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Ensuring the availability of a broad spectrum of services

- 1 WHEREAS the current system for providing home and community-based services is complex and fragmented;
- 2 WHEREAS there is a large number of home and community-based service programs with complex rules and requirements;
- 3 WHEREAS the current availability of home and community-based services is inadequate to meet growing needs for long-term care;
- 4 WHEREAS current legislation and funding has an institutional bias and does not reflect the preference of older individuals to remain in familiar surroundings;
- 5 WHEREAS older people visit multiple providers for health care services, which leads to conflicting treatments and over-medication with serious consequences;
- 6 WHEREAS up to 22 percent of older people have mental health problems which can lead to self-neglect;
- 7 WHEREAS more than one-third of older persons living alone and unable to perform one or more activities of daily living receive no help; and
- 8 WHEREAS public perception commonly undervalues the ability of older people to make changes and decisions in their own best interest;

THEREFORE, BE IT RESOLVED by the 1995 White House Conference on Aging to support policies that:

- 9 Ensure consumer choice of individualized care arrangements that respect personal preferences and cultural differences, encourage responsibility, and support families and communities in helping their members to achieve the greatest possible functional independence and in promoting the least restrictive and most cost-effective services;
- 10 Ensure an integrated, affordable system that provides a seamless continuum of quality services, and which begins with prevention education for healthier living and includes care management, acute and subacute care, rehabilitation, community-based services, nutrition services, assisted living, adult day care, home care, personal assistance services, respite care, substance abuse counseling, senior centers, mental health services/counseling, and institutional care, and which is easily accessible and promotes the greatest functional independence for older Americans;

Appendix D: Text of the Resolutions

- 11 Develop and implement comprehensive, coordinated, and culturally relevant community wellness models on the local level that rely on and promote cooperative agreements between public and private agencies;
- 12 Promote primary care through primary care physicians, nurse practitioners, physician assistants, and other professionals and paraprofessionals, including those in managed care settings who are trained to care for the elderly;
- 13 Coordinate Federal, State, local, tribal, and private programs and services to reduce fragmentation and facilitate access to needed services from a single entry point based on standard intake and assessment data;
- 14 Refocus the emphasis of existing funding toward home and community-based care, eliminating the current institutional bias;
- 15 Promote high quality, community-based services through the use of appropriately trained care providers, with oversight and accountability mechanisms to prevent fraud, abuse, and neglect;
- 16 Assure equal access to and utilization of long-term care services by minorities by enforcing Title VI of the Civil Rights Act;
- 17 Promote and enhance health services to American Indians (Indian Health Service delivery systems, as well as tribal and urban Indian programs) to provide a full range of home and community-based care, including Medicare and Medicaid home and community-based programs;
- 18 Promote Federal policies that enhance access to health care services in rural America.

