily costs of living though they lack the physical ability to maintain their home. If the stated requirement is to age in place it is time to find alternatives for affordable housing for older Americans.

Please find the enclosed Pennsylvania 2004 – 2008 State Plan on Aging which the Department of Aging invested a significant amount of time and energy. This plan includes input from citizens as well as stakeholders in the aging network. I believe it will augment my comments and provide additional insight on

2005 WHITE HOUSE CONFERENCE ON AGING

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Pennsylvania's efforts to improve services to older adults and establish our vision for long-term enhancements to the service network.

I look forward to working with the conference, the federal government, and Congress to ensure we fully realize the vision embodied in the final report to Congress.

Sincerely,



Edward G. Rendell
Governor



COMMONWEALTH OF PUERTO RICO

ANÍBAL ACEVEDO VILÁ
GOVERNOR

April 18, 2006

Ms. Dorcas R. Hardy
Chairman
WHCoA Policy Committee
4350 East-West Highway, 3rd Floor
Bethesda, MD 20814

Dear Ms. Hardy:

As Governor of the Commonwealth of Puerto Rico, I want to thank you for the opportunity that the bi-partisan Policy Committee has given us to consider and comment the preliminary report of the 2005 WHCoA held December 11-14, 2005 in Washington D.C. We have received the Resolutions Workbook and will refer to specific resolutions addressed in that document for the purpose of this letter.

The Commonwealth of Puerto Rico congratulates the accomplishments of the Policy Committee, and its Advisory Committee through the process and outcomes of the 2005 White House Conference on Aging (WHCA), and has no objections to the top voted fifty resolutions. Among these Resolutions, we considered the implementation of some, as stemming primarily from federal level initiatives (e.g., Resolutions: # 4, # 17, # 50, # 51, # 4, # 67, # 19, # 56, # 25, # 59, # 48, # 62, #31, # 10, # 32, and #47).

We consider the following Resolutions to be the ten of most importance for the elder population in Puerto Rico: # 22, # 41, # 36, #12, # 33, # 59, # 26 # 37, # 39 and # 14. The first two coincide with the top ten voted by delegates at the WHCA. The additional six correspond to expressed priorities of our elder population during the public hearings conducted prior to the Conference. The Commonwealth has already begun to take action on some of the issues addressed by these resolutions and will welcome their integration in the Older Americans Act (OAA) as a crucial enhancement of our efforts. Our allocation of resources will continue in support of the issues addressed by the following resolutions:

LA FORTALEZA, SAN JUAN, P.R. 00901 * P.O. BOX 9020082, SAN JUAN, P.R. 00902-0082
TELEPHONE: (787) 721-7000 FAX: (787) 729-0900

Ms. Dorcas R. Hardy
Page 2
April 18, 2006

#22 Transportation for Older Americans...

Through our State Agency on Aging we have initiated and will continue to expand a transportation project for seniors and individuals with disabilities living in rural isolated communities.

#41 Support Geriatric Education for all Healthcare Professionals, Paraprofessionals...

We have approved legislation to require education on basic competencies for the provision of care to our elders for all service providers, through a mandatory Certificate and ongoing continued education courses. We are currently working on refining the implementation process, and hope to expand the scope of this initiative in keeping with this proposition.

#36 Improve Recognition, Assessment, and Treatment of Mental Illness...

As part of this administration's commitment to further comprehensive health reform for Puerto Rico, we have recently initiated a renewed service model for Mental Health, currently been validated in several regions throughout the Island where by the issue addressed in this proposition will be attended to.

#12 Promote Incentives for Older Workers...

Our administration is currently organizing an interagency work group headed by the Secretary of the Labor Department to integrate existing legislation and programs providing incentives to older workers in order to articulate a more coherent and effective public policy on this matter.

#33 Promote the importance of Nutrition in Health Promotion and Disease Prevention...

Through our State Agency on Aging we have initiated and will continue to support the operation of Senior Centers throughout the Island and to supplement the nutritional services and education with other programs such as stipends for elders to purchase fresh produce at local farmers markets, in collaboration with the Department of Agriculture.

#26 Support Older Adult Caregivers Raising their Relatives Children...

The existing Administration on Aging (AoA) Caregiver Support Program has made a landmark contribution in support of our elders and caregivers in community settings. The State Agency on Aging is currently undertaking a needs assessment in collaboration with the Department of Education to

Ms. Dorcas R. Hardy
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structure an integrated offering of support services to grandparents raising children, an increasing occurrence among younger elders caring for their parents as well.

#37 Prevent Disease and Promote Healthier Lifestyles through Educating Providers and Consumers on Consumer Health Care...

Our State Agency on Aging has undertaken several initiatives in response to this issue, including a recent expansion of a program to train and provide incentives to community based Pharmacists to conduct educational group sessions and on-to-one assessment and counseling of elders and their caregivers on proper medication use. Through the CMS sponsored State Health Insurance Program (SHIP), the Agency has also embarked in an Island-wide educational campaign to providers and consumers as well as one-on-one counseling for Medicare beneficiaries on the new medication benefits and service programs now available.

#21 Support Older Drivers to Retain Mobility and Independence...

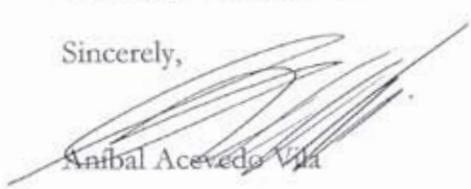
In collaboration with the Traffic Safety Commission our State Agency on Aging has previously undertaken the pilot design of an adapted Older Driver Training Program, which we hope to develop into an ongoing program.

#14 Expand Opportunities for Developing Innovative Housing Designs...

Our State Agency on Aging has spearheaded a collaborative initiative with the Housing Department to promote private sector investment in Assisted Living Housing for the elderly and disabled, together with the promotion of low cost technological adaptations to existing housing in order to extend the offer of independent dwellings in the community for these populations.

We are hopeful that most of these Resolutions be given the corresponding priority for inclusion in the legislative process leading to the reauthorization of the Older Americans Act.

Sincerely,



Anibal Acevedo Vila



STATE OF SOUTH DAKOTA
M. MICHAEL ROUNDS, GOVERNOR

April 24, 2006

Dorcas R. Hardy, Chairman
WHCoA Policy Committee
4350 East-West Highway 3rd Floor
Bethesda, MD 20814

Dear Chairman Hardy:

I have received the preliminary report of the 2005 White House Conference on Aging (WHCoA). Thank you for sharing this information with me in a timely manner and allowing comments before the final report is presented to the President and Congress in June 2006.

Through the Council on Aging, plans are in place to identify and prioritize the resolutions the delegates voted on at the WHCoA conference. The council members and delegates will continue to work with the resolutions and establish a timeline. Our South Dakota delegates are scheduled to meet May 31 – June 1 to discuss the resolutions and determine how the resolutions can best be implemented to create a strategic plan. I have also tasked the South Dakota Department of Social Services with the responsibility of reviewing the resolutions and offering me their recommendations.

As you know, we must be supportive of innovative, fiscally responsible and realistic implementation strategies to ensure the resolutions have the greatest opportunity to become reality. Work on these strategies will be ongoing. Many of these strategies reflect actions that must be taken by the federal government, as well as by state government.

I appreciate the unselfish commitment you have made to this effort. I commend you for your ability to bring hundreds of individuals together and organize a grassroots effort that will carry us through the next 10 years. As a baby boomer, I truly look forward to the years ahead and the opportunities I will experience due to the fine work of so many caring individuals.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Michael Rounds".

M. Michael Rounds

STATE CAPITOL • 500 EAST CAPITOL • PIERRE, SOUTH DAKOTA 57501-5070 • 605-773-3212

2005 WHITE HOUSE CONFERENCE ON AGING

FINAL REPORT APPENDIX



OFFICE OF THE GOVERNOR

April 13, 2006

RICK PERRY
GOVERNOR

Ms. Dorcas R. Hardy
Chairman
WHCoA Policy Committee
4350 East-West Highway, 3rd Floor
Bethesda, Maryland 20814

Dear Ms. Hardy:

Thank you for the opportunity to respond to the preliminary report of the 2005 White House Conference on Aging (WHCoA).

On April 1, 2005, I issued Executive Order RP 42, creating the Aging Texas Well Advisory Committee. This executive order should enhance efforts to prepare for an aging population. Many of the top WHCoA resolutions are similar to the ideas expressed in RP 42. These include the importance of supporting caregivers, the need for geriatric training among medical providers, the need for evidence-based disability and disease prevention activities, the importance of improving the provision of behavioral health services and support to older persons, and the vital nature of transportation services for older Texans.

As governor of a rapidly growing state, I am encouraged that one of the strongest goals of the WHCoA is improving long-term services and supports, particularly development of a national strategy. The costs of these services comprise an increasing share of many state budgets. As a nation, we must develop a comprehensive and coordinated approach to meeting these needs while ensuring appropriate fiscal control. As you are aware, a key component of this strategy is reauthorization of the Older Americans Act, the conference's top resolution.

We are proud that the Texas delegation to the WHCoA has been active throughout the entire process. Prior to the conference, they reviewed the resolutions and selected 24 of them as priority issues. The top 50 resolutions selected by the conference included all but one of these 24 priority issues (see attached). As part of our post conference follow-up activities, the Texas delegation is meeting on April 21 to discuss implementation strategies. They will also be meeting with their local communities during the month of May to report back on the conference and to identify implementation strategies at the local level.

Once again, thank you for the opportunity to comment on the preliminary report. I look forward to reviewing the implementation strategies from the conference in your final report so that Texans may benefit from the innovative thinking of all the delegates.

Sincerely,

A handwritten signature in black ink that reads "Rick Perry".

Rick Perry
Governor

RP:ncp

Enclosure

POST OFFICE BOX 12428 AUSTIN, TEXAS 78711 (512) 463-2000 (VOICE)/DIAL 7-1-1 FOR RELAY SERVICES

Visit www.TexasOnline.com the Official Web Site of the State of Texas

Top Priorities of the Texas Delegation

Resolution Number	Resolution
4	Establish principles to strengthen Social Security.
7	Strengthen law enforcement efforts at the federal, state, and local level to investigate and prosecute cases of elder financial crime.
11	Remove barriers to the retention and hiring of older workers, including age discrimination.
17	Reauthorize the Older Americans Act within the first 6 months after WHCoA 2005.
18	Encourage community designs to promote Livable Communities that enable aging in place
19	Create a national Strategy for promoting elder justice through the prevention and prosecution of elder abuse.
20	Encourage more effective oversight and accountability at the state and local levels of court appointed guardians and conservators.
21	Support older drivers to retain mobility and independence through strategies to continue safe driving.
22	Ensure that older Americans have transportation options to retain their mobility and independence.
25	Encourage the development of a coordinated federal, state, and local emergency response plan for seniors in the event of public health emergencies or disaster.
26	Support older adult caregivers raising their relatives' children
29	Promote enrollment of seniors into the Medicare prescription drug program.
30	Develop a coordinated, comprehensive LTC Strategy by supporting public and private sector initiatives addressing Choice, Quality, service delivery and the Paid and Unpaid Workforce.
33	Promote the importance of nutrition in health promotion and disease prevention and management.
34	Improve the health and quality of life of older Americans through disease management and chronic care coordination.
36	Improve recognition, assessment and treatment of mental illness and depression among older Americans.
37	Prevent disease and promote healthier lifestyles through educating providers and consumers on consumer healthcare
40	Attain adequate numbers of healthcare personnel in all professions who are skilled, culturally competent, and specialized in geriatrics.
41	Support Geriatric education and training for all healthcare professionals, paraprofessionals, health profession students, and direct care workers.
42	Promote innovative models of non-institutional long-term care.
43	Ensure appropriate care for seniors with disabilities.
44	Reduce healthcare disparities among minorities by developing strategies to prevent disease, promote health, and deliver appropriate care and wellness.
46	Promote innovative and evidence-based and practice-based medical and aging research
48	Ensure appropriate recognition and care for veterans across all healthcare settings.
50	Strengthen and improve the Medicaid Program for seniors.
51	Strengthen and improve the Medicare Program.
53	Improve access to care for older adults living in rural areas.

2005 WHITE HOUSE CONFERENCE ON AGING

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56	Develop a national strategy for promoting new and meaningful volunteer activities and civic engagements for current and future use.
59	Reauthorize the National and Community Service Act to expand opportunities for Volunteer and Civic Engagement activities
62	Develop incentives to encourage the expansion of appropriate use of health information technology
67	Develop a national strategy for supporting informal caregivers of seniors to enable adequate quality and supply of services.
69	Implement a strategy and plan for accountability to sustain the momentum, public visibility, and oversight of the implementation of 2005 WHCOA resolutions.
71	Improve state and local based integrated delivery systems to meet 21st century needs of seniors

2005 WHITE HOUSE CONFERENCE ON AGING

FINAL REPORT APPENDIX

CHRISTINE O. GREGOIRE
Governor



STATE OF WASHINGTON

OFFICE OF THE GOVERNOR

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April 18, 2006

The Honorable Dorcas R. Hardy
Chair, Policy Committee
White House Conference on Aging
4350 East-West Highway, 3rd Floor
Bethesda, MD 20814

Dear Ms. Hardy:

Thank you for the opportunity to review the resolutions in the White House Conference on Aging (WHCoA) Preliminary Report. I commend you, Dr. Scott Nystrom, and everyone who spent countless hours planning for, and executing, the 2005 WHCoA. Before I comment on the resolutions, I want to raise some concerns – concerns I have, and ones also raised by the delegation representing Washington State at this conference, held only once every ten years.

First and foremost, our country is on the precipice of experiencing the greatest number of Americans turning 60 in our nation's history. Nearly 1,200 conference attendees traveled, many from great distances, because they recognize the critical importance of setting the roadmap for aging in our nation. They were very disappointed that there was no meeting with the President. Not since the first WHCoA a half-century ago has a President *not* attended. I understand President Bush instead met with a small, hand-picked group of seniors in northern Virginia.

I am also disappointed that the WHCoA did not reinstate the 10-percent rule for bringing resolutions to the floor. This limited floor recommendations to only those proposals already submitted prior to the meeting. While I heard that discussion around the pre-filed proposals was good, I believe we also lost many fresh, valuable ideas that the impressive and distinguished group of conference delegates brought with them, which could and should have been part of the effort.

Thirdly, I find it unfortunate that materials created by the delegates during the Implementation Strategy Sessions are not being distributed. In your November 22, 2005 cover letter to the 2005 WHCoA Resolutions Workbook, you speak specifically to the fact that the "implementation strategies are essential." Furthermore, while recognizing that the resolutions are vital in establishing *what* priorities the nation should address, the implementation sessions, as you write, "should suggest *how* the resolutions might be put into action." Given that so much time was spent by the delegates creating implementation strategies, I think it only natural that these strategies be released to the states so that we might further benefit from the work of the WHCoA.



The Honorable Dorcas R. Hardy
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Washington State's WHCoA delegates are all experts in the field of aging, with varied and diverse backgrounds. Their input enhances several areas of high priority and activity for Washington State that I wish to highlight after examining the preliminary report. All are tied to the top ten resolutions that WHCoA delegates adopted.

Many of the resolutions are quite complex, having both intergovernmental and fiscal implications. Washington State has historically placed strong emphasis on developing research-based, fiscally responsible and innovative strategies to better serve its aging and long-term care (LTC) populations. Our strategies will continue to evolve in order to keep pace with demographic changes and the continuing desire for increased consumer choice. We hope that WHCoA efforts support our own.

Reauthorization of the Older Americans Act

Like all WHCoA delegates, including Washington State's, I echo resounding support for **Resolution 17** to *Reauthorize the Older Americans Act (OAA) within the First Six Months Following The 2005 White House Conference on Aging*. With 1,061 votes, the interest in reauthorization is without question. Because OAA expired in 2005, the importance of quick Congressional action is also apparent and recognized.

I also applaud the Administration on Aging's proposal for reauthorizing, "Choices for Independence," a demonstration project that builds on the mission and success of the OAA and aims to strengthen and modernize its role in promoting consumer choice, control, and independence in long-term care. In addition to reauthorizing OAA, Congress must fund it appropriately, rather than the flat funding it has received for too many years now.

With 29 federally recognized Tribes in Washington State, OAA reauthorization must also consider the unique status of American Indians and fully recognize the federal Trust Responsibility to this population. As Congress continues its work on reauthorization, I encourage members to consider integrating delivery systems that allow Area Agencies on Aging (AAAs) to assist Tribal councils and Title VI programs in planning for the aging "baby boomer" population also occurring on reservations.

Long-Term Care Task Force on Financing and Chronic Care Management

Greater flexibility for states and new innovative partnerships are important steps to developing systems of long-term care. Delegates recognized this in adopting **Resolution 30**, to *Develop a Coordinated, Comprehensive Long-Term Care Strategy by Supporting Public and Private Sector Initiatives that Address Financing, Choice, Quality, Service Delivery, and the Paid and Unpaid Workers*.

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In Washington State, we are already working on developing such strategies. During the 2005 legislative session, our Legislature approved my proposal to create a joint legislative and executive Long-Term Care Task Force on Financing and Chronic Care Management to address the future of long-term care in Washington State. The Task Force will review and make recommendations about public and private financing, and recommend chronic care management and disability prevention interventions to reduce health care and LTC costs to both individuals and the state. These interventions will include having access to health professionals and caregivers who are well-trained in issues affecting older people.

I ask that the federal government, including the Veteran's Administration (VA) and Indian Health Services, partner with us, and with the private sector, to explore innovative funding sources to provide the necessary infrastructure and service options, without burdening Washington and other states with additional federal mandates. The VA will be particularly instrumental to these efforts, given that 50 percent of men over the age of 75 are veterans.

Medicare and the Medicare Modernization Act

Delegates to the WHCoA were absolutely correct in adopting **Resolution 51** to *Strengthen and Improve the Medicare Program*. Like all states, Washington experienced a crisis when, on January 1, 2006, 96,000 of our most vulnerable citizens were forced into the new Medicare Part D program created by the Medicare Modernization Act (MMA). This dual-eligible population, eligible for both Medicaid and Medicare, has serious mental and physical health problems, including HIV/AIDS, organ transplantations, cardiovascular disease, and cancer. This population also encompasses those with developmental disabilities, Alzheimer's and other dementia, severe physical disabilities, and chronic disease co-morbidity.

The dual-eligible population is now required to pay a co-pay of anywhere from \$1 to \$5 for every prescription they need – this, in striking contrast to when they were on Medicaid and had no co-pay. A co-pay of \$1 to \$5 may not sound like a lot to some, but many of these citizens live on \$579 or less per month. In Washington State, the average number of prescriptions taken by a dual-eligible beneficiary is seven, with many taking fifteen or more. The resulting co-pay of \$35 to \$75 per month is a huge barrier, preventing many from accessing life-saving, life-stabilizing medications they need. Many of our dual eligible citizens are entirely dependent on their medications, unable to go a day without them. Yet the new federal requirement for co-pays means this is exactly what is happening.

While there are a multitude of MMA transition issues that must be dealt with, the issue of co-pays continues to be the greatest concern. In January and February, I worked directly with Health and Human Services (HHS) Secretary Michael Leavitt on a mechanism to help our dual-eligible citizens meet the new co-pay requirement. Secretary Leavitt committed \$14 million to Washington State, "savings" from our clawback, which will pay these co-pays for one year. Clearly, we need a permanent solution. These people cannot afford co-pays and the state should not be picking up the tab.

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It is important to note, too, that American Indian Elders find cost sharing counter to the Federal Trust responsibility and are resistant to utilizing the program. Furthermore, it is surprising that the new MAA law contains an institutional bias requiring that dual-eligible beneficiaries who receive long-term care in home and community based settings pay co-pays while those in institutions do not. This bias needs to be corrected. Not only does it add one more burden to the lives of individuals who are chronically ill and/or vulnerable, it is also counterintuitive to the President's New Freedom Act and national initiatives intended to slow the growth of long-term care costs.

I believe the MAA is a fundamentally flawed federal program and I will continue working with HHS and Washington's congressional delegation to find permanent solutions. We, as a nation, find ourselves in the throes of the Part D confusion. Our congressional delegation continues to fight to make the program one that meets the needs of the people it serves. Senators Cantwell and Murray, especially, are dogged in their fight to lessen the negative impact of the transition and make the new program easier on all Medicare beneficiaries, and especially for those who are dually eligible. I will continue to work with the entire Washington delegation to repeal the co-payment requirement for dual eligibles, as well as change any other section of the new Medicare drug program that is a barrier to Washingtonians receiving the health care they need and deserve.

Home and Community Based Services

In line with **Resolution 42**, to *Promote Innovative Models of Non-Institutional Long-Term Care*, and **Resolution 71**, to *Improve State and Local Based Integrated Delivery Systems to Meet 21st Century Needs of Seniors*, I take great pride in progress Washington State has made to provide our disabled citizens with options for possible community living. Washingtonians continue to prefer consumer-directed home and community-based care, whenever feasible.

For over two decades, building the capacity for quality home and community-based care and slowing the growth of long-term care costs have guided our efforts to provide long-term care services in Washington State. Our Department of Social and Health Services (DSHS) Aging and Disability Services Administration (ADSA) has expanded community supports and now approximately 70 percent of our aging and long-term care population receive in-home and community-based services. Capacity-building continues, with emphasis on serving special populations that include American Indians, ethnic and cultural minorities, those with limited English-speaking proficiency, many who are geographically isolated, those with traumatic brain injuries, and citizens struggling with Alzheimer's disease or other dementia processes.

We continue to explore service delivery options to help slow LTC expenditures. These include expanding delegation of nursing activities for community residential and in-home consumers, implementing self-directed care, and, more recently, participating in a grant to pilot a cash and counseling project, as well as funding chronic care management projects. Planning for affordable senior housing in livable, senior-friendly communities where individuals can more successfully "age in place" is also essential.

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Currently, the Medicaid statute mandates that beneficiaries who are nursing home eligible be treated in nursing homes. However, all 50 states operate under waivers designed to create some measure of flexibility on long-term care, and 31 states include a form of community-based personal attendant care in their programs. I believe Congress and the Administration should take legislative and/or regulatory steps to provide states with the flexibility to offer elderly and disabled beneficiaries a more balanced choice between nursing home and community-based services. Flexibility is also needed to develop better options for workable Tribal LTC programs that consider the Federal Trust responsibility. I would also support streamlining to the necessary waivers, but encourage retaining provisions that give states the ability to set budget limitations and determine budget neutrality.

Expansion of Aging and Disability Resource Centers

I am extremely pleased that last year Washington State was approved for a three-year Aging & Disabilities Resource Center (ADRC) grant, another tool related to the goals of **Resolution 71**. The grant funding will assist DSHS-ADSA to continue developing consumer-based LTC services enabling individuals with disabilities or long-term illnesses to live in integrated community settings, choose their service providers, and obtain quality care. This grant also matches the goals set forth for our state's Long-Term Care Task Force on Financing and Chronic Care Management, including building a social consciousness about long-term care, and the options available, by facilitating individual planning around costs and services.

We see this grant as an opportunity to build on our very successful aging information and assistance/referral (aging I&A/R) programs administered by the AAAs. These programs have recently demonstrated the depth of their professionalism and abilities by responding to the need for one-on-one education and assistance with Medicare enrollment for both general and dual-eligible Medicare beneficiaries in Washington State. However, because of funding limitations, AAAs were only able to serve persons 60 years of age and older and had to delay other obligations.

By the end of the third year, the pilot ADRC Washington State received will serve those of all ages who have physical and/or cognitive disabilities, including those with limited English proficiency. We will also have developed a strategic plan for statewide expansion of ADRC's, which is integral to ensuring quality and choice in our state's long-term care system. I intend to work with the National Governors Association to advocate for federal support of the ADRC concept, which is one I highly value.

Geriatric Education Centers

Resolution 41, to *Support Geriatric Education and Training for All Healthcare Professionals, Paraprofessionals, Health Profession Students, and Direct Care Workers*, is also of the utmost importance. Over the course of the next 20 years, the over-65 population in Washington State will go from roughly 11 percent of the population to 20 percent. In that same period of time, the ratio of workers able to care for this population (generally those between the ages of 20 and 54)

The Honorable Dorcas R. Hardy
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will decline, from 4.5:1 to 2.5:1. This stark contrast is distressing and I commend the WHCoA delegates for recognizing the workforce need to support our elders.

Given the importance of geriatric education and training to me, my state, and the WHCoA delegates, I am astounded that the Fiscal Year 2006 budget adopted by Congress eliminates funding for the Geriatric Education Center (GEC). Here in the Northwest, we have been fortunate to have the Northwest Geriatric Education Center (NWGEC) at the University of Washington. The NWGEC has been improving the health and quality of life of the Northwest's older adults since 1985 through its leadership in providing continuing education to geriatric healthcare and social service practitioners.

Also, recently, NWGEC facilitated the states of Alaska and Montana in obtaining their own GECs and is working with Wyoming to do the same. To not have the support of Congress or the Administration for something as vital as geriatric education and training is counterintuitive, and I implore Congress to right a wrong and restore Geriatric Education Center funding.

As Washington State's WHCoA delegates continue to share their work from the Conference with me and my administration, as well as with our Washington State Council on Aging, I again ask for the release of all WHCoA delegate Implementation Strategy Session products. We have done well in determining what we must do in the coming years, the challenge now is, as you say, the how.

Thank you, again, for the fine work of the WHCoA. I look forward to seeing changes in federal legislation and/or regulatory steps that will complement the exceptional efforts already underway here in Washington, and that will support every state's efforts to meet the challenges and opportunities presented by our increasing, aging and elderly population.

Sincerely,



Christine O. Gregoire
Governor

cc: Robin Arnold-Williams, Secretary, DSHS
Mary Selecky, Secretary, DOH
Steve Hill, Administrator, Health Care Authority
Doug Porter, Assistant Secretary, Health & Recovery Administration, DSHS
Kathy Leitch, Assistant Secretary, Aging & Disability Services Administration, DSHS
Mark Rupp, Governor's Executive Policy Advisor
Washington State Delegates to the WHCoA
Washington State Council on Aging

2005 WHITE HOUSE CONFERENCE ON AGING

FINAL REPORT APPENDIX



APR 6 2006

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State of West Virginia
Joe Manchin III
Governor

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April 4, 2006

The Honorable Dorcas R. Hardy
Chairman, Policy Committee
2005 White House Conference on Aging
4300 East-West Highway
Bethesda, MD 20814

Dear Ms. Hardy:

It is my pleasure to submit the West Virginia Delegations report on the 2005 White House Conference on Aging. Many of the recommendations address national policy while others are West Virginia specific.

I have worked closely with our delegation on this report. I am proud of their work and that of Dr. Sandra K. Vanin, Commissioner of the Bureau of Senior Services, who provided inspirational leadership to our West Virginia delegation. I also want to acknowledge the contribution of Dr. David Brown, who served as the lead author of this report, as well as every member of our West Virginia delegation (see Appendix A) for the time and effort they invested in this endeavor.

Finally, I would be remiss if I did not thank Mr. Robert Blancato, member of the Policy Committee of the 2005 White House Conference on Aging, for the training he conducted for our delegates.

2005 WHITE HOUSE CONFERENCE ON AGING

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OFFICE OF THE GOVERNOR

Dorcas R. Hardy
April 4, 2006
Page 2

I urge you to consider the recommendations of the West Virginia delegation and trust the report will be of value as the final report is prepared for Congress and the President.

Sincerely,



Joe Manchin III
Governor

JM/cfc

REPORT OF THE WEST VIRGINIA DELEGATION

TO

THE 2005 WHITE HOUSE CONFERENCE ON AGING

RESPECTFULLY SUBMITTED

TO

THE HONORABLE JOE MANCHIN III

GOVERNOR

Report to the Governor

West Virginia Delegation to the 2005 White House Conference on Aging

Introduction

The 2005 White House Conference on Aging (WHCOA) met December 11-14 in Washington, DC. This was the fifth WHCOA, which are decennial events with the purpose of making recommendations to Congress and the President to help guide national aging policy over the decades. The 2005 Conference focused on aging today and tomorrow, including 78 million baby boomers who began to turn 60 in January 2006.

This “booming generation” shaped the theme and agenda for the conference.

Some 1200+ delegates attended the conference and passed on 50 priority resolutions that will go to Congress and the President. Below is a recap of the top ten resolutions passed by the delegates and the response of your delegation in their report to you.

Topping the list was a resolution calling for the immediate reauthorization of the Older Americans Act, which is up for re-adoption in Congress this year. Long-term care, transportation, Medicaid and Medicare, geriatric training, non-institutional long-term care, mental illness, training health care professionals and improving state-local systems of care rounded out the top ten.

Other resolutions among the top 50 least dealt with Social Security, rural economies, and care delivery, retirement savings strategies, wellness emphasis, role of Senior Centers, disease prevention, patient advocacy, and aging and disability concerns. Just about every aspect of concern to older Americans received some emphasis in the resolutions.

Response of the West Virginia Delegation

1. Unanimously, our delegation expresses the most urgent and profound support for the rapid reauthorization of the Older Americans Act. This program has been the backbone of social support services to older people 60+ for forty years. For West Virginians, that funding helps with nutrition, transportation, home care, job training, employment, advocacy, entitlements and others concerns. Transportation in our state was particularly singled out. Growing rural transportation accessibility is critical to serving our rural elderly and to keep rural West Virginia open for business. Rural factors need to be restored and re-emphasized in the funding formula that goes from the federal to state level.

Senior Centers in West Virginia play a vital role in service delivery. Challenges lay ahead and call for a forward-looking strategy of strategic positioning. Baby boomers will challenge Senior Centers to evolve and grow into new and vital roles of service to individuals and communities. Centers must expand existing programs and activities and develop new ones that promote self-determination, independence, and healthy aging. Effective senior centers facilitate well-being in all dimensions: physical, social, emotional, spiritual, mental, and economic. Some redesign of programming as well as facilities needs to occur in order to attract this generation. Our state will do well to promote policies and funding that will enable senior centers to expand their roles and programming to meet the needs of seniors today and tomorrow.

The Family Caregiver Act (Title III E of OAA) needs to be a priority for funding. Respite services are vital in keeping individuals in their own homes and allowing family members time to perform their needed duties outside the home. On the state level, funding to expand the Alzheimer's respite program is critical. This program presently operates in 14 counties and needs to be expanded to all 55 counties. However, it should be noted that the budget request recently submitted to Congress by President Bush for fiscal year 2007 proposes to eliminate support for this vital program.

2. The second resolution, heartily supported by the West Virginia delegation addresses the issue of long-term care and the need for a comprehensive strategy with public and private support focusing on issues such as financing, choice, quality service delivery and the use of a paid and unpaid work force integrated into long-term care systems.

Long-term care and end-of-life issues were of interest to West Virginia's delegates. The need to include personal care as a paid alternative to Medicaid options and to improve in-home programs was discussed. The exhibit hall was a wealth of private companies with alternative in-home security and tracking. There were pill containers that were linked to a mainframe computer, relaying information to a main office on the dosage and compliance of taking prescription drugs. Also, in-home monitoring systems, with symptom diagnosis and emergency contacts were being highly marketed. The savvy seniors of the Boom generation who are computer literate will be the main consumers of these new techniques for themselves and their elderly parents.

Training for both professional and paraprofessional care providers for the elderly was the final area of concern. The delegation felt that this was an area of great importance for

West Virginia. With so many home care provider agencies, the lack of geriatric specialists and the stigma associated with mental health concerns in this state, it was viewed as critical for improvement in health care for seniors. Often patients present to family or general practitioners medical and mental health problems. Mental illnesses are often misdiagnosed and the elderly patients are frequently in their practitioner's office with medical complaints. The proper diagnosis would in many cases eliminate the need for such frequent office visits. In the same respect, elderly patients' symptoms may be different than those of younger patients, having the appropriate specialization will facilitate proper diagnosis. This could save any unnecessary tests, multiple visits, and unsuccessful and costly treatments.

After reviewing the events of the WHCoA 2005, it is evident that if seniors are to enjoy a quality of life that allows for flexibility and a variety of services, the state must be prepared to supplement the federal government's funding. All states will need to assume a greater financial responsibility, support the most needy, and assist in providing opportunities for retraining and continuing medical education units. With cuts to Medicaid including the A/D Waiver, more seniors who desperately need the services will be denied. Therefore, the goal of allowing seniors to remain in their homes will not be attainable.

The West Virginia legislature should revisit the issue of the development of a coordinated, comprehensive, long-term care strategy which was the number two ranked resolution of the conference. Looking forward over the next ten years and the threat to the Medicaid program, it is imperative for individuals to be encouraged to purchase long-term care insurance. It would be helpful for the West Virginia legislature to examine the

opportunity which is currently in place for tax deduction of long-term care premiums and enhance it through education and modification of Tax Form IT-140, Schedule M, as a separate line item where one can identify the payment for long-term care insurance. This action, when brought forward to the form IT-140, would in effect allow an “above the line” tax deduction for the long-term care premium before getting to adjusted gross income. The President and Congress should be encouraged to see that an above the line tax deduction for long-term care insurance is made a part of the federal tax program and the forms associated with the IRS. The Governor could facilitate this through the Governor’s Association. This would allow for essentially the same action we are taking in West Virginia to be replicated at the federal level. Over time this primary approach along with existing tax advantage accounts like 401 (k)s, IRAs, medical savings accounts, etc., could potentially be combined to take care of chronic care costs be they in the home or out of the home, thereby reducing dependency on the Medicaid program. For West Virginia as a rural state, it is critical to attract health care personnel in all professions along with paraprofessionals in order to enhance the labor supply to provide services to citizens. Clinical and non-clinical people combine to provide a network within the workforce to serve those maturing Americans who will have chronic needs. The Older Americans Act, long-term care insurance and enhancing health care personnel in the workforce are major issues we advance in Governor Manchin’s report to President Bush and Congress. Over the next 10 years, in-home and community-based services coupled with appropriate funding and people to carry out the work, represent major issues for West Virginia and the nation.

Other recommendations included reforming the Medicaid program which is so vital to the state's seniors, that which is threatened by soaring costs and federal cut-backs. Examine the possibility of a phased-in program of performance-based reimbursement and cost sharing rather than the current open-ended fee for service scheme which compensates units served, not client needs.

Empowered clients should drive the program—not levels of reimbursement. Health insurance likewise should be made available to those who cannot afford mainstream policies either through managed care organizations or as a state-subsidized program. Such efforts should promote prevention and wellness rather than focusing on illness. Study carefully the state cash and counseling program as a viable option which puts the client in the middle of care and cost issues.

According to the Social Security Administration, Medicaid costs topped \$258 billion in 2002, serving about 43 million people. Medicare costs reached \$261 billion in the same year, serving 40.5 million aged recipients. The total cost in these two programs was about \$519 billion in 2002. Also in 2002, an estimated 875,000 state residents worked in employment covered under the Medicare program and paid approximately \$637 million in Medicare taxes. Because our state is so heavily subscribed in these major safety net health care programs, payments to beneficiaries in West Virginia is a critical and foundational aspect of federal transfer payments to the state.

3. The need to educate a geriatric health care network has far reaching demands on both public and private sectors. There is an overlap between Medicare, Medicaid, long-term care, and meeting the mental health concerns of senior West Virginians. The quality of

the available health care, the ability to receive these services in a timely manner and at minimal cost as well as the need to make decisions regarding independence and quality of life are all factors to be considered. West Virginia, with many seniors on the Medicaid A/D Waiver will suffer from cuts to the program, and many will be forced into nursing homes with no other option . Seniors who could live independently with assistance will now find they no longer qualify for the personal care or home aid that kept them independent. The lack of geriatric specialized training in many health care providers often results in patients not receiving the most effective care. There is a need to redesign the nursing home option to be in tune with the needs of the seniors. This should include day treatment beds, respite services, and flexibility for the caregivers and the nursing homes. The system needs an overall review in an effort to meet the needs of not only today's seniors but the seniors of tomorrow. Mental health issues should be funded and communities should be able to provide those services by trained individuals. Seniors life expectancy is increasing and the quality of care needs to expand to meet their multiple needs in a way that respects their quality of life choices.

4. Housing – West Virginia has a higher number of home owners per capita in the nation but we still need to be improving our communities and making them livable for all ages and persons with needs. Builders need to be encouraged to provide homes with a universal home design for aging and persons with needs across the state. We are one of the oldest states per capita in the country with people seeking housing more suitable to them, but we still build two story housing for retirement communities.

Transportation – As our population ages and they have to give up their driving rights, we do not have a comprehensive plan to provide affordable and accessible transportation,

especially in rural areas. This came through quite clear as delegates voted this as number three in the top ten resolutions. This needs serious consideration in West Virginia and we need to be seeking ways to answer this need.

5. Two resolutions dealing with issues of rural aging together garnered 1,291 votes from the delegates. They dealt with the issues of access to care in rural areas and spurring economic development in rural places as a pre-condition of sound health and human services delivery.

The Administration on Aging needs to partner closely with DHHS to develop an implementation strategy based on the report of former Secretary Thompson of DHHR, which calls for creating one department to serve rural America to eliminate the duplication of multiple agencies dealing with rural human services issues. Deal with implementation of recommendations in the report addressing rural families, rural economic development, rural policy making and local government to rural places. Implement fully the mandates on rural best practice service delivery as authorized in the 2000 Older Americans Act. These sections mandate the development of training and technical assistance to provide services to older people in greatest need with particular emphasis on older persons in rural areas. Further, these provisions called for developing resource guides and training and technical assistance on best practices in service delivery to seniors in rural areas. State best practices and innovations were to be reported to Congress in a national study. This latter requirement was partially fulfilled in 2003 with the publication of the report entitled "Best Practices in Service Delivery to the Rural Elderly (Ham, R., Goins, R., Brown, D. (eds). West Virginia University, Center on Aging.)

This study will appear in June 2006 in book form from Springer Publishers.

Put particular focus on Section 201, 202.

Form state-county-municipal partnerships on the state level; utilize county and mayoral associations to overhaul city and county charters removing legal and regulatory barriers to economic development. The private sector on the local level is a key ally. Local components of the aging network, i.e., Area Agencies and local providers need to be proactive advocates and participants in these initiatives.

The local aging network needs to be a proactive partner in rural economic development sitting on local, county, and regional development planning organizations. The local aging network needs to be local economic-development planning focused. State legislatures which do not leave them should establish select or ad hoc legislative committees focused on rural economic development.

Improve Access to Care for Older Adults Living in Rural Areas

A. Implement those parts of the new Medicare Modernization Act which provide financial inducements to doctors, hospitals, home health agencies and ambulance services to focus on serving rural areas. Build service delivery infrastructure in rural places.

B. College and University-based Geriatric Education Centers (GECs) need to outreach to small rural hospitals and rural health care practitioners in their states with training, teaching, continuing education and technical assistance interventions to upgrade skills and knowledge of health care providers.

The eleventh recommendation in terms of delegate votes called for strengthening the Social Security program. Delegates expressed firm and vocal opposition to schemes which would privatize Social Security by taking contributions out of the trust fund and investing them in personal savings accounts.

Strategies to reform the system called for gradually increasing the normal retirement age (NRA), recalculating the cost of living adjustment (COLA) granting the Fund authority to expand investment options, and raising the amount of income subject to the Social Security taxes. Some 47+ million retirees receive Social Security benefits. In West Virginia, about 403,000 people receive monthly benefits which in December 2003, according to the Social Security Administration reached \$327 million. These transfer payments to the state are a significant economic engine. The delegation recommends more training and education in the Social Security program utilizing the resources of AARP and other in-state advocacy groups. We trust this report will be useful to decision-makers in West Virginia and the nation, in shaping aging policy now and into the future.

Respectfully Submitted,

West Virginia Delegation to the 2005 White
House Conference on Aging

Appendix A

**2005
WHITE HOUSE CONFERENCE ON AGING
WEST VIRGINIA DELEGATION**

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