

OUR WINDOW OF OPPORTUNITY IS OPEN: IT IS TIME TO LEAD

- I am very excited to be here in Philadelphia for the Annual Conference of the National Council on Aging and the American Society on Aging.
- I want to congratulate Jim Firman and Gloria Cavanaugh for the outstanding leadership they provide as well as the boards of directors and membership of these two outstanding organizations.
- I want to congratulate all of you who are working so hard to improve the quality of life for older Americans.
- You all know that I come from the community. When I was asked by the President to serve, the first thing I did was to go back to the community, to hear from you about what our major purpose should be, and how the aging network should position itself for the future.
- These conversations have been the basis for everything the Administration on Aging does, from our strategic plan to the targeted investments we have made in the network.
- Working together, we – and I mean every person in this room -- have come a long way in expanding the capacity of programs and organizations that serve elderly people.
- We have begun to prepare our nation to capitalize on the talent and vigor of the baby boom generation.
- We are demonstrating the productivity and excellence that aging services providers bring to helping elderly people retain their independence and dignity.
- We are strengthening our network's capacity to provide an integrated array of cost-effective community-based long-term care to people of all ages.

- We have demonstrated our capacity to manage multiple funding streams, including state revenue programs, and home and community-based waiver programs. Over a 40-year period we have taken on increasing responsibility for community care through the management of HCBS Medicaid waiver programs.
- We have expanded the capacity of the network to serve new populations, starting with caregivers, but also including the broader baby boom generation.
- We have a great deal to be proud of: we have achieved great things on behalf of older people in the 40 years since the Older Americans Act was enacted.
- In the last four years, I have directed all of my energy at promoting this network, and the critical role it will play in the future of long-term care in this country.
- We have expanded our partnerships in home and community-based care, health promotion, health care and managed care.
- One example that I am especially proud of is the Administration on Aging's collaboration with CMS through the aging and disability resource center initiative. This initiative is so important because it defines so clearly the comprehensive systems changes that can and should emerge for our long-term care system.
- Through the ADRCs, AoA and CMS are providing states and communities the opportunity to integrate a comprehensive array of information, intake, referral and counseling services.
- Even in the early stages of implementation, our ADRC grantees are promoting definitive elements of systems change.
- They are taking these services to a broader population by expanding services to elderly and non-elderly individuals.
- They are targeting private-pay individuals, in addition to those eligible for publicly-funded services.

- They are creating formal linkages between and among the critical pathways to long-term support, including hospital discharge planners.
- They are developing management information systems that support the functions of the program, including client intake, needs assessment, care plans, utilization and costs.
- And they are establishing measurable performance objectives related to: program visibility, consumer trust, ease of access, responsiveness to consumer needs, efficiency of operations, and program effectiveness.
- We are placing the value on consumers – front and center.
- We have expanded our programs to support families in their efforts to care for their loved ones at home in the community, which is essential to making long-term care consumer-responsive, family-oriented, and affordable.
- We have undertaken projects designed to improve the quality of life of millions of older people through health promotion and disease prevention.
- We have expanded our partnerships with CMS' Quality Improvement Organizations to promote quality of care for our most vulnerable citizens residing in institutions.
- We're also working outside the federal government. Our partnerships with organizations such as the Robert Wood Johnson Foundation, the National Governors Association and the National Conference of States Legislatures, are helping states and communities to create more balance in their systems of care.
- At a time when we are just beginning to see the potential of the partnerships we have created, we have been provided a new opportunity to take our efforts and our plans to the next level.

- Our new window of opportunity is being provided to us by the new Secretary of the Department of Health and Human Services and former Governor of Utah, Michael Leavitt.
- Secretary Leavitt has a vision for HHS that is grounded in the aggressive agenda the President has set for us. He believes that we can transform our health care system, so informed consumers own their own health records, their own health savings, and their own health insurance.
- He believes we can be a nation where families embrace the power of prevention and wellness. Where fewer people get sick because they take action to stay healthy.
- He is taking on the modernization of the two largest health care programs in the nation: Medicare and Medicaid.
- Under Medicare, we are committed to the successful implementation of the new benefits to seniors and to people with disabilities.
- Last year, the aging network partnered with AoA, CMS and the ABC Coalition to help low-income Medicare beneficiaries access new benefits that will save them money.
- I also want to recognize the aging network for stepping up to the plate and helping older people learn about and access these benefits.
- Together, we reached over 20 million beneficiaries and their caregivers, including many who are the most difficult to reach – low-income, minority, and rural beneficiaries.
- The AoA, CMS, and State Health Insurance Programs developed best practices to coordinate Medicare outreach activities at the local level with the aging network, SHIP offices and the organizations funded under the Medicare Outreach Campaign.
- Over the next year, HHS will continue its implementation of the most important provision of the Medicare Modernization Act: the new drug benefit that goes into effect January 1, 2006.

- The Secretary has made the successful implementation of this benefit the number one priority of the entire Department.
- We have positioned ourselves to reach out to all elderly individuals to ensure that they can take full advantage of the new benefits that Medicare will provide to them. Mark will address this further in his remarks.
- In the area of Medicaid, the Secretary has said **it is time to act**. He believes that Medicaid is the spirit of American compassion in action. Our network of long-term care providers, who serve elderly people at home and in the community **should** be on the front lines of the effort to modernize Medicaid long-term care.
- The Secretary tells us there are three elements of success in strengthening Medicaid.
- First, we must **keep faith** with our commitment to health care and long term care for those who need it.
- Second, we must create enough flexibility in Medicaid to ensure that the States are able to continue to serve optional groups and expand the program to new populations.
- Third, we must assure that the Medicaid program is financially sustainable.
- In speaking to the nation's governors last week, Secretary Leavitt said:
- "We can improve home and community care. We must ensure that seniors and people with disabilities get long-term care -- **where they want it!**"
- He said that home care and community care can allow many Americans with disabilities to continue to live at home, where they can enjoy family, neighbors, and the comfort of familiar surroundings.

- He said that Medicaid **should not force** these people to live in institutions.
- He said that providing home care is **less expensive** than providing nursing home care. It frees up resources that can help us serve more people.
- And he said the New Freedom Initiative points us in the right direction.”
- This is **another** window of opportunity, and we must **lead** the nation in long-term care.
- All of us are here because we want to do the right thing for our clients.
- I started in this business 33 years ago, and I’ve seen the aging network grow and mature.
- Our aging population is changing, and our business environment is changing.
- And that means that we have to change to keep up with the times characterized by changing demographics, and the way we deliver health and human services.
- The time is now if we are to capitalize on the opportunities that these changes bring.
- To continue to thrive in a changing environment, we cannot continue to say “no.” We must say “yes! IF...”
- We cannot say no just because our resources are limited.
- We cannot say no because the road is tough.
- **Together**, we need to lead the nation to develop a system of care that helps people make better choices and gain greater control over their health and long-term care.

- We must say “yes.” YES – we will add value to your infrastructure, IF you add value to ours.
- **Together**, we need to lead the nation to develop a comprehensive, coordinated, and cost-effective system of care that ensures that elderly individuals can maintain their independence and dignity in their homes and communities.
- **Together**, we need to lead the nation to reach out to younger adults to encourage them to plan for their future needs long before they reach older ages. This includes financial planning, living arrangements and lifestyle options to help people remain healthy and independent for as long as possible.
- **Together**, we need to build prevention into long-term care. We need to ensure that evidence-based prevention models are available to seniors across the country.
- **Together**, we need to ensure that our public long-term care dollars are being used for those at highest risk of institutionalization.
- We also need to build upon and modernize the core programs of the Older Americans Act.
- I think we are old enough, strong enough, and experienced enough to forge ahead. **The time to act is now.**
- The **window of opportunity is open. The future is now. We must lead the nation** in long-term care in a manner that preserves individual dignity and independence.
- The Secretary has said that, in times of transformation, we have three choices: fight and die, accept and survive, or lead and prosper.
- It is my hope that in this transition, we take advantage of the window of opportunity, and work together and **LEAD.**