**TCBA 2024-2025 Priorities & Opportunities**

***Let’s tee up some potential wins!***

**PRIORITY 1: Multisector Plan for Aging**

* TDDA as backbone with dedicated staff support
* Statewide advisory council & process matters
* NC model worth considering
* Invitation to Lauren to Grantmakers in Aging conference in October; network with other states creating multisector plans (Dianne will follow up)

**PRIORITY 2: Addressing the direct care worker shortage**

***State report recommended raising wages to reflect current market $18-25/hr. but TN rate only increased to $15.37; AAADs recommended 10% increase to HCBS/direct care worker pay rates starting July 1***

* Higher wages to reflect current labor market
* Workforce pathways for direct care workers (state report recommended: high school pathways, bridge programs, certified pre-apprenticeship and apprenticeship programs)
* Seeing older adults and persons with disabilities as a resource to help meet the need
* Family caregivers are also helping to meet the workforce need
* Scholarships or stipends for health professional students to work while in school
* *Let state officials know of successful models; across different departments in state government; continue to gather info on models*
* Mobile DSP/”rounds” idea: assign staff to cluster of clients in same geographic area so can work 2 hour shifts x 4-5 clients for a full days work (Emily); TennCare: United MCO is piloting Mobile DSP; opened up July 1; more flexible-2 hours of personal care; DSP picks up 4 or 5 clients within a day; there is a fiscal note; need more info (Bill)
* Ask for an update from TennCare/Katie Evans on use of ARPA $ for workforce development
* Training through courts to become a certified nursing assistant; ? through recovery court—was around 2004 and program eliminated due to TennCare regulations (Lynn)

**PRIORITY 3: Improving family caregiver support**

* Expand Alzheimer’s respite program based on 3-year success of pilot – initial barrier was requirement for documented ADRD diagnosis; changed to ‘cognitive impairment’ helped; funding divided among AAADs – enough for 4 hours respite/1 day a week; AAADs wrapping other caregiver/respite program funds for services; outcomes? (Sara)
* Veterans self-directed care model (Sara); any outcomes to report? Lynn Wood has helped VA case managers
* Paid family caregiver resolution/program; there will be follow-up working with Senator Yager on resolution and request to TennCare for update; want to influence state government to engage consumers; activities will continue with involvement across age and disability; important to highlight successful state models (GA, OH, MS) and frame family caregivers as a ready labor pool – workforce solution
* AARP plans to form a coalition of legislators to support caregivers, focusing on issues impacting older Americans
* Tennessee has potential to receive ACL grant for coordinating programs for family caregivers. (TDC/TJC leads)
* Grandparent caregivers: changing financial support to stipend vs. taxable income
  + Foster parents receive a monthly stipend to offset the costs of food, shelter, clothes, etc. Foster parent reimbursements are not considered taxable income.
  + *More research to do -Relative Caregiver legislation calls it stipend*
* Partnering with faith-based organizations for caregiver support; need for resources and awareness among congregations
* Making connections with immigrant communities
* Flexible sick leave and paid family leave (AARP LTSS Scorecard items)
* Invest more in adult day & respite programs
* [Alzheimer’s Foundation Innovation Grant](https://www.alz.org/professionals/professional-providers/center-for-dementia-respite-innovation) opportunity for AFA member nonprofits– due 9/20/24; dementia focused -community-based faith-based initiative-have data; need additional info (Bill)
* [CMS Guide model](https://www.cms.gov/priorities/innovation/innovation-models/guide) – 6 medical practices in TN applied & selected; 2 in Nashville (Reed Group & Harmonic Medical Group)

**PRIORITY 4: Expanding capacity for direct HCBS client services**

***Federal funding has remained flat and House Appropriations committee just advanced a bill reducing funding for Older Americans Act programs, including $37M cut to meal programs***

* State funding for AAADs to grow capacity to serve more older adults- advocacy for additional $ through TennCare
* State funding to address waiting lists for home delivered meals & OPTIONS
* TennCare is open ended with 2/3 federal funds…best option for funding HCBS

**PRIORITY 5: Expanding community-based residential alternatives**

***TDOH $15M/year x 5 years Aging in Place programs – will include home repairs & modifications for older homeowners (Memphis Habitat, Westminster Home Connection)***

* Tier 1 Homes for the Aged – licensure & marketing/outreach to catalyze supply
* Identify state funding to increase supply of affordable, age friendly rental units
  + Redirect unspent ARPA funds
  + Treasury earnings on ARPA funds
  + Portion of TN Mortgage Tax (TACIR recommendation)
  + TennCare Reserve Fund - Utah model leveraging existing state investment funds to offer lower-interest loans to eligible developers for a 3 year pilot program
* Special housing study to influence investments by THDA & legislature for next 5 years
* Increase TennCare reimbursement rate for Assisted Living to expand availability
* Additional info needed on health care justice issue for renters – can’t access HCBS if renting vs. homeowner; racial disparities in home ownership; TJC working on racial justice issue; TCBA being mindful of housing affordability/security issues for those who own homes and those who rent
* State models – NC and OH – how addressing affordable housing challenges with state funding braided with federal funds