



DEPARTMENT OF HEALTH
AND HOSPITALS

Why are we here?

- **To share the Governor's vision of a unified approach to enhance quality of life for seniors**
- **To discuss how best to plan for the future of aging services to Louisiana's senior citizens**
- **To dispel myths concerning the proposal**
- **To answer your questions and address your concerns**



A Little Background

- The Governor's proposal:
 - Transfers functions intact from GOEA to DHH
 - Transfers all current GOEA employees to DHH (no position loss)
 - Leaves contracts, polices, and procedures in place
 - Brings together the primary funding streams for senior services to strengthen state's investment in seniors
 - Creates opportunities for improvements and increased funding
 - Provides a stronger, more unified voice for seniors and elevates it to the cabinet level in state government



What will remain unchanged?

- Funding in the Governor's Executive Budget for current GOEA services
 - Funding at the local level remains essentially the same.
 - Proposed changes in distribution of funding *between* COAs/AAAs are unrelated to transfer and would occur regardless of transfer
 - Changes in distribution are due to change in census and the impact of census on formula funding.
 - 60% (38 parishes) have increases in their 2013 funding
 - Budget proposed by the Governor would be the same whether in GOEA or DHH



What will remain unchanged?

- The commitment that both GOEA and DHH have to enhance the quality of life for our seniors
- Policies, procedures, and payment mechanisms for COAs/AAAs
- The structure of local COAs and AAAs
- Eligibility requirements for current GOEA and COA/AAA services for seniors



Myths About Merging

DHH welcomes a healthy dialogue with all stakeholders about the Governor's proposal, but to have a meaningful dialogue it is important to separate the FACTS from the MYTHS.

In this presentation, we would like to address a few of those MYTHS.



Myth #1

MYTH: COAs and AAAs will lose funding if GOEA is transferred to DHH.

FACT: COAs/AAAs would retain their statutory and non-statutory state funding, and their ability to pursue specific appropriations.

FACT: Decision to leverage local funds to “draw down” federal funds would be voluntary and made at the local level

FACT: Governor envisions transfer as providing opportunities to *increase* funding for senior services going forward, not decrease

FACT: DHH is prepared to sit down individually with each COA within the first six months to explain all funding possibilities.



Myth #2

MYTH: The Governor's Office and DHH have been planning this transfer for months without COA, AAA or GOEA.

FACT: This transfer was identified by cabinet level staff including the Governor's Office as an area where significant improvement could be made for our seniors

FACT: Public communications of this proposal began the day the budget was presented

FACT: There have been no pre-determined decisions, all decisions will be made with employees, stakeholders, and legislative input



Myth #3

MYTH: Seniors will lose their community resources.

FACT: Transfer of GOEA functions at the state level will NOT change the current structure of the COAs and AAAs in the community, nor will transfer reduce level of services

FACT: It will provide:

- Coordinated and more efficient protective services to prevent abuse/neglect of the vulnerable adult population
- Closer coordination of services to better meet ALL needs of seniors, including social well-being, health, and long term supports and services
- Better coordination of ALL resources dedicated to our seniors to improve quality of life



Myth #4

MYTH: All aging services would have to be done through Medicaid and COAs would be forced to use money for match. COAs would lose the money they put up for match.

FACT: The decision to use any money to leverage for match would be completely voluntary and made at the local level

FACT: Should COA funds be used voluntarily, the COA would continue to be funded, would continue to provide the current services, and additional funds obtained through match would be reinvested to provide additional services

FACT: There is a genuine opportunity to develop an effective system that uses all available funding resources to their full potential to meet future needs of aging population



Myth #5

MYTH: Only seniors who are eligible for Medicaid would be able to get services through the COA.

FACT: Transfer in no way changes any rules about who can receive services through a COA

FACT: Anyone who can use these services now would continue to be able to do so

FACT: Participation in many COA or AAA programs is governed by federal law and not subject to change by anyone at the state level



Myth #6

MYTH: COA and AAA funding will disappear, or be diverted, into other areas of the DHH budget

FACT: Funding in the SFY 13 budget is exactly as it would be if there was no proposed transfer

FACT: Local funding to COAs would remain untouched and continue to go to COAs just as it does now

FACT: Transfer is not to reduce funds but to instead maximize opportunities to get additional funds and provide more services



Myth #7

MYTH: Services would be reduced or eliminated if GOEA is transferred to DHH.

FACT: Funding for services is not affected by transfer and can be enhanced through resources provided by DHH

FACT: Current policies, procedures and structures to provide services at the local level remain unchanged

FACT: DHH can offer legal, fiscal and analytic staff and resources to strongly support the local organizations serving seniors while meeting increasingly high federal expectations for performance and accountability



Myth #8

MYTH: COAs focus on social services and DHH focuses on medical services. The two are not related.

FACT: Quality of life is holistic and includes physical, emotional, social, and mental health and well-being

FACT: DHH's current range of services includes extensive non-medical supportive services

FACT: Many seniors have physical, behavioral, and long-term care needs that are served by DHH, as well as social service needs met by COAs and AAAs

FACT: The current arrangement, in which different long-term care and other services and programs are operated separately, is not the most effective way of serving recipients

FACT: There is minimal coordination and no data sharing between agencies, and consumers eligible for services in both have to negotiate two systems



Myth #9

MYTH: GOEA employees will lose their jobs if there is a transfer

FACT: All GOEA staff would be transferred to DHH under the proposed merger

FACT: Proposed transfer does not include ANY layoffs of GOEA employees

FACT: Proposed transfer is consistent with similar service integration/coordination happening at the federal level

FACT: Proposed transfer is the arrangement used in at least 25 states



DHH Data: Age 60 & Over Services

- In Medicaid alone in FY 2011, DHH served 115,490 Seniors and invested **\$1,327,458,280** for services for seniors ranging from:
 - immunizations and prescription drugs (51,219 seniors)
 - medical transportation (29,692 seniors)
 - personal care services (11,353 seniors)
 - dental (2,975 seniors)
 - mental health clinic services (1,532 seniors)
 - community mental health center services (923 seniors)
 - physician services (106,517 seniors)
 - and many others

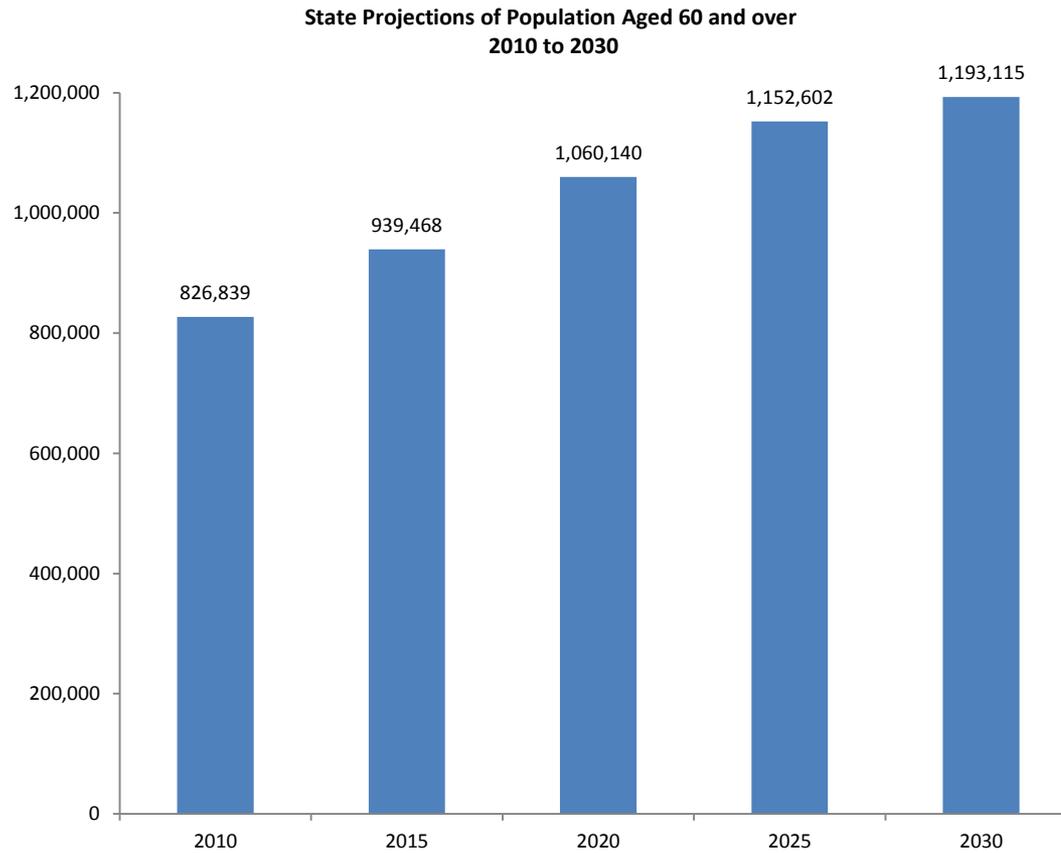


OCDD Data: Age 60 & Over Services

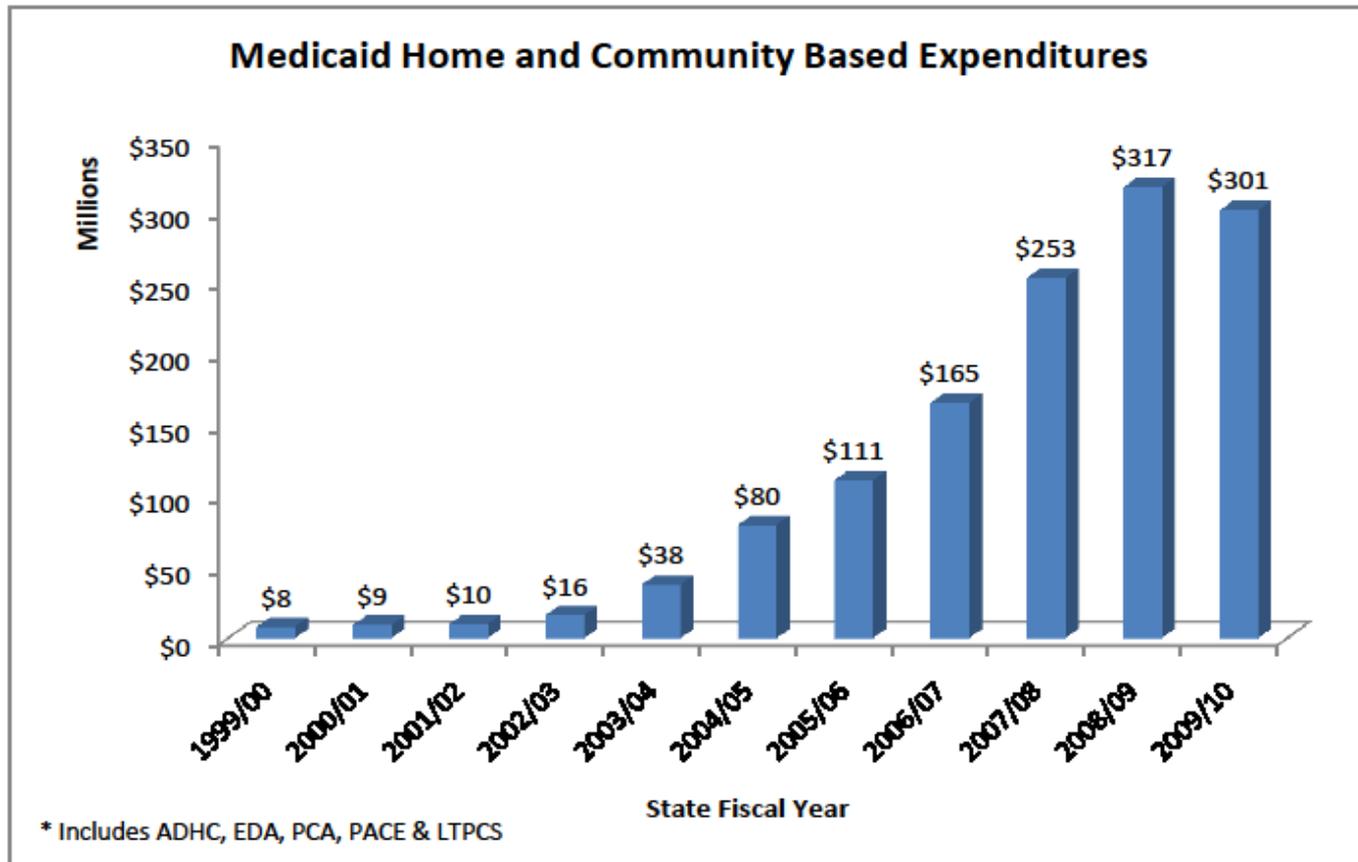
- The Office for Citizens with Developmental Disabilities serves 891 seniors through their clinics, resource centers and developmental disabilities waivers.
- In the NOW waiver for example, DHH-OCDD invested **\$32,686,208** in those individuals age 60 and over.



Why is a unified focus on seniors important?

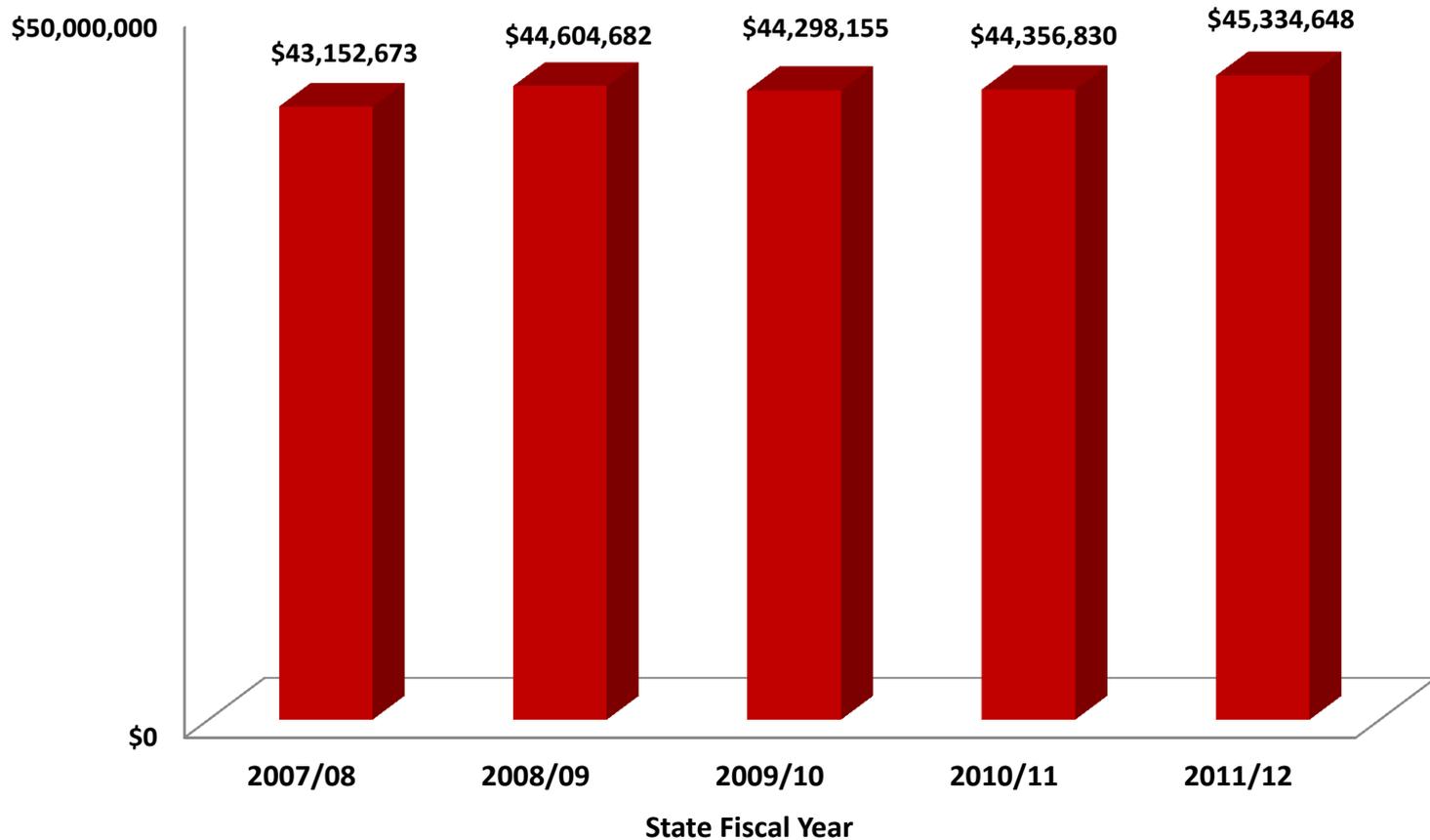


Funding for DHH/OAAS Community Services



Office of Elderly Affairs Funding

Office of Elderly Affairs Budget per Appropriation Act



Continuing the discussion

- Presentation of the Governor's Executive Budget is the beginning of a dialogue that will be ongoing throughout the legislative session
- As always, our shared focus is on the people we serve and not self-interest
- We all have a duty to not inflict fear in our seniors while our discussions are ongoing



Continuing the discussion

- This is the beginning of a process that will ultimately be decided by the legislature
- In order for the transfer to take place, a legislative bill must be passed
 - Bill is in draft form – COA and AAA representatives included in work group to finalize bill draft
 - Bill is not being pre-filed to allow for continued work group input
- We want to hear from stakeholders
- We welcome your questions/suggestions



Questions & Answers



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