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# Assistant Secretary for Aging sees network at a crossroads—and a place of new opportunities

By **Kathy Greenlee**

This is a time of rapid and dramatic change in the way we approach healthcare in this country. That change brings great opportunity for community-based organizations that are the backbone of the aging and disability networks. If the aging services network adapts successfully to the changes, it can strengthen individual organizations and networks, and continue to provide the services and supports that help the growing number of people served live the lives they want, in the communities they choose.

The flip side of the coin, of course, is that if the network fails to adapt, it risks being marginalized in a world that doesn't always understand the work it does and how it relates to health and healthcare.

**Adapting to the New World Order**

So how to adapt successfully? It comes down to two key questions: What does the aging network know? And who will pay for the services it provides? The network is expert in aging in place, and in providing the services and supports that allow people to age the way they want. Who will pay for the services provided is the harder question, and answering it is where it must focus its attention.

For most Area Agencies on Aging and other services providers in the aging network, funding provided by the Older Americans Act (OAA) has been their backbone for 50 years. However, the OAA has not yet been reauthorized, and although there have been modest funding increases in several programs in recent years, OAA funding likely is insufficient to meet the needs of the growing population of older adults.

The good news is that there are other payers for the kinds of services the network provides. Medicaid (especially Medicaid-managed long-term services and supports), Medicare (including bundled payments and Accountable Care Organizations [ACO]), the Veterans Administration, private insurers and private pay models offer opportunities for aging and disability organizations to tap into new and potentially more sustainable revenue streams.

Although there are many potential sources of payment for the services the network provides, payment means are interwoven and interdependent. More than ever before, there is recognition that social services play a key role in overall health and wellness. And, the advocacy work of colleagues in the disability network has helped change policy about how and where federally funded services can be provided. In turn, there is an increased emphasis on home- and community-based services in the new managed or integrated models of care many states are implementing. But with that increased funding comes increased competition, particularly from service providers within the healthcare sector.

Healthcare providers and payers are becoming increasingly aware of the fact that health begins and ends at home, outside the walls of the hospital or clinic, and that they—and their members or patients—need the kinds of services that the aging services network excels at providing. But it needs potential payers to not view these services as "free services in the community." OAA and other community services are not free. Nor are they resourced and robust enough to be able to support the volume that could be generated for these services through healthcare referrals.

**Competing in the New Marketplace**

So how to compete? The network must generate a business model that supports its mission, to ensure funding for the valuable services provided and to help payers (including the Centers for Medicare & Medicaid Services) to achieve quality goals and cost-savings.

However, securing and performing under contracts with healthcare providers and payers like Medicare and Medi-caid requires thinking and operating differently. This means fully explaining the pricing of services, how they are delivered, how to measure quality and identifying how services will generate return on investment and cost-savings for the payers through the systems in which the network operates. Also, providers must learn how to build a value proposition, and how to negotiate contracts.

As it happens, well-organized networks of aging and disability organizations are in a position to connect many of the services they already provide into service packages that healthcare entities typically do not provide.

These packages can include assessment, person-centered planning, care transitions management, care coordination, nursing facility transition and diversion waivers, employment supports, mental health services, meals, transportation, support for people with dementia and their caregivers, benefits outreach and enrollment, as well as chronic disease self-management, medication management, falls prevention and other evidence-based programs. Community-based long-term services and supports such as these are critical to addressing social determinants of health and improving health and quality of life for older adults and persons with disabilities—while reducing costs.

Through learning collaboratives of networks of community-based aging and disability organizations convened by the Administration for Community Living (ACL), The John A. Hartford Foundation, The SCAN Foundation, Partners in Care Foundation and elsewhere in the larger aging and disability fields, the network is testing models for securing funding for these kinds of services from conventional medical-model payers. Organizations and networks in the collaborative share the goal of contracting with integrated care entities, such as health systems, ACOs, health plans and more.

Together, the network—community-based organizations, states and the ACL—is stepping up to the challenge and learning from one another. This network is the best in the nation at what it does—providing home- and community-based services that respond to consumers' goals, needs and preferences. It can do this work, it is doing this work, and it has to do this work. ■

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