

**REPORT OF THE
SECRETARY OF HEALTH AND HUMAN SERVICES**

**A PLAN FOR THE STATE-LEVEL
CONSOLIDATION OF AGING AND
LONG-TERM CARE SERVICES AND
THE COORDINATED DELIVERY OF
SUCH SERVICES AT THE STATE AND
LOCAL LEVELS**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 64

**COMMONWEALTH OF VIRGINIA
RICHMOND**

1996

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PREFACE

House Joint Resolution No. 209 of the 1994 Session of the Virginia General Assembly requested that the Secretary of Health and Human Resources, in cooperation with state and local agencies and organizations, review the plan for state level consolidation of certain long-term care and aging services within a single state agency and develop a plan for the coordinated delivery of such services at both the state and local levels. The following is the report of Secretary of Health and Human Resources Kay Coles James.

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EXECUTIVE SUMMARY

House Joint Resolution No. 209 of the 1994 Session of the Virginia General Assembly requested that the Secretary of Health and Human Resources, in cooperation with appropriate state and local agencies and organizations, review the plan for state-level consolidation of certain long-term care and aging services within a single state agency, and develop a plan for the coordinated delivery of such services at both the state and local levels. This report presents the Secretary's response to this request.

To assist the Secretary, the Advisory Committee on Aging, Disability and Long-term Care Services was established by the Secretary. More than two dozen agencies and organizations were represented on the Committee. In May and June, 1995, ten regional forums were hosted statewide to receive input from stakeholders at the community level. The forums were attended by over 800 people, representing consumers, providers, local governments, health and human resources agencies and others interested in the delivery of aging and long-term care services. Hundreds of individuals, agencies and organizations also submitted comments through letters, telephone calls, and attendance at the meetings of the Advisory Committee.

Since the early 1980's, numerous efforts have been made to improve the delivery of aging and long-term care services in the Commonwealth. The need for reform of aging and long-term care services has been extensively documented in the reports on the many efforts to improve the delivery of such services. There are a number of trends which make aging and long-term care services a significant public policy issue and which suggest that changes are needed in the way services are administered and delivered. These include increased longevity and an expanding aging population and the growing need for affordable, quality long-term care services for people of all ages.

The comments and recommendations presented by participants of the statewide forums have been compiled in a report by the Advisory Committee on Aging, Disability and Long-term Care Services. A copy of, "Reports from the Statewide Forums on Long-term Care and Aging Services: Identified Issues and Recommendations" is available from the Virginia Department of Medical Assistance Services, Division of Long-term Care Policy and Development; 600 East Broad Street, Suite 1300; Richmond, Virginia 23219.

While many comments and recommendations were received from a large number of individuals, agencies and organizations, the majority of the comments repeatedly focused on the following issues:

- overall guiding principles or philosophies for the Commonwealth's system long-term care services;
- consumer access to aging and long-term care services;
- the availability of information about all available services; and
- the role of local government in the provision of long-term care services.

The extensive input received by the Secretary from the Advisory Committee and the many interested persons, agencies and organizations has served as the basis for the following recommendations to improve the delivery of services at the local level.

Recommendations to Coordinate and Enhance Local Service Delivery

Recommendation #1: The continued development of the Commonwealth's long-term care system should be guided by principles which reflect the desires, needs, and resources of the people of the Commonwealth.

Recommendation #2: State-level health and human resources agencies should continue to simplify policies and procedures to streamline and improve access to aging and long-term care services that are provided by local health and human resources agencies.

Recommendation #3: Local health and human resources agencies' and local governments' efforts to coordinate and enhance the provision of services should be recognized and supported.

Recommendation #4: The Department of Social Services, with the assistance of the Information and Referral Advisory Council, should provide the leadership necessary to strengthen and coordinate information and referral services of health and human resources agencies to increase consumer, community, and provider awareness and utilization of available resources and services in communities across the Commonwealth.

Consolidation and Improved Coordination of State-Level Services

In 1994, the Secretary of Health and Human Resources, with the assistance of the affected state agencies, developed a proposal to consolidate the Department for the Aging and the Department of Medical Assistance Services, and the long-term care functions from the Departments of Health, Social Services, Mental Health, Mental Retardation and Substance Abuse Services, and Rehabilitative Services. Over the past year, individuals, agencies and organizations have had the opportunity to review the proposal and to offer comments and recommendations on ways to improve the delivery of aging and long-term care services at both the state and local level.

Several concerns have been raised about the consolidation proposals which have been offered over the last several years. While there are still some people that suggest, “the system isn’t broke, so don’t fix it,” more and more people are saying improvements are needed in the state-level administration and management of aging and long-term care to meet the ever increasing demand for such services. State-level consolidation appears to be a generally recognized appropriate approach to remedy some of the ills in the current system. What is consolidated and how it is done continues to be debated. In addition, Congress is now debating the proposals to reform the Medicare and Medicaid Programs. Consideration is also being given to the expansion of managed care programs including long-term care services.

In light of these developments, and the concerns that have been expressed regarding the proposals for state-level consolidation, it is recommended that the following actions be taken, without delay, to improve the state-level administration and management of aging and long-term care services.

- I. **Maintain the focal point for long-term care services at the Department of Medical Assistance Services, including the overall planning, development, and funding of long-term care services. Reiterate the Department's responsibility to provide the leadership necessary to facilitate the development of effective long-term care policies and programs and to serve as the focal point for state level activities related to long-term care.**
- II. **Maintain a separate department for the aging and strengthen the existing Department for the Aging's focus on educating the public (including individuals, businesses, employers, policy makers, local governments and elected officials) to increase public awareness of the issues facing an increasingly larger older population, and to encourage personal responsibility and the development of policies, programs, services and products for an aging society.**
- III. **Consolidate the certification and licensing functions of the Department of Health and the licensing of adult care programs of the Department of Social Services. This should be done in either the Department of Health or the Department of Medical Assistance Services.**

The report which follows elaborates on each of the points outlined above. The need to improve the state-level administration and local level service delivery of aging and long-term care services has been extensively documented for more than fifteen years. Recommendations to improve such services have been numerous. Immediate action must be taken to guide the needed development of aging and long-term care services in the Commonwealth.

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INTRODUCTION

House Joint Resolution No. 209 of the 1994 Session of the Virginia General Assembly requested that the Secretary of Health and Human Resources, in cooperation with appropriate state and local agencies and organizations, review the plan for state-level consolidation of certain long-term care and aging services within a single state agency, and to develop a plan for the coordinated delivery of such services at both the state and local levels. This report presents the Secretary's response to this request.

This report was prepared following the consideration of comments and recommendations of consumers, providers, local human service agencies, local governments and the many persons and organizations interested in the provision of aging and long-term care services. The numerous recommendations and reports that had been completed on aging and long-term care services over the past fifteen years were also reviewed. The Secretary also established the Advisory Committee on Aging, Disability and Long-term Care Services to assist in the development of the plans to improve the delivery of services at both the state and local level. William L. Lukhard and the Secretary co-chaired the group. The members of the Committee, and the agency or association they represented, were as follows:

Paul Boynton	Regional Planning Agencies
David Brown	Virginia Hospital and Health Care Association
Dan Dickenson, M.D.	Virginia Association of Local Health Directors
Michael Evans	Virginia Municipal League
John Greiff	Mental Health Association
Patty Heath	Virginia Institute on Adult Daycare
Richard W. Lindsay, M.D.	Governor's Advisory Board on Aging
Marcia Melton	Virginia Association of Nonprofit Homes for the Aging
Ann Morris	Virginia Association for Home Care
Catherine Northan	Statewide Independent Living Council
Michael Osorio	Virginia Adult Home Association
John F. Peck, III	Virginia League of Social Services Executives

Kenneth Preede	Commonwealth Coalition for Alzheimer's Advocacy
William Regan, M.D.	The Medical Society of Virginia
Robert Sager	Virginia Association of Counties
J. Howard Shegog, M.D.	Old Dominion Medical Society
Tessa Shuk	The Individual and Family Support Syndicate of Virginia
Anne Smith	Virginia Association of Local Human Services Officials
Beverly Soble	Virginia Health Care Association
Jim Thur	Virginia Association of Community Service Boards
Phyllis Tyzenhouse	American Association of Retired Persons
Sandra Wagner	Virginia Centers for Independent Living
Prentiss Webb	Virginia State Council of Senior Citizens
Susan Williams	Virginia Association of Area Agencies on Aging

LOCAL SERVICE DELIVERY

House Joint Resolution No. 209 requested that "the Secretary's plan for delivery of services at the local level ensure that (i) the service delivery system include the development of a network of connected, collaborative care planning, authorizing and delivery entities which have comprehensive responsibility for consumer outcomes; (ii) the service delivery system emphasize accessibility for consumers, including resource co-location; (iii) informal, voluntary and private resources be fully used in the delivery of services; and (iv) any changes in the delivery system not shift costs to localities or require any unfunded mandates."

The Secretary and the Advisory Committee hosted ten regional forums in May and June, 1995 to receive input from the stakeholders at the community level. The forums were held to receive recommendations on ways to improve the delivery of services at the local level. The forums were attended by over 800 people, representing consumers, providers, local governments, human service agencies and others interested in the delivery of aging and long-term care services. Hundreds of individuals and organizations also submitted comments through letters and telephone calls.

Robert C. Metcalf, Director of the Department of Medical Assistance Services, and staff of the Department of Medical Assistance Services, provided the staff support for the development of the plans. They were assisted by the directors and staff of the Department for the Aging, Department of Health, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Rehabilitative Services, and Department of Social Services. Staff of the following agencies also participated in the development of the plans.

Board for People with Disabilities, Department for the Deaf and Hard of Hearing, Department for Rights of Virginians with Disabilities, and the Department for the Visually Handicapped.

The Advisory Committee on Aging, Disability and Long-term Care Services worked over a twelve month period to develop recommendations to strengthen locally based systems for delivering aging and long-term care services. The Advisory Committee developed a draft report for public comment. Based upon the comments received on the draft report, revisions were made in the preliminary recommendations of the Advisory Committee before the group submitted its final report to the Secretary of Health and Human Resources in September, 1995. The Advisory Committee's recommendations have served as the basis for many of the recommendations, contained in this report, to coordinate and enhance local service delivery. (See "Recommendations to Coordinate and Enhance Local Service Delivery," beginning on page 9.)

STATE-LEVEL CONSOLIDATION

In November, 1994, the Secretary of Health and Human Resources presented a plan for reforming and simplifying the administration and management of state-level aging and long-term care services. The Secretary's report, House Document No. 5 (1995), "The Consolidation of State-Level Aging and Long-term Care Services for the Elderly and People with Disabilities," was presented to the Governor, the General Assembly and the Joint Commission on Health Care. The report was also released for public comment. Action on the report on state-level services was delayed to allow time for the development of a plan for improving the delivery of services at the local level.

House Joint Resolution No. 209 had also requested that the Secretary of Health and Human Resources review the previous plans for the state-level consolidation of certain aging and long-term care services within a single state agency. The resolution requested that the Secretary address the manner in which long-term care and aging services currently available through the State Department of Social Services and local departments of social services, including adult services, adult protective services and auxiliary grant payments, would be delivered and to identify any state and local costs associated with the plan.

PREVIOUS EFFORTS TO IMPROVE THE DELIVERY OF SERVICES

Since the early 1980's, numerous efforts have been made to improve the delivery of long-term care services in the Commonwealth. This has included:

Expanding the Medicaid Nursing Home Pre-admission Screening Program and Medicaid Funded Home and Community-Based Care Services. Through the Pre-admission Screening Program, individuals' whose needs can be met in the community are

identified and alternatives to institutional care are offered. This includes Medicaid funded personal care, adult day health care, and respite services.

Establishing the Long-term Care Council. In 1982, the General Assembly established the Long-term Care Council to provide leadership in the development of state policies and programs for long-term care, to assure that an appropriate mix of quality long-term care services were available, and to assure that services were targeted to the population in need, within existing resources. Local long-term care coordinating committees were also established.

Initiating the Development of a Statewide Case Management System. In 1991, the Case Management for Elderly Virginians Pilot Project was established to assist persons, who might otherwise need nursing home care, to remain in their own homes. Through the Project, the Commonwealth developed case management policies and procedures for statewide application, such as the development of a uniform client assessment instrument and process for determining an individual's needs.

Establishing Levels of Care in Adult Care Residences. In 1993, legislation passed establishing two-tiered licensing in adult care residences (formerly known as homes for adults): residential and assisted living; and requiring uniform assessments for all residents, and targeted case management services for auxiliary grant recipients.

Completing Numerous Studies. Topics of review included the public and private costs of long-term care services; the administration and coordination of in-home services for the impaired elderly; guardianship; quality of care in homes for adults (now called adult care residences); the intensity of service needs of adult care residence residents, and the aftercare needs of mentally disabled residents of homes for adults; consumer protections in continuing care retirement communities; the licensing of home care providers; certificate of public need; long-term care insurance; personal assistance needs of Virginians with physical disabilities; and a Joint Legislative Audit and Review Commission (JLARC) study of Medicaid financed long-term care.

Joint Subcommittee on Health Care Presented Recommendations. Despite a number of efforts to improve the delivery of long-term care services in the Commonwealth, further reform in Virginia's aging and long-term care system continued to be recommended. In 1990, the Joint Subcommittee on Health Care for All Virginians reported the following problems in Virginia's aging and long-term care system:

- a lack of strong leadership at the state level to coordinate services among the state agencies;
- a fragmented service delivery system in most localities; and
- an inadequate supply of community services across the State

Additional Recommendations Presented. In response, a number of recommendations have been made to improve the administration and management of the Commonwealth's aging and long-term care system. They include:

In 1992, the Virginia Association of Area Agencies on Aging and the Virginia Department for the Aging recommended a single state agency be established to address long-term care needs. The Secretary of Health and Human Resources also issued a vision paper on long-term care services which recommended the consolidation of state-level functions, programs and services for aging and long-term care services.

In 1993, the General Assembly requested the Secretary of Health and Human Resources to develop a plan to restructure and consolidate all aging and long-term care programs. The report, contained in House Document No. 44 (1994), set forth a plan to consolidate long-term care and aging functions from four state agencies into a consolidated agency which would be responsible for the planning, administration, management, development, regulation and funding of long-term care and aging services. The report also recommended creation of an advisory group to assist in the further development of local-level long-term care and aging service delivery systems.

In 1994, legislation was introduced (House Bill 1267 and Senate Bill 575) to establish a consolidated agency responsible for long-term care and aging functions, programs and services from four state agencies. This legislation was carried over to the 1995 General Assembly. The General Assembly also passed House Joint Resolution No. 209 which requested that the Secretary of Health and Human Resources, in cooperation with appropriate state agencies and organizations, review the plan for state-level consolidation of certain long-term care and aging services within a single state agency, and develop a plan for the coordinated delivery of such services at both the state and local level. The Secretary, with the participation of the affected state agencies, developed the state-level consolidation plan. The Secretary established an Advisory Committee to assist in the review of the state plan and the development of the local plan.

In 1995, the Secretary of Health and Human Resources submitted the plan for state-level consolidation of long-term care and aging services, contained in House Document No. 5 (1995), to the General Assembly. This plan recommended consolidation of the administration and management of state-level long-term care services provided by six health and human resource agencies, and also created a new division within the proposed consolidated agency dedicated to aging, disability and long-term care services. The entire Departments for the Aging and Medical Assistance Services, and certain long-term care programs of the Departments of Health, Rehabilitative Services, Social Services, and Mental Health, Mental Retardation and Substance Abuse Services were proposed to be consolidated. Action on the report was delayed to receive public comment and to develop a plan for the coordinated delivery of services at the local level.

TRENDS WHICH SUGGEST CHANGE IS NEEDED IN THE DELIVERY OF SERVICES

The need for reform of aging and long-term care services has been extensively documented in the efforts and reports outlined above. There are a number of trends which make aging and long-term care a significant public policy issue and which suggest that changes are needed in the way such services are administered and delivered. They include:

Increased Longevity and an Aging Society. In Virginia, there are currently more than 900,000 Virginians age 60 and older, representing almost 15 percent of the Commonwealth's total population. From 1990 to 2010, the numbers of elderly persons will increase approximately 27 percent for persons age 65 to 74; 38 percent for persons age 75 to 84; and 97 percent for persons over age 85.¹ Virginians age 65 can expect to live an additional 16 years, up from 13 years in 1970.²

Rising Need for Long-term Care. Today, approximately 12 million Americans of all ages are chronically disabled and depend on others for assistance in the basic tasks of daily living, such as eating and bathing. In this highly diverse population are people with both physical and cognitive disabilities, including the frail elderly, quadriplegics and paraplegics, persons with developmental disabilities, persons with severe mental illness, and children with chronic conditions. Of the 12 million Americans with disabilities, about 5 million are considered to be severely disabled.³

The number of persons needing long-term care is expected to increase substantially in the future. Researchers predict the number of elderly needing long-term care will likely double in 25 years. Less is known about the present and future prevalence of disability among persons under age 65. Estimates depend on the definition of disability used.

In 1990, one of every five older Virginians reported having at least one mobility or self-care limitation. Of those with limitations, 25% were receiving care in a nursing home. The others were living in the community, receiving support from family and other caregivers.⁴ For the Virginia Department of Social Services, approximately 25 percent of home-based services provided by local departments of social services are to persons age 18 to 60. For services funded through the Virginia Medicaid program, 18 percent of the nursing facility population, 27 percent of the personal care customers, and 74 percent of the home health customers are under 60 years of age.

Medicine and technology have substantially reduced the risk of death from most acute infections. Medical conditions that formerly meant an early death may persist for years, putting more individuals at risk of needing assistance to perform essential daily activities.⁵ The growth of non-elderly people with long-term needs suggests better technology and improved access to acute care, both of which make it possible for people to survive

previously fatal conditions while possibly sustaining permanent disabilities.⁶

Changes in Capacity to Sustain Informal Caregiving. It is anticipated that the family will continue to provide the majority of long-term care. Women and extended families have always been caregivers of other family members, neighbors and friends. As women continue to seek full-time employment, families get smaller, and extended families live further apart, families will, however, be less able to continue this caregiving role.⁷

Insufficient Capacity to Sustain Long-term Care Funding. An estimated 36 percent of all older Virginians have household incomes below \$10,000 a year. The percentage of elderly with low incomes is even higher among those who are female, a member of a minority, live in a rural area, or who are living alone or with a non-relative.

Individuals are not adequately preparing themselves for retirement, and especially for the potential need for long-term care. Financial planners advise that Social Security benefits may account for about 20% of pre-retirement salary. A 1993 study by Merrill Lynch estimates the baby boom generation is saving about 34% of the amount they will need to maintain their current standard of living.⁸ Many mistakenly believe Medicare, or other programs, will meet their needs. Many more never recognize that they may need long-term care.

Continuing to support the long-term care needs of the population will become more difficult as the percentage of the population in the work force declines. As the baby boom generation begins to retire during the second decade of the twenty-first century, the older population will increase and the working age population will decrease. If the trend toward families with fewer children continues, baby boomers will have fewer children to depend on for support in their old age. A substantial number will have no children. It is estimated that the costs of supporting an older dependent are three times those of supporting a child.⁹ In 1990, there were five persons in the work force for each person over the age of 65; by 2030 there will only be three persons working for each retired person.¹⁰ With the reduced percentage of workers compared to the retired population, future taxpayers will be less able to support the level of public expenditure that will be required to cover long-term care costs when the demand for those services will be the greatest.

Rising Long-term Care Costs. Growth in the population needing long-term care, diminishing capacity of family members to provide long-term care to families on a full-time basis, inflation in health care costs, and medical technology have increased the cost of public and private expenses for long-term care.

Expenditures for long-term care are steadily increasing. Medicaid is the largest government payor for long-term care services. The Federal government spent \$24.7 billion and the states spent \$19.0 billion in 1993. These costs predominantly covered nursing home care.¹¹ In state fiscal year 1995, the Virginia Medicaid Program spent over \$700 million on long-term care services, which accounts for 36% of the total Medicaid expenditures of \$2.1

billion.¹²

There is also rapid growth in home health services, with Medicare spending \$2.3 billion in 1989 to \$9.5 billion in 1993.¹³ Twenty-six percent of home health care expenses for the elderly are privately paid, 28 percent are paid by Medicare, 23 percent are paid by other government sources, and 23 percent are paid by Medicaid.¹⁴

Substantial sums of money are being spent on a system that often offers the elderly and people with disabilities few options and which may require them to leave their home to receive services. Shifts in the population's age distribution have important implications for the financing and delivery of all human services and create a need for a more responsive system for the planning, management, financing, and delivery of long-term care services. Because the shift is imminent, improvement in the state-level administration of aging and long-term care services for the elderly and people with disabilities is necessary before Virginia's service and financing structure is overwhelmed by the demographic and sociological changes.

RECENT DEVELOPMENTS

As the Advisory Committee on Aging, Disability and Long-term Care Services completed its work and submitted its recommendations to the Secretary of Health and Human Resources, Congress began to debate the reform of the Medicare and Medicaid Programs. As this report is being written, the components of the Medicaid block grant proposals are being debated. While Medicare is not a major payor of long-term care services, changes in Medicare coverage and benefits can impact the provision of both publicly and privately financed long-term care services. The current Congressional proposals for Medicaid reform appear to provide significant opportunities for states to better manage the long-term care services funded through the Medicaid Program. For example, states will define eligibility criteria for services, reimbursement policies for participating providers, recipient benefit packages, and quality assurance measures and standards for services.

In addition to considering the impact of the reform of the Medicare and Medicaid Programs on the delivery of long-term care services in the Commonwealth, consideration must also be given to the impact of the expansion of managed care for Medicaid funded services. There is increasing interest in capitated managed care programs including long-term care services. The move to managed care requires a rethinking of the administration and operation of services from the traditional fee-for-service approach.

RECOMMENDATIONS TO COORDINATE AND ENHANCE LOCAL SERVICE DELIVERY

House Joint Resolution No. 209 requested that the Secretary of Health and Human Resources develop a plan for the coordinated delivery of aging and long-term care services at the local-level and that “the Secretary’s plan for delivery of services at the local-level ensure that (i) the service delivery system include the development of a network of connected, collaborative care planning, authorizing and delivery entities which have comprehensive responsibility for consumer outcomes; (ii) the service delivery system emphasize accessibility for consumers, including resource co-location; (iii) informal, voluntary and private resources be fully used in the delivery of services; and (iv) any changes in the delivery system not shift costs to localities or require any unfunded mandates.”

To prepare recommendations to address the provisions outlined in HJR 209, the Advisory Committee on Aging, Disability and Long-term Care Services and the Secretary of Health and Human Resources requested those people attending the statewide forums to consider the expectations outlined in the resolution and to respond to a variety of questions. These questions included:

- How can we best inform people of available resources in their community?
How can we improve access to such resources?
- What is needed to assist individuals to remain as independent as possible?
Is this available in your community? How do you fully utilize informal, voluntary, and private resources in the delivery of services?
- How should we support families and other informal caregivers who care for others?
- How can we encourage the availability of affordable, quality services?
- What responsibilities do consumers and their families, service providers, government, and others have for helping to meet the current and future aging and long-term care needs in a community?

The comments and recommendations presented by participants of the statewide forums have been compiled in a report by the Advisory Committee on Aging, Disability and Long-term Care Services. A copy of, “Reports from the Statewide Forums on Long-term Care and Aging Services: Identified Issues and Recommendations” is available from the Virginia Department of Medical Assistance Services, Division of Long-term Care Policy and Development, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

In addition to receiving the input of the more than 800 people who attended the forums,

hundreds of individuals, agencies, and organizations also submitted comments through letters, telephone calls, and attendance at meetings of the Advisory Committee. While many comments and recommendations were received from a large number of individuals, agencies and organizations, the majority of the comments repeatedly focused on the following issues:

- overall guiding principles or philosophies for the Commonwealth's system of long-term care services;
- consumer access to aging and long-term care services;
- the availability of information about all available services; and
- the role of local government in the provision of long-term care services.

The expertise of each of the members of the Advisory Committee also contributed to the development of a number of recommendations. The extensive input received by the Secretary from the many interested persons, agencies and organizations has served as the basis for the following recommendations to improve the delivery of services at the local level.

Recommendation #1: The continued development of the Commonwealth's long-term care system should be guided by principles which reflect the desires, needs, and resources of the people of the Commonwealth.

The following guiding principles are a reflection of the extensive and many discussions that have taken place across the Commonwealth during this decade as individuals and groups have defined and described their expectations for a system of long-term care. These principles should continue to be reviewed and revised as the people of the Commonwealth may suggest is necessary. These principles should also be used to measure our achievements.

Our system of long-term care services should:

- focus services to meet individual customer needs and promote and preserve personal dignity, maximum independence, the right to self-determination, and providing choice and flexibility among an array of service options;
- support family and informal caregivers as the primary source of care;
- encourage consumer responsibility to educate one's self and plan for one's own future long-term care needs;
- include health promotion and disease prevention programs;
- ensure accessibility and the availability to all Virginians of a continuum of care through a range of in-home, community-based, and residential services which are responsive and appropriate to the unique needs of individuals;
- ensure affordable, quality care;
- encourage and support the development of public/private partnerships with individuals, organizations and businesses;
- serve persons of all income levels with the use of a sliding-fee scale for those who can pay some or all of the costs of services; and

- ensure that Virginia's publicly funded programs and policies serve persons with the greatest economic and functional need.

Recommendation #2: State-level health and human resources agencies should continue to simplify policies and procedures to streamline and improve access to aging and long-term care services that are provided by local health and human resources agencies.

Over the past several years, the Commonwealth has made considerable progress toward the implementation of a statewide uniform client assessment and case management system for long-term care services available through a variety of agencies and funding sources. The Virginia Uniform Assessment Instrument (UAI), and interagency case management policies and procedures for public health and human resources agencies have been developed and implemented.

The UAI was developed to provide a standard process for assessing an individual's need for a range of publicly funded long-term care services. Through the use of the UAI, agencies gather sufficient information about an individual, in one assessment, to determine an individual's service needs and the best way to meet those needs. Through the use of the UAI, the need for duplicate assessments has been reduced and the transfer and sharing of information between agencies and providers has been enhanced. In addition, information on the individuals served, and services provided, has been made available for assessing the impact of services provided, and to better plan for current and future service needs.

Publicly funded health and human resources agencies in Virginia, including the local departments of social services and health, area agencies on aging, staff of the Department of Rehabilitative Services, Medicaid Nursing Home Pre-admission Screening teams, and staff of the state mental health and mental retardation facilities are using the UAI to gather information for the determination of an individual's care needs, for service eligibility determination, and for planning and monitoring client care needs across agencies and services.

While client assessments and case management services are provided statewide by a variety of public health and human resources agencies, in some communities there may be considerable differences in the actual provision of such services across agencies. Differences across agencies in the provision of client assessments and case management services include the populations served, who is eligible to receive services, whether a comprehensive assessment leads to the development and implementation of a plan of care, and the ability of the assessors or case managers to broker, or actually authorize, services.

Despite the developments in recent years to streamline access to services by improving

client assessment and case management services, individuals and agencies have continued to express the need for a more simplified means of accessing the variety of publicly funded aging and long-term care services provided by multiple agencies. It has been suggested that access could be further simplified through the state agencies developing and implementing policies and procedures for local health and human resources agencies which provide:

- a process to allow one face-to-face interview to serve a variety of assessment and eligibility determination needs for multiple publicly funded aging and long-term care services, to eliminate the need for consumers to file multiple applications for services with multiple agencies, and to reduce the duplication of effort by agencies;
- a uniform sliding fee scale and co-payments for all publicly funded aging and long-term care services, based upon an individual's ability to pay some or all of the cost of the service; and
- common program eligibility criteria for similar aging and long-term care services across health and human resources agencies.

State-level health and human resources agencies should also:

- continue to review and refine the UAI, including its applicability to addressing the long-term care needs of a non-elderly population;
- evaluate the training and technical assistance needs of the various agencies that are using the UAI to ensure that the UAI is adequately and appropriately utilized; and
- encourage all local health and human resources agencies to utilize existing procedures for the sharing of pertinent and appropriate client information among agencies and providers to reduce duplication and fragmentation in the completion of client assessments and eligibility determinations, and the delivery of services to individuals; to improve the process of referring individuals for services of another agency; and to facilitate "one-stop shopping" for consumers.

An interagency group has recently been convened to evaluate the use of the UAI by health and human resources agencies and to develop recommendations to improve the client assessment, referral, and eligibility processes across agencies. The efforts of this group, and the implementation of the above suggested actions, could be instrumental in further developing a service delivery system that emphasizes accessibility for consumers and provides for a network of connected, collaborative care planning, authorizing and delivery entities which have comprehensive responsibility for consumer outcomes, as recommended in HJR 209. Such efforts could also serve to reduce the costs of providing services to consumers.

Recommendation #3: Local health and human resources agencies' and local governments' efforts to coordinate and enhance the provision of services should be recognized and supported.

In 1982, the Virginia General Assembly established local long-term care coordinating committees to guide the coordination and administration of long-term care services at the local-level. The statute (§2.1-373.7) requires that each local governing body designate a lead agency and member agencies to accomplish the coordination of long-term care services. It states that the membership of the coordination committee should be composed of, but not limited to, representatives of the local department of public health, the local department of social services, the community services board or community mental health clinic, the area agency on aging and the local nursing home pre-admission screening team. The statute indicates that the costs of the committee activities are borne by the member agencies and not the local governing body.

Today, in some communities, these committees are active and address the coordination of a full range of services provided at the local-level by public and private agencies. In other communities, the committees are non-existent or do not have the active participation of the major stakeholders. Still, other communities have achieved interagency coordination through the consolidation of agencies and/or the designation of a lead agency for the coordination of services.

In communities across the Commonwealth, there is an array of long-term care services for the elderly and persons with disabilities, including home and community-based services, and residential services. In some communities, the need for some services has exceeded the supply. In others, options for home and community-based care are not available. Statewide, local governments contribute funding to local public and private human service agencies for a variety of aging and long-term care services, including home-delivered meals, companion services, personal care and homemaker services, adult day care and care in adult care residences and adult foster homes. For example, area agencies on aging, local departments of social services, local health departments and community services boards receive funding from local governments to provide long-term care services.

Throughout the statewide forums hosted by the Advisory Committee and the Secretary of Health and Human Resources, participants, who were predominantly consumers and service providers, suggested that local governments should be more involved in the planning and delivery of long-term care services. They suggested that local governments need to recognize a community's need for long-term care services and facilitate the development of a responsive approach to the provision of such services. The forum participants suggested local governments should play a leadership role to ensure that services delivered at the local level are responsive to the needs of the community, are coordinated across a variety of agencies and providers, and make best use of all available resources. Suggested actions for

local governments included, but were not limited to: conducting community needs assessments, providing tax incentives and tax relief to support caregivers of the elderly and persons with disabilities, and utilizing the expertise of local long-term care coordinating committees, where they exist, to improve the coordination and delivery of services. It was also suggested that local governments may also wish to evaluate the benefits of the myriad of aging and long-term care services they currently finance and which are provided by a variety of public and private human services agencies.

Efforts to seek the participation of local governments in the forums was met with limited success. Some representatives of local government have suggested that many local governments were absent from the discussions as they do not recognize that they may have a role in the provision of long-term care services, or that they do not believe they should assume an increased role in the provision of such services. Rather, some indicate, long-term care is a human service need that should be state funded and administered. The most frequently cited concern expressed by local governments was the potential for unfunded mandates and cost-shifting to localities if local governments were to take a larger role in the delivery of long-term care. This funding expectation would be in addition to the funding now provided by local governments for an array of aging and long-term care services.

Further dialogue is needed with local governments to identify additional means in which state agencies can support the efforts of local governments and local health and human services agencies in jointly addressing the long-term care needs in a community. Many local governments have identified a number of ways to enhance the administration and delivery of aging and long-term care services at the local level. Each local governing body should continue to be provided the flexibility to utilize whatever coordinating mechanisms work best in that community. State policies should support local government efforts to enhance the coordination and delivery of services. One local human service agency's comment reflects a theme often heard from local health and human service agencies, "No one is better suited in determining the needs and strengths of a community than the local community itself."

Each state-level health and human resources agency should continue to provide technical assistance to the local long-term care coordinating committees and other local government and local agency coordinating efforts. The suggested actions to improve consumer access to services, previously outlined in this report, would also support local government and agency efforts and would support the development of a network of connected, collaborative care planning, authorizing and delivery entities. Such actions would not shift costs to localities or establish unfunded mandates. Rather, a partnership of state and local interests would work together toward the enhanced provision of services to the people of the Commonwealth.

Throughout the forums, participants often cited the need for transportation for persons also in need of long-term care services. The Specialized Transportation Council, established in statute in 1992, is responsible for guiding regional coordination for specialized transportation services. (Specialized transportation is the term used in Virginia for

transportation provided to persons who cannot drive or use fixed-route public transportation.) State or local health and human resources agencies, community non-profit agencies, some private sector providers and public transit systems provide specialized transportation services. In addition to the state-level support identified above, the Specialized Transportation Council should also be requested to continue to provide guidance and support to local agencies' and local governments' efforts to improve the coordination and delivery of transportation services to persons also in need of long-term care services.

Recommendation #4: The Department of Social Services, with the assistance of the Information and Referral Advisory Council, should provide the leadership necessary to strengthen and coordinate information and referral services of health and human resources agencies to increase consumer, community, and provider awareness and utilization of available resources and services in communities across the Commonwealth.

Health and human resources agencies at the state and local level finance and/or provide information and referral services to consumers. For example, the Virginia Department of Social Services allocates funds to six regional Information and Referral Centers to respond to consumer inquiries. Other state, regional and local offices of the Departments for the Visually Handicapped, Deaf and Hard of Hearing, Health, Aging, Medical Assistance Services and Rehabilitative Services also provide information and referral services.

Throughout the statewide forums, participants frequently expressed concerns that information about services available in a community was not easily accessible to consumers or service providers. Participants reported that many consumers in need of services simply did not know where to turn for information on available services. Providers also often did not know of available resources for their customers and their businesses.

House Joint Resolution No. 83, passed by the 1994 General Assembly, requested an evaluation of the implementation of the recommendations made by the Commission on the Coordination of the Delivery of Services to Facilitate Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities. One of the topics requested to be evaluated was the efficiency of existing information and referral programs. This analysis indicated variability in scope of information, role of the person receiving the request for information, and data availability

Some methods for the improving information and referral services, as recommended by the Advisory Committee on Aging, Disability and Long-term Care Services, include:

- improving the marketing of the existing state toll-free number for the regional Information and Referral Centers and encouraging computer networking among the

centers to improve access and availability of information; and

- increasing public awareness efforts to inform consumers and providers of existing information & referral services of health and human resources agencies through the use of a variety of outlets, such as libraries, churches, television and radio public service announcements, telephone directories, newspapers, and the Internet.

With the assistance of the Information and Referral Advisory Council, the Department of Social Services should identify additional methods to strengthen and coordinate information and referral services of health and human resources agencies. Increasing awareness of information and referral programs may increase the demand for such services. Plans to meet the potential increased demand should be developed and implemented as the information and referral services are marketed.

THE CONSOLIDATION AND IMPROVED COORDINATION OF STATE-LEVEL SERVICES

In 1994, the Secretary of Health and Human Resources, with the assistance of the affected state agencies, developed a proposal to consolidate the Department for the Aging and the Department of Medical Assistance Services, and the long-term care functions from the Departments of Health, Social Services, Mental Health, Mental Retardation and Substance Abuse Services, and Rehabilitative Services. Over the past year, individuals, agencies and organizations have had the opportunity to review the proposal and to offer comments and recommendations on ways to improve the delivery of aging and long-term care services at both the state and local level.

Several concerns have been raised about the consolidation proposals which have been offered over the last several years. While there are still some persons that suggest, "the system isn't broke, so don't fix it," more and more people are saying improvements are needed in the state-level administration and management of aging and long-term care to meet the ever increasing demand for such services. State-level consolidation appears to be a generally recognized appropriate approach to remedy some of the ills in the current system. What is consolidated and how it is done continues to be debated.

Concerns expressed about the various state-level consolidation proposals include the following:

- Combining, in one agency, long-term care services for the elderly and long-term care services for persons with disabilities is supported by some. Others however, have expressed concern about combining services for all populations in one agency as they believe this may lead to one population group's needs taking precedence over the needs of another group. On the other hand, others have suggested that not including

the long-term care needs of all populations in one agency will lead to the needs of some groups being forgotten.

- Some persons in the aging community have expressed concern about combining aging programs with long-term care programs and this leading to a lessening of the visibility of aging programs.
- Some persons in the aging and disability communities have expressed concern about the possible impact of combining consumer focused services of a social nature with those of a medical model. They believe this may diminish the availability of consumer focused, socially oriented services. Some persons in the disability community have also voiced concern about merging the long-term care programs for the elderly with long-term support services of persons with disabilities as the latter have a stronger focus on independence than services for the elderly.
- Local governments have expressed concerns about unfunded mandates and cost-shifting that they believe may occur through state-level consolidation.
- Some providers have questioned the appropriateness of combining financing and licensing functions, or financing and service development functions, in the same agency. Some have suggested these combinations will not provide the necessary balance between these, sometimes, competing interests. Some have also suggested the combination would establish an entity whose authority and control would be too far reaching than is desirable for a single agency.

In recent months, the impact on long-term care of the proposed changes in the Medicare and Medicaid Programs, and the continued implementation of managed care, as previously outlined in this report, have been considered in relationship to improving the state-level administration of long-term care services. In light of these developments, and the concerns that have been expressed regarding the proposals for state-level consolidation, it is recommended that the following actions be taken, without delay, to improve the state-level administration and management of aging and long-term care services.

- I. Maintain the focal point for long-term care services at the Department of Medical Assistance Services, including the overall planning, development, and funding of long-term care services. Reiterate the Department's responsibility to provide the leadership necessary to facilitate the development of effective long-term care policies and programs and to serve as the focal point for state-level activities related to long-term care.**

In 1982, the Long-term Care Council was established by the Virginia General Assembly to provide the leadership necessary to guide the development of long-term care services in the Commonwealth. The Council's effectiveness was limited and the provisions establishing the

Council expired in June, 1995.

As a member of the Long-term Care Council and since its expiration, the Department of Medical Assistance Services has often provided the leadership necessary to develop and implement a variety of long-term care policies, programs and services, including a variety of options for improving the administration and management of long-term care services. The Department's efforts have included:

- encouraging relationships between the public and private sectors in the development, funding, regulation and provision of institutional, home and community-based long-term care services;
- developing the appropriate fiscal, administrative and evaluation systems to better manage the array of publicly funded long-term care services;
- developing a comprehensive plan for meeting the current and future long-term care needs in the Commonwealth; including managed care; and
- coordinating the development and implementation of the long-term care policies and programs within the Secretariat.

In addition, through the Department of Medical Assistance Services, the Commonwealth of Virginia has had a client-level database for Medicaid funded long-term care services for many years. Through the current redesign of this system, the Commonwealth will have the capability and expertise to design and manage a data base for all publicly funded long-term care services. These efforts are consistent with the recommendations of the Advisory Committee on Aging, Disability and Long-term Care Services to have state government provide the leadership necessary for the development of standardized information technology which supports the administration, management and delivery of long-term care systems at the local and state level.

The Department of Medical Assistance Services, because it has responsibility for programs and services to persons of all ages, also has the resources necessary to address an additional recommendation of the Advisory Committee: to convene a study group, representing the needs of children, to address the unique and growing long-term care needs of this population.

- II. Maintain a separate department for the aging and strengthen the existing Department for the Aging's focus on educating the public (including individuals, businesses, employers, policy makers, local governments and elected officials) to increase public awareness of the issues facing an increasingly larger older population, and to encourage personal responsibility and the development of policies, programs, services and products for an aging society.**

- The Department's efforts should include, for example:
- encouraging financial planning for retirement;

- developing adaptable housing;
- reviewing tax policy implications for this population and its needs and resources;
- developing alternate modes of transportation;
- assessing the impact of later life retirement from gainful employment on all aspects of society;
- meeting the demand for life long education;
- encouraging planning for the possible need for long-term care; and
- encouraging workplace policies that support long-term caregiving.

The Department for the Aging recently completed an analysis of its operations and the issues facing the Department and its constituents, and developed a number of performance measures. Such measures include working with human resources managers in Virginia's major corporations to provide them with information, for their employees, on pre-retirement planning, retirement and financial security.

The Advisory Committee on Aging, Disability and Long-term Care Services identified long-term care insurance and dependent care tax credits as two issues that warrant greater public awareness. Public awareness of both of these issues could be enhanced by strengthening the Department for the Aging's focus on educating the public on the issues facing an increasingly larger older population.

1. Long-term Care Insurance: Consumer education is a key component of any effort to increase the use of private insurance as a financing mechanism for long-term care. As reported in 1994 Senate Document 17, Study of Public-Private Partnerships to Encourage the Purchase of Long-term Care Insurance, the single overriding problem for promoting long-term care insurance is the lack of interest by the public. Currently, the Virginia Department for the Aging, in cooperation with the State Corporation Commission's Bureau of Insurance, administers the Virginia Insurance Counseling and Advocacy Project (VICAP). VICAP, through a statewide corps of volunteers, provides information, counseling and assistance regarding the Medicare and Medicaid programs as well as supplemental health and long-term care insurance products to older Virginians and their families. "A Consumer's Guide to Long-term Care Insurance," produced by the Bureau of Insurance, also assists persons with choosing the amount and type of long-term care coverage which may be most beneficial to them.

2. Dependent Care Tax Credit: One method suggested at the forums for supporting family caregivers is through tax policies. The Commonwealth of Virginia currently provides a dependent tax credit that allows for child and dependent care expenses. The Child and Dependent Care Credit, used by many families to offset their tax liability with child day care expenses, can also be applied to offset adult day care expenses for a dependent elderly or disabled person.

The activities of the Department for the Aging should also be coordinated with other health and human resources agencies, such as the Department of Social Services, to eliminate any duplication or fragmentation in the services provided to older persons by each of the agencies, and to make maximum use of limited resources for services to older persons. Such services include protective services, information and referral, case management, and home-based long-term care services.

III. Consolidate the certification and licensing functions of the Department of Health and the licensing of adult care programs of the Department of Social Services. This should be done in either the Department of Health or the Department of Medical Assistance Services.

Consolidation of the licensing functions from multiple agencies has long been seen as desirable, as repeatedly illustrated in the recommendations over the years related to improving the administration of long-term care services. Consideration had been given to including only the Department of Health's licensing and certification of long-term care providers and not the functions related to the licensing of acute care and other non-long-term care providers, which are also functions of the Department of Health. Further analysis indicated that separating the licensing functions for acute and long-term care providers would not be efficient.

Consolidation of the licensing and certification functions would establish, at the state level, a single authority with responsibility for the licensure and certification of hospitals, nursing facilities, adult care residences, adult day care centers, home care and hospice providers and clinical laboratories. These providers are currently subject to state and federal licensure and certification.

By combining the licensing authority, responsibilities and functions currently administered by the Departments of Health and Social Services, the consolidation would:

- reduce the duplication of licensing functions;
- eliminate duplicative inspections of the same facility or provider;
- permit cross training of inspectors so that they can be used more efficiently to inspect more than one type of facility or provider;
- improve the qualifications of inspectors through cross training;
- ensure that trained health professionals are available to review adult care residents who have health needs;
- reduce employee travel by reducing the total number of separate inspections;
- minimize the number of inspectors required;
- clearly identify the regulatory entity with licensure/certification authority for all long-term care services available through a variety of long-term care providers;
- and
- establish an effective mechanism for the future administration of quality services that are likely to be provided through a variety of different types of

service providers.

Further details regarding this consolidation are outlined in House Document No. 5 (1994), The Consolidation of State Level Aging and Long-term Care Services for the Elderly and People With Disabilities.

APPENDICES

Appendix 1

HOUSE JOINT RESOLUTION 209

Requesting that the Secretary of Health and Human Resources, in cooperation with appropriate state and local agencies and organizations, review the plan for state-level consolidation of certain long-term care and aging services within a single state agency, and develop a plan for the coordinated delivery of such services at both the state and local levels.

Agreed to by the House of Delegates, March 10, 1994

Agreed to by the Senate, March 8, 1994

WHEREAS, the Commonwealth's policy for long-term care, as adopted by the 1993 General Assembly through House Joint Resolution No. 602, is to provide services to elderly individuals with programs and in settings which maximize their ability to function as independently as possible and which encourage the principles of personal dignity, a decent quality of life, individuality, privacy, and the right to make choices; and

WHEREAS, the number of elderly persons residing in the Commonwealth is expected to increase dramatically in the next 20 years; and

WHEREAS, long-term care has become the fastest growing component of the health care industry because of improved medical technology and changes in population demographics, longevity and morbidity; and

WHEREAS, long-term care and aging services should be delivered in the communities where the elderly and their families live; and

WHEREAS, the Long-term Care and Aging Task Force, established pursuant to House Joint Resolution No. 603 of the 1993 Session of the General Assembly, recommended a plan for the consolidation of state-level planning, administration, management, development, regulation, and funding of long-term care and aging; and

WHEREAS, the Task Force also reported that local flexibility in administration and delivery of services is essential but recommended that state guidance be provided regarding expectations for statewide service delivery; and

WHEREAS, any changes in the long-term care and aging services delivery systems at the state and local level should be accomplished in a manner that maximizes efficiency and effectiveness of the existing system and should not shift costs to localities or require any unfunded mandates for localities; and

WHEREAS, the Long-term Care and Aging Task Force recommended that a consolidated and restructured state-level long-term care and aging agency should be established and operational by January 1, 1995, and that there should be further study of the issues related to local service delivery systems; and

WHEREAS, the Joint Commission on Health Care concurred with the findings of the Task Force and recommended that long-term care services at the state level be consolidated by July 1, 1995, and that local service delivery systems become operational as soon as possible but by no later than January 1, 1998; now, therefore, be it

RESOLVED, by the House of Delegates, the Senate concurring. That the Secretary of Health and Human Resources, in cooperation with appropriate state agencies, including representatives of the Secretary of Finance, local service delivery agencies, local governments, affected consumer and provider organizations, and representatives of the Long-term Care Council and the Governor's Advisory Board on Aging, be requested to review the plan for state-level consolidation as proposed in House Bill 1267 and Senate Bill 575 of the 1994 Session of the General Assembly, and present a plan to ensure coordination and enhancement of service delivery at both the state and local levels; and, be it

RESOLVED FURTHER, That the Secretary's implementation plan shall address the manner in which long-term care and aging services currently available through the State Department of Social Services and local departments of social services, including adult services, adult protective services and auxiliary grant payments, will be delivered and shall identify any state and local costs associated with the plan; and, be it

RESOLVED FINALLY, That the Secretary's plan for delivery of services at the local level ensure that (i) the service delivery system include the development of a network of connected, collaborative care planning, authorizing and delivery entities which have comprehensive responsibility for consumer outcomes; (ii) the service delivery system emphasize accessibility by consumers, including resource co-location; (iii) informal, voluntary and private resources be fully used in the delivery of services; and (iv) any changes in the delivery system not shift costs to localities or require any unfunded mandates. Alternate forms of service delivery shall be considered and state and local costs associated with the implementation shall be identified.

The Secretary of Health and Human Resources shall submit findings and recommendations, including the state-level consolidation plan to incorporate services currently available through the State Department of Social Services and local departments of social services, to the Joint Commission on Health Care, the Governor and the General Assembly by October 15, 1994, and shall submit a final report to include a plan for coordinating and enhancing service delivery at the local level to the Joint Commission on Health Care, the Governor, and the General Assembly by October 15, 1995, as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Appendix 2

REFERENCES

- ¹ Virginia Employment Commission. Virginia Population Projections 2010. June 1993.
- ² Secretary of Health and Human Resources. 1995. Aging in the 21st Century. Senate Document No. 45. Commonwealth of Virginia: Richmond, Virginia
- ³ United States General Accounting Office. 1995. Long Term Care: Current Issues and Future Directions. (GAO/HEHS-95-109). Washington, D.C.
- ⁴ American Association of Retired Persons. 1994. Across the States: Profiles of Long-Term Care Systems.
- ⁵ Secretary of Health and Human Resources. 1995. The Consolidation of State Level Aging and Long-Term Care Services For The Elderly and People With Disabilities. House Document No. 5. Commonwealth of Virginia: Richmond, Virginia.
- ⁶ Congressional Requestors Report. 1994. Long Term Care: Diverse, Growing Population Includes Millions of Americans of All Ages. (GAO/HES-95-10). Washington: D.C.
- ⁷ Virginia Department of Social Services. 1995. Adult Services Program Report.
- ⁸ Secretary of Health and Human Resources. 1995. Aging in the 21st Century. Senate Document No. 45. Commonwealth of Virginia: Richmond, Virginia.
- ⁹ Secretary of Health and Human Resources. 1995. Aging in the 21st Century. Senate Document No. 45. Commonwealth of Virginia: Richmond, Virginia.
- ¹⁰ Bouvier, Leon F. and Carol J. Devita. "The Baby Boom--Entering Midlife," Population Bulletin 46:3 (November 1991).
- ¹¹ Secretary of Health and Human Resources. 1995. The Consolidation of State Level Aging and Long-Term Care Services For The Elderly and People With Disabilities. House Document No. 5. Commonwealth of Virginia: Richmond, Virginia.
- ¹² Virginia Department of Medical Assistance Services 1995. "State Fiscal Year 1995 Expenditures For Long-Term Care Services." Richmond, Virginia
- ¹³ United States General Accounting Office. 1995. Long Term Care: Current Issues and Future Directions. (GAO/HEHS-95-109). Washington, D.C.
- ¹⁴ Secretary of Health and Human Resources. 1995. The Consolidation of State Level Aging and Long-Term Care Services For The Elderly and People With Disabilities. House Document No. 5. Commonwealth of Virginia: Richmond, Virginia.

