



Strategies to Support Aging Virginians in their Communities

Workgroup Meeting
October 18, 2021

Study purpose

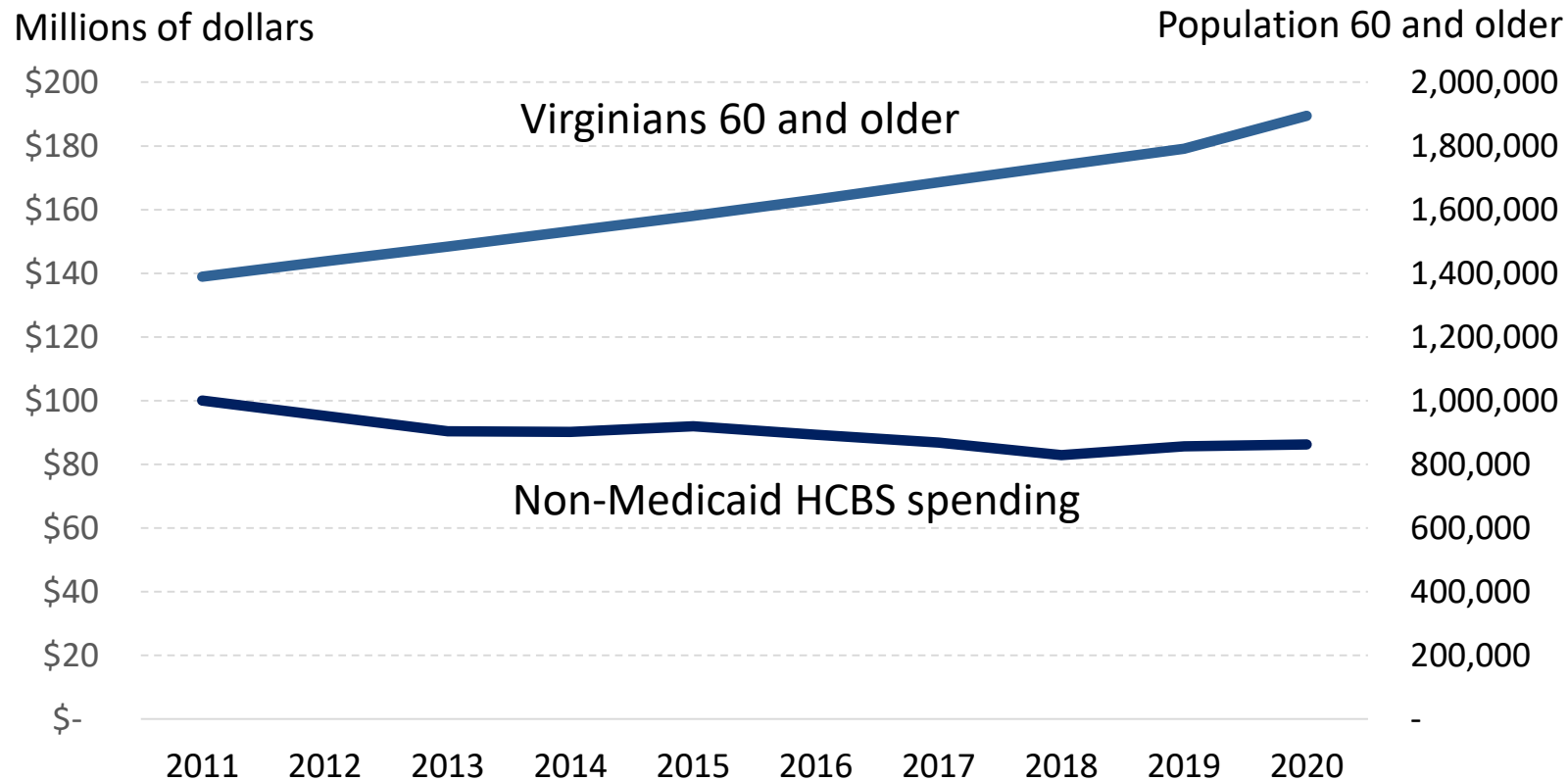
- Identify the necessary continuum of services to support older adults
- Understand the extent to which services vary across Virginia and ways services could be better coordinated
- Identify effective strategies that could better support older Virginians to “age in place”

NOTE: Study mandate approved by the Commission on December 15, 2020.

“Middle income” older Virginians have difficulty accessing home and community-based services

- Many older adults are not eligible for Medicaid because:
 - Income/assets are too high
 - Functional need is too low
- This “middle income” group is often underserved because they can’t afford private LTSS and have limited access through public programs

Virginia's older population is outpacing non-Medicaid spending on aging services



SOURCE: JCHC staff analysis of spending data from DARS and DSS, and population data from the US Census Bureau.

NOTE: Spending does not include federal COVID-19 relief funding, which was \$24.1 million FY20.

Most older adults need unskilled home care to age in the community

- Within home care, companion, homemaker, and personal care are most common
 - 54% cited companion or homemaker services as the greatest need
 - 34% cited personal care as the greatest need

AAA = Area agencies on aging; LDSS = Local departments of social services

Most older adults need housing support to age in the community

- Within housing, affordable permanent supportive housing and home modifications to current residence are the most common
 - 58% cited affordable permanent supportive housing as greatest need
 - 24% cited home modifications to current residence as greatest need

Policy options expand existing programs to address unmet community needs

Identified need	Target population		
	Middle income individuals	Functional need too low for Medicaid HCBS	Medicaid recipients
Affordable housing	<ul style="list-style-type: none"> Develop PSH proposals (Opt. 7) 	<ul style="list-style-type: none"> Develop PSH proposals (Opt. 7) 	<ul style="list-style-type: none"> Implement high needs supports (Opt. 1)
Home modifications	<ul style="list-style-type: none"> Expand AAA/LDSS programs (Opt. 3) 	<ul style="list-style-type: none"> Expand AAA/LDSS programs (Opt. 3) Expand Medicaid population (Opt. 2) 	<ul style="list-style-type: none"> Implement high needs supports (Opt. 1)
Home care	<ul style="list-style-type: none"> Expand AAA programs (Opt. 3) Support caregivers (Opts. 4-6) 	<ul style="list-style-type: none"> Expand Medicaid population (Opt. 2) Support caregivers (Opts. 4-6) 	

JCHC policy option 1

JCHC Members could direct DMAS to develop a 1915(i) state plan amendment to provide limited HCBS. The plan should include the eligibility criteria, intended services provided, utilization limits, and estimated costs for each service.

JCHC policy option 2

JCHC Members could appropriate funds to DMAS to conduct a rate study for the High Needs Supports waiver

JCHC policy option 3

JCHC Members could appropriate state funding for home care and home modification services and direct DARS to estimate the amount of additional state funding necessary to address the current unmet need.

JCHC policy options 4 & 5

JCHC Members could provide state funding for the Virginia Lifespan Respite Voucher Program

JCHC Members could introduce legislation to provide a tax credit to eligible working family caregivers to offset the cost of select caregiving expenses

JCHC policy option 6

The JCHC could introduce legislation to create a grant program to expand the work of community-based volunteer organizations that provide caregiver-like services in their communities

JCHC Policy Option 7

The JCHC could direct DHCD to update the current Housing and Supportive Services Interagency Leadership Team to include older Virginians as a target population, add appropriate stakeholders, and increase the supply of PSH for older Virginians



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