




**THE COUNTY ROLE
IN LONG-TERM CARE**



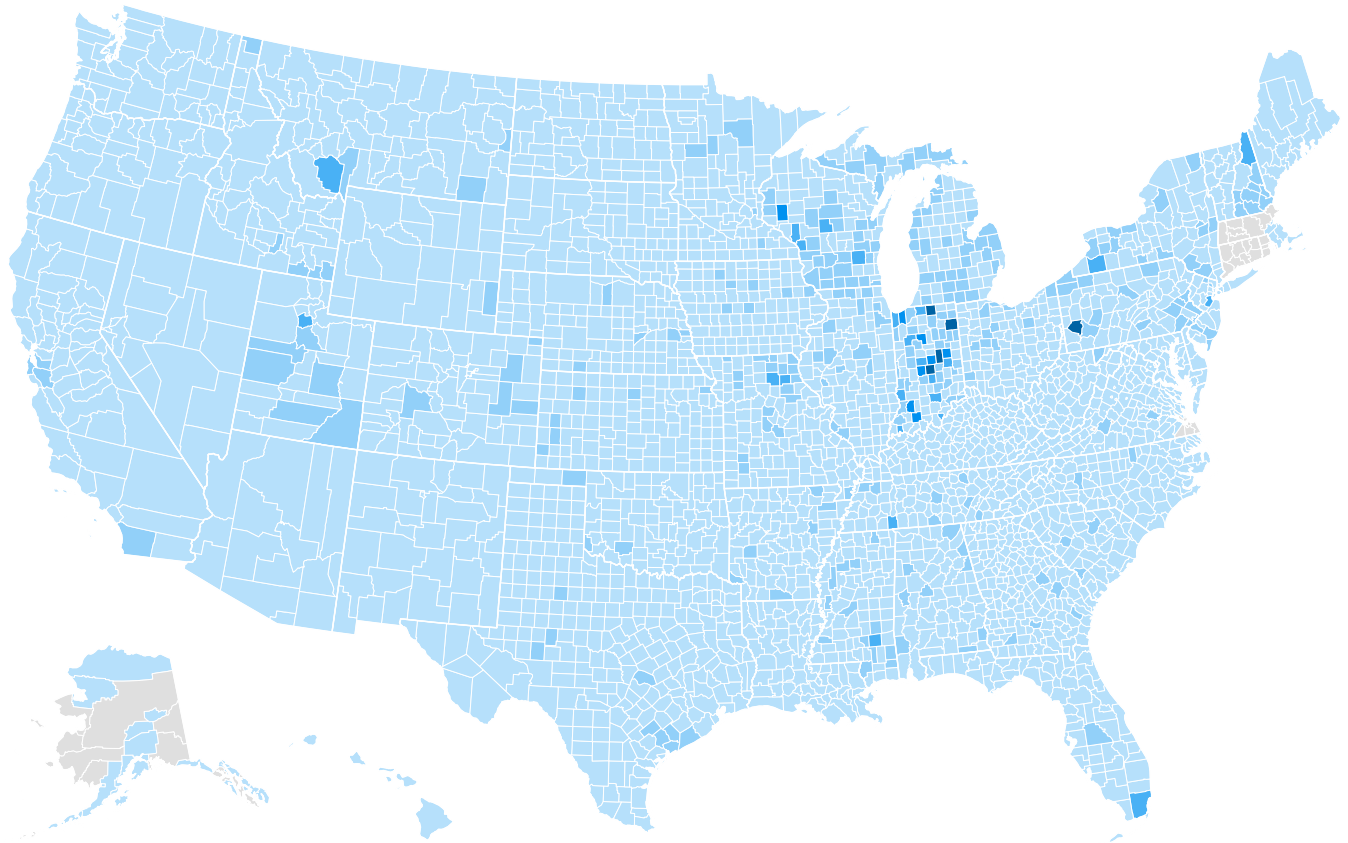
County governments play an essential role in ensuring the health and safety of older Americans and individuals with disabilities as key administrators of safety net programs and services. Through 758 county-owned or operated long-term care facilities and community-based services, counties ensure that the more than 27 percent of adults age 65 and older, and the 61 million individuals with disabilities in the U.S. who require assistance to perform everyday activities, have the resources needed to live a long, healthy and independent life.

This brief provides an overview of the critical role counties play in providing services for aging Americans and individuals with disabilities through long-term care and supportive services, and offers policy recommendations for our federal partners on ways to strengthen county long-term care infrastructure.

COUNTY LONG-TERM CARE INFRASTRUCTURE

Counties deliver long-term care (LTC) services and support to aging adults and individuals at home, in the community and through **758 county-owned and operated facilities**. These services include adult day care, transportation, respite care, housing alternatives, caregiver training, support groups, in-home support services, family counseling, daily money management, public conservatorship and guardianship services, as well as chore services and personal care.

NURSING HOMES - 2022 COUNTY FACILITIES



NATIONAL ASSOCIATION OF COUNTIES **NACo** Explorer.NACo.org **COUNTY EXPLORER**



Below is a list of facilities that are owned or operated by counties, and the services we provide, to older adults and individuals with disabilities.

County-Owned and Operated Facilities to Support Long-Term Care

NURSING HOME

A nursing home is a long-term care facility that provides residential healthcare and custodial care to older adults and individuals with disabilities. Licensed practical nurses and nurse aides – under the supervision of a registered nurse – monitor the health of residents, assist with administering medications, manage chronic conditions, and help with daily activities such as dressing, bathing and eating.

SKILLED NURSING FACILITY

Skilled nursing facilities (SNF) provide post-acute transitional care with the goal of returning patients to their homes. SNFs offer rehabilitative services through trained registered nurses that help patients recovering from illness, injury or surgery and specialized staff such as physical, occupational or speech therapists. In some counties, care facilities can operate as both a nursing home and SNF with separate floors dedicated to each.

ASSISTED LIVING RESIDENCE/FACILITY

An assisted living facility is a residential facility for people with disabilities or for adults who need assistance with daily life and routine self-maintenance. These facilities provide limited healthcare support but do not provide extensive medical care like a nursing home or skilled nursing facility.



*County-owned nursing or assisted living facilities represent **75 percent of all publicly owned nursing homes** in the U.S.*

*There are currently **32 states with county-owned nursing homes** and 40 states with county-supported nursing homes, with **Indiana and Texas** each maintaining **over 100 county-owned or supported nursing homes.***



*As of 2019, there are **14,871 nursing homes located in counties** across the U.S. with 1.26 million residents.*





COUNTY AGENCIES

County-run agencies and services also play a key role in ensuring access to community-based long-term care and supports for aging and disabled Americans.

County Health Departments

Counties support 70 percent of America's approximately 2,800 local health departments (LHDs). Many have a Division on Aging that provides programming and supports for addressing the needs of older adults.

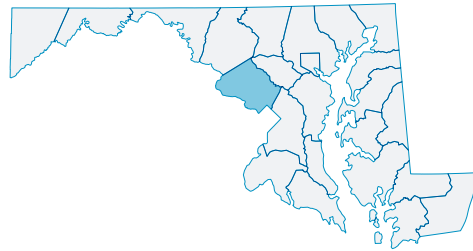
Broadly, all county health departments coordinate services for older adults, adults with disabilities and their families and often fill gaps in health care and other social service needs. These services may include:

- Evaluation Services
- Senior Care
- Home and Community-Based Care
- Nurse Monitoring Services
- Caregiver Support
- Companion Programs
- Delivered Meals
- Transitional Services

Area Agencies on Aging

Area Agencies on Aging (AAA) provide a range of vital services that address the local needs of the growing older adult population in communities across the country. AAAs help older adults age successfully at home and in their communities through the provision of services such as meals, transportation, personal care and caregiver assistance. During the COVID-19 pandemic, 69 percent of AAAs saw an increased demand for services such as meal delivery services and telephonic wellness checks.

MONTGOMERY COUNTY, MD. AGING AND DISABILITY RESOURCE UNIT



The Montgomery County, Md. Aging and Disability resource unit is housed in the county's health department and provides personalized hands-on assistance, service referrals and information to seniors, people with disabilities and caregivers by phone and in person. This program serves as the primary point of entry for most services within the county's aging and disability services.

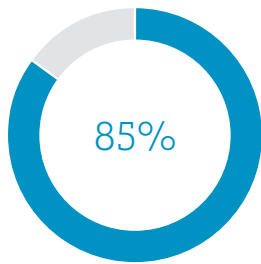


County Long-Term Care Services and Support

ADULT PROTECTIVE SERVICES

In 14 states, counties are responsible for administering Adult Protective Services (APS), which are programs that prevent neglect, self-neglect, and fiduciary and physical abuse of older and disabled adults. While services can vary from state to state and county to county, most states provide APS for adults 18 and older with a significant physical and/or mental impairment. In some states, APS serves older individuals without disabilities, and about half of all states allow APS reporting of vulnerable older adult abuse in nursing homes and other long-term care facilities.

Currently, there is no direct federal funding allocated towards APS, and programs are primarily funded at the state or county level.

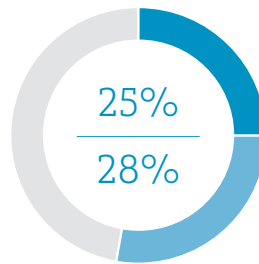


Rural counties are particularly reliant on AAAs, as they account for **85 percent** of counties with populations of individuals 65 and older that make up **20 percent** or more of their total population.

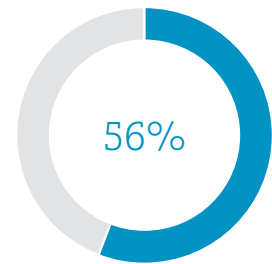


HOME AND COMMUNITY-BASED CARE

Home and community-based services (HCBS) allow people with significant physical and cognitive limitations to live and receive person-centered care in their homes and community rather than institutions or other isolated settings. A variety of health and human services can be provided through HCBS programs that address the scope of medical needs of people with functional limitations who need assistance with activities of daily living, like getting dressed or bathing.



Counties operate and fund **25 percent** of the 625 Area Agencies on Aging (AAA) across the nation and another **28 percent** operate within regional planning councils or councils of governments that often include counties.



56 percent of AAAs rely on local funding streams through counties or other local governments to provide additional programs and services.

KEY FEDERAL PROGRAMS AND POLICIES FOR SUPPORTING COUNTY-BASED LONG-TERM CARE SERVICES

MEDICAID

Medicaid is the primary financier for long-term care services and facilities throughout the U.S., with over 60 percent of all individuals residing in long-term care facilities relying on Medicaid as the primary payer for their long-term care services provided in county-owned and operated facilities.

OLDER AMERICANS ACT

Approximately ten million older Americans are beneficiaries of programs under the Older Americans Act (OAA), which was passed in 1965 to establish grants for community planning and social services, research and development projects and personnel training in the field of aging.

The majority of OAA programs are “core services” authorized by Title III of the legislation. These core services vary depending on local needs but often include transportation, nutrition, support for caregivers, recreation, in-home assistance, disease prevention and more. In addition to the core services, the OAA provides community service and employment opportunities for low-income older Americans and authorizes elder rights protection activities.

States receive Title III Grants according to a formula based on their share of the nation’s population of individuals 60 and older. States then pass these funds to Area Agencies on Aging (AAAs), which coordinate programs and services for older adults at the local level. Counties are direct recipients of Title III grant funding and key administrators of OAA programs.

THE ELDER JUSTICE ACT

The Elder Justice Act (EJA) was enacted in 2010 and operates under the U.S. Department of Health and Human Services, Administration for Community Living. EJA is the first federal program designed to combat the abuse, neglect and exploitation of older adults. The law authorized a variety of programs and initiatives to better coordinate federal responses to elder abuse, promote elder justice research and innovation, support APS systems and provide additional protections for residents of long-term care facilities.

SOCIAL SERVICES BLOCK GRANT

Due to a lack of dedicated and direct federal funding, APS programs are funded in a variety of ways, mainly through the state’s general revenue or through federal funds available to states for social services through the Social Services Block Grant (SSBG). SSBG provides states a list of options of 29 services that they can opt to fund from their SSBG allocation including services for persons with disabilities and protective services for adults. Approximately 37 states choose to use SSBG to fund some portion of their APS program. Several states completely or almost entirely fund their APS program with SSBG funding, such as South Carolina, Oklahoma, Tennessee and Alabama.



FEDERAL POLICY RECOMMENDATIONS

County governments have a long, established role as providers, purchasers and administrators of long-term health care and supportive services for older Americans and individuals with disabilities. Federal policies and funding should acknowledge this vital role and help ensure that counties have the resources and flexibility to continue to provide these critical services to some of our most vulnerable populations. Specifically, counties urge Congress to:

- **Expand mandatory HCBS state plan benefits and provide sustained funding incentives for HCBS service expansion options.**

Under federal Medicaid law, all states must provide a minimum set of “home health” benefits under their state plan, however, the full range of HCBS under Medicaid is optional, and states vary considerably in how they organize their HCBS programs. Counties urge Congress to expand the mandatory HCBS state plan benefits to ensure equitable access to community-based services for all residents. Additionally, we urge our federal partners to maintain the Federal Medical Assistance Percentage (FMAP) increase provided in the American Rescue Plan Act for HCBS for states that implement improvement plans to continue efforts toward a broadly accessible, high-quality system of HCBS care for those who need it.

- **Provide funding and incentives towards long-term care workforce recruitment, development, training and retention as well as informal caregiver support.**

Workforce recruitment and retention have been a persistent challenge for long-term care providers due to the ongoing shortage of trained caregivers for critical roles, an issue that was exacerbated by the COVID-19 pandemic. Counties depend on partnerships at the federal level that will establish a strong healthcare workforce in long-

term care and nursing environments to provide the highest level of care to our most vulnerable residents. Counties support federal policies that enhance the long-term care workforce including the recruitment, training, licensure and retainment of providers such as nurses, formal and informal caregivers and direct support professionals. Furthermore, federal policies should support targeted incentives including scholarships, loan forgiveness and low-interest loan repayment programs to encourage more providers to enter and remain in long-term care careers.

- **Full funding of the Older Americans Act in all future appropriations.**

The Supporting Older Americans Act (P.L. 116-131) reauthorized the Older Americans Act (OAA) for five years and provided a critical increase in the authorized funding level for core services. However, programs under OAA are discretionary and subject to the annual appropriations process. As the nation’s population rapidly ages, counties face increasing demands and challenges in providing comprehensive systems of care to our older residents. Without reliable OAA resources that keep pace with the demand for services, counties will face new and more extensive challenges in our effort to provide access to critical services to our rapidly aging population.

- **Full funding for the Elder Justice Act.** The Elder Justice Act (EJA), enacted in 2010 as part of the Affordable Care Act, represents an effort by Congress to provide a funding stream specifically to address elder abuse and support adult protective services (APS) programs, including those operated by counties. However, the level of funding the legislation has received since it was enacted has not kept up with inflation or need. Federal funding for state and

local APS programs was authorized initially at \$100 million annually but was first funded in 2020 with an appropriation of nearly \$94 million as part of the Coronavirus Response & Relief Supplemental Appropriations Act (CRRSAA). Given its authorization levels, the EJA has great potential to provide support for local programs that target elder abuse, but until appropriators begin to fund the programs established by the legislation, that potential will far outweigh the act's impact.

Government Affairs Staff Contacts

Mark Ritacco

Chief Government Affairs Officer
202.942.4272
mritacco@naco.org

Eryn Hurley

Director of Government Affairs & Federal Fellowship Initiative
202.942.4204
ehurley@naco.org

Blaire Bryant

Legislative Director | Health ▪ Large Urban County Caucus
202.942.4246
bbryant@naco.org

Rachel Mackey

Legislative Director | Human Services & Education ▪ Veterans & Military Services
202.661.8843
rmackey@naco.org

Brayden Cohen

Legislative Assistant
202.942.4259
bcohen@naco.org



660 North Capitol Street, N.W.
Suite 400 • Washington, D.C. 20001
202.393.6226 • www.NACo.org

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