

**AWARENESS TO ACTION:  
COMBATING ELDER ABUSE AND NEGLECT**

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**HEARING**  
BEFORE THE  
**SPECIAL COMMITTEE ON AGING**  
**UNITED STATES SENATE**  
**ONE HUNDRED NINETEENTH CONGRESS**

FIRST SESSION

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# **AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT**

**Wednesday, July 30, 2025**

U.S. SENATE  
SPECIAL COMMITTEE ON AGING  
*Washington, DC.*

The Committee met, pursuant to notice, at 3:34 p.m., Room 106, Dirksen Senate Office Building, Hon. Rick Scott, Chairman of the Committee, presiding.

Present: Senator Scott, McCormick, Moody, Husted, Gillibrand, Kim, and Alsobrooks.

## **OPENING STATEMENT OF SENATOR RICK SCOTT, CHAIRMAN**

The CHAIRMAN. The U.S. Senate Special Committee on Aging will now come to order. Today's hearing is meant to bring attention to a heartbreaking issue.

People spend years planning, working, and dreaming of an enriching fulfilling retirement, never does that dream include possible abuse or neglect of a friend, loved one, or themselves. Unfortunately, elder abuse and neglect happen every day, and too often our seniors suffer in silence.

A recent study from AARP shows that only one in fourteen cases, one in fourteen, of elder abuse are reported. Even when it is reported, it can be difficult to prosecute these crimes. Survivors of abuse are often unwilling or unable to testify. This hesitancy can be compounded by not having a trusted support system, and the perpetrator of the abuse having an existing relationship with the abuse victim.

Combating abuse and neglect by stopping fraud and scams is important work for seniors across the country. It is especially important to folks in my State of Florida, where we have such a large and vibrant senior population. Fighting back against fraud and scams has also been a priority of mine as both Florida's Governor and now as a U.S. Senator.

One of the first bills I fought to make law after I was elected to the Senate in 2018 was the Telephone Robo-Call Abuse Criminal Enforcement and Deterrence long, or TRACE Act, to combat abusive robocalls.

The TRACE Act gives regulators more time to find scammers, increases civil forfeiture penalties for those who are caught, promotes call authentication and blocking adoption, technology that prevents these calls from reaching consumers in the first place, and brings relevant federal agencies and State Attorneys General together to

address hurdles to criminal prosecution of robocallers who intentionally flout laws.

Put simply, the TRACE act protects Americans, especially our seniors, from abusive robocalls. While having the TRACE Act signed into law by President Trump in 2019 was a win in the fight against fraud, abuse—fraud based abuse and neglect, victimization continues, and we must do more. We need all hands on deck approach at the local, state, and federal levels to protect our seniors.

We need to ensure continued support for programs that help train those who interact with our seniors on how to identify signs of physical, mental, and financial abuse of elders, and provide services for those who are victims of such horrific treatment. We also need to build out and support programs that stop elder abuse and neglect before it happens, especially on a states and local level.

This includes adult day services, transportation services, and meal delivery programs. These programs serve a dual purpose as they help build the necessary trust to create a safe environment for reporting abuse when and if it occurs. Many of these essential programs that work on identifying and preventing elder abuse and neglect are overseen and authorized by the Older Americans Act.

For 60 years, the Old Americans Act, known as the OAA, has helped countless seniors through social connection and life-affirming support programs. Over 10 million older Americans are helped by programs covered by the OAA.

I am proud to work with Ranking Member Gillibrand, and Health, Education, Labor and Pensions Chairman Bill Cassidy, and Ranking Member Bernie Sanders to lead the fight for the reauthorization of this important piece of legislation, which is the critical tool in our arsenal to fight against abuse and neglect of our elderly population.

The OAA supports family giving—caregiving services, The National Center on Elder Abuse, and provides vital legal assistance programs to connect vulnerable seniors with the resources that they need. Also helps support local and home meal delivery services, which not only provide much needed nutritional services, but also serve as a critical touch point for seniors.

Interactions like those had with an in-home meal delivery services provider is sometimes the only contact a senior may have with someone who can recognize signs of abuse or neglect. It also builds trust and a sense of connection that may otherwise not exist. Thankfully, we are working with the Trump Administration who understand the value of these programs.

Health and Human Services Secretary Robert F. Kennedy Jr. recently made a point to highlight how important these in-home meal services are by being the first sitting HHS Secretary to visit and deliver meals himself. I am grateful we have a leader in the White House and a leader at the Department of Health and Human Services who are prioritizing the safety and health of older Americans and are partners in this fight to ensure members of our aging community have a healthy and fulfilling life.

My hope is that with this hearing, we can draw attention to the people and programs working on the front lines to address this crisis of elder abuse, as well as the victims we are failing if we fail to act. I look forward to hearing from these leaders in the aging

support space and gaining knowledge from their experience as we work together to address and stop this crisis in its tracks.

Now, I would like to recognize Ranking Member Gillibrand for her opening statement.

**OPENING STATEMENT OF  
SENATOR KIRSTEN E. GILLIBRAND, RANKING MEMBER**

Senator GILLIBRAND. Thank you, Mr. Chairman. I really appreciate holding today's hearing and hearing from these experts. Elder abuse and neglect are serious problems that impact far too many older adults in our communities and long-term care settings.

What is worse is that only one in twenty-four cases of elder abuse are ever reported to the authorities, suggesting this problem is more widespread than we ever realized. It is complicated and intimate issue, but what is clear is that we need to ensure the systems to prevent and combat it are strengthened and protected.

Many of these systems are currently housed or supported by the Administration for Community Living, such as the Long-Term Care Ombudsman Program, protection advocacy agencies, and Adult Protective Services. As the Administration plans its reorganization of the Administration for Community Living and Congress considers reauthorizing the Older Americans Act, it is crucial that these important programs remain available to seniors who depend on them.

Today, we will hear about how these programs work together with law enforcement to prevent and combat elder abuse. We will also hear about how Congress can empower law enforcement to prevent financial abuse as frauds and scams evolve to include new technologies, including blockchain, cryptocurrency, and AI. In 2024, older Americans represented the largest demographic group affected by cryptocurrency fraud, losing over \$2.8 billion.

To address this, I am introducing a bipartisan bill called the Guarding Unprotected Aging Retirees from Deception Act, or GUARD, Act, which Senator Britt and Chairman Scott co-sponsored with me. I am proud to champion this important legislation, which will equip law enforcement with the tools and flexibility it needs to combat financial fraud and abuse in the modern age.

I look forward to hearing from our witnesses about ways we can reinforce our existing defenses against elder abuse and pioneer innovative approaches in that vein to end this disgraceful practice. Thank you, Chairman.

The CHAIRMAN. Thank you, Ranking Member Gillibrand. I would like to welcome our witnesses here today, each of whom brings important expertise in dealing with elder abuse at the state, local, and federal level.

First off, I just want to say on behalf of me, this whole Committee, the Ranking Member, we are very appreciative when you come up and you give your testimony, so, we are excited that you are here.

First, I like to introduce Maricela Morado, the President and CEO of the Southwest Florida Area Agency on Aging. Area agencies on aging, like the one Ms. Morado leads, perform critical work at the local level and are a lifeline for many seniors.

She actually lives about 30 miles North of me, right? With over a decade of experience serving the community, Ms. Morado oversees critical agency programs that seniors rely on. Thank you for your work to support and to protect our seniors. Please begin your testimony.

**STATEMENT OF MARICELA MORADO, PRESIDENT  
& CEO, AREA AGENCY ON AGING FOR SOUTHWEST  
FLORIDA, FORT MYERS, FLORIDA**

Ms. MORADO. Chairman Scott and distinguished members of the Committee, thank you for the opportunity to speak to you today on one of the most pressing yet under-reported crisis facing our Nation's older adults: elder abuse and neglect. This issue is far more common than many realize.

Approximately one in ten Americans over the age of 60 experiences some form of abuse; physical, emotional, financial, or neglect, but what is even more concerning is that for every case reported, 24 more go undetected. That means nearly five million older adults may be experiencing abuse each year and most suffer in silence, a number that will only grow as our population ages.

The consequences are devastating. Victims of elder abuse are three times more likely to die prematurely. Financial exploitation alone costs seniors over \$3 billion a year, often leaving them without means to purchase food, hygienic supplies, medication, or other basic necessities.

This is where your area agencies on aging, or AAAs, play a critical role. Today, 614 AAAs serve older adults in virtually every community nationwide. We were created under the Older Americans Act to support the 85 percent of Americans aged 65 and older who want to age at home, not in institutions.

We are the front lines of elder abuse prevention, providing services like information and referral, care coordination, caregiver support, and case management, but our greatest strength is the deep trust we have built with the people we serve. We are embedded in every community, urban and rural.

With 10,000 Americans turning 65 each day and 70 percent eventually needing long-term care, we bring partners together to respond quickly when abuse is suspected. In Southwest Florida, your AAA demonstrates the critical role we play through the OAA funded services, which don't just provide statistics, they save lives.

Let me share what this looks like. Just last year, one of our respite specialists funded through the OAA visited 93-year-old Eleanor and found her covered in bruises. Her husband had been striking her with a cane and withholding her Parkinson's medication. Because she was already connected to our agency through OAA funded case management, we were able to act immediately.

We reported the abuse to the Adult Protective Services, also known as APS. She was safely removed from the home, and she received the care and support she needed. Eleanor spent her final months surrounded by compassion and dignity, and ultimately passed peacefully with her family by her side.

We offer financial exploitation prevention through our nutrition program and senior centers. We have helped older adults like Virginia avoid exploitation by her own son, and supported Grace, who

was choosing between food and paying her utilities on her Social Security.

When 89-year-old Emma lost her life savings to a scammer, our legal service provider, funded through OAA Act, helped to prosecute the perpetrator. At the same time, our OAA funded meals program ensured she stayed connected and nourished, preventing further vulnerabilities. We have an early intervention network.

Our trained care specialists and partner agencies respond to high priority cases within 24 hours. Without OAA funded programs creating trusted relationships through meals, transportation, and social activities, these cases of abuse would go undetected until it is too late.

Successful elder abuse prevention requires multidisciplinary teams bringing together social workers, first responders, health care providers, and legal professionals to address the complex nature of elder abuse. In Southwest Florida, we have partnered directly with Adult Protective Services to collaboratively review complex cases every month and determine how we best serve older adults together.

Ongoing federal and state funding long-term care services is needed to support increasingly frail older adults. While your AAAs are well-positioned to combat elder abuse, we need adequate resources to expand our lifesaving work. To strengthen these efforts nationwide, I respectfully recommend passing the OAA reauthorization this fall.

Congress must finish reauthorizing the OAA this fall to provide the stability and framework our aging network needs to serve Americans growing older—America's growing older adult population. Increase federal funding under OAA for elder abuse prevention and response. Promote cross-sector collaboration, especially AAAs, adult protective services, law enforcement, and health systems.

Elder abuse is not just a family problem, it is a public health crisis requiring coordinated response. Let's consider the math. Home-based OAA services cost a fraction of institutional care, yet without adequate funding, we are pushing vulnerable seniors toward Medicaid funding nursing homes that cost six to eight times more. A recent study of over 64,000 clients proves this point.

Home health care saved an average of over \$6,433 per patient annually, while reducing hospital readmissions by 18 percent and deaths by 20 percent. Projections suggest elder abuse cases will rise dramatically as our population ages, potentially reaching 320 million victims by 2050. Every day we delay action, more older adults suffer in silence. AAAs are ready to lead this fight, but we cannot do it alone.

We need your partnership, your commitment to ensuring that every older adult can age with dignity and safety. Most importantly, we need Congress to complete the OAA reauthorization this fall.

In closing, like Virginia who trusted us enough to share concerns about her son's financial pressure and abuse, or the out of state daughter who cried frantically about her malnourished 90-year-old abused mother, OAA programs create the trusted relationships that prevent tragedy and preserve dignity.

The older adults in our communities built the America we know today. They deserve to live the remaining years free from abuse, exploitation, and neglect. Area agencies on aging are uniquely positioned to make this vision a reality, but only with your continued support.

To conclude, I want to conclude by thanking Chairman Scott and Ranking Member Gillibrand for your leadership as co-sponsors of the reintroduced Older Americans Act Reauthorization Bill. Your bipartisan commitment to this vital legislation demonstrates the urgency of supporting our Nation's older adults. Thank you.

The CHAIRMAN. Thank you. Good job. Thanks for what you do. Next, we are pleased to welcome Nelson Bunn, the Executive Director of the National and District Attorneys Association. He brings a wealth of policy experience at the federal level, and has partnered with Congress, the Department of Justice, and other federal agencies, and law enforcement stakeholders to advance policies to protect our seniors.

He is here to discuss incredible work the National and District Attorneys Association is doing to connect seniors facing abuse with legal resources. Thanks for being here and taking time to discuss such an important topic. Please begin your testimony.

**STATEMENT OF NELSON BUNN, EXECUTIVE  
DIRECTOR, NATIONAL DISTRICT ATTORNEYS  
ASSOCIATION, ARLINGTON, VIRGINIA**

Mr. BUNN. Thank you. Chairman Scott, Ranking Member Gillibrand, and members of the Committee, I really appreciate the opportunity to speak today on this critical issue of elder abuse and neglect.

In its 75th year, NDAA is a national nonpartisan membership association with over 6,000 members nationwide, providing training, resources, and other information to prosecutors around the country. Elder abuse comes in many forms, physical harm, emotional manipulation, financial exploitation, abandonment, and systemic neglect. The abuse lacks a predictable or stereotypical offender.

While perpetrators are often perceived as anonymous, the truth is that they too often are trusted individuals and even family members. The reality with older adult victims is that they are frequently targeted because of their vulnerability. Prosecutors are tasked with applying the law to each individual case.

This also requires discretion to balance the severity of the harm caused, the victim's vulnerability, and the appropriate consequences for the perpetrator. Current trends and threats of exploitation among older victims are shaped by our constantly evolving environment, notably the digital world.

To appropriately address the exploitation of older adults, we must first identify the threats they face and not simply dismiss them as situations in which they should have known better. One of the most prevalent means to exploit older adults is through financial scams. It is estimated by the FBI's Internet Crime Complaints Center that in 2024, over \$4.8 billion was lost in elder financial scams, a 43 percent increase over 2023.

Typically, offenders establish a baseline level of trust with a vulnerable target. Once the individual is lured in and compromised,

the offender blackmails the victim with threats. Unfortunately, there are too many examples of bad actors taking advantage of older Americans. Earlier this month, Chinese nationals in the U.S. were indicted on charges to commit wire fraud.

The defendants orchestrated a wide-scale computer pop-up scam targeting older adult victims by falsely claiming that their computer or bank accounts were compromised. The defendants went as far as appearing at victims' homes and posing as federal law enforcement to collect large sums of cash from the victims.

It is alleged that more than 50 victims across 19 states were defrauded of over \$10 million. While financial exploitation is a threat in the digital world, guardianship and caregiver issues are a threat to the physical world. Guardians are usually within the circle of trust of the older adult.

When abuse occurs, older adults hesitate to pursue legal action or even disclose the abusive relationship, and victims often remain unaware of the exploitation. Unfortunately, there is limited data and information on the number of guardianship cases involving abuse. Older Adults also face a complex and confusing legal system, which ultimately reduces reporting.

These victims are often unaware of free or low-cost options like legal aid programs, pro-bono firms, or resources through the Older Americans Act, which we discussed today, so, what is working to address these challenges? Collaboration among local, state, and federal law enforcement is essential to effectively prevent, investigate, and prosecute elder abuse. Collaboration works best when it is well-organized, and duties are clearly established.

The San Diego Elder Justice Task Force brings together the local DA's office, FBI, APS, DOJ, the U.S. Attorney's Office, local law enforcement, and their local fusion center to combat elder abuse and neglect. At first glance, elder abuse and neglect cases may seem like purely local investigations. However, many quickly evolve into large scale federal investigations and prosecutions.

Multidisciplinary team models, such as the task force, are also great ways to ensure trauma informed interview techniques and a victim centered approach to these cases. I would also like to highlight the collaboration between NDAA and the U.S. Department of Justice through its Elder Justice Initiative.

The project provides prosecutors with essential resources, technical assistance, and training to support their work in identifying, investigating, and prosecuting elder abuse cases. Last fall, NDAA held a listening session on capacity decision-making, and the tools, training, and support needed to navigate these complex cases. I am pleased to share that the report was released earlier this week, and we provided a copy to the Committee.

We have also launched numerous other resources tailored to the needs of prosecutors to combat these challenging cases. Finally, I would be remiss not to mention the intersection of elder abuse and neglect with artificial intelligence. Typically, AI voice scams mimic distress calls. For these calls, we can use the acronym STOP. Stop, disconnect the call, don't act right away.

Think, ask questions, why would law enforcement tell me to do this? Others reach out to a trusted individual and discuss the situation, and plan, prepare for how to respond in future situations. Al-

ternatively, AI is transforming how we detect, prevent, and investigate elder financial scams. Many banks use machine learning models to monitor transactions in real time and flag unusual activity.

If bad actors are using the power of AI, we should be as well. Elder abuse and neglect cases represent a collective failure to protect a vulnerable population. Prosecutors see the physical, emotional, and financial pain these victims face firsthand.

I appreciate the opportunity to speak on this complex topic, and we stand ready to support this Committee in its efforts to protect our most vulnerable.

The CHAIRMAN. Thank you. Now, I would like to introduce Sean Voskuhl, the AARP Oklahoma State Director. Since 2010, he has fought tirelessly to support seniors in Oklahoma.

He is here today to talk about what he has seen work in his state, and how we can expand programs and policies with proven success to combat this horrible crisis. Thanks for your work, thanks for being here, and I look forward to your testimony.

**STATEMENT OF SEAN VOSKUHL, STATE DIRECTOR,  
AARP OKLAHOMA, EDMOND, OKLAHOMA**

Mr. VOSKUHL. Thank you, Chairman Scott, Ranking Member Gillibrand, and members of the Committee. It is an honor to be here to testify today. My name is Sean Voskuhl, and I serve as the State Director for AARP Oklahoma. I represent nearly 360,000 Oklahomans and help advocate for more than 100 million Americans nationwide age 50 and older. Combating elder abuse and neglect is really at the heart of what we do at AARP.

Our founding traces back to Dr. Ethel Percy Andrus, who discovered a retired teacher living in a chicken coop, alone, impoverished, and really seemingly forgotten. That story defines our mission at AARP and what we fight for every day: the dignity, safety, and well-being of older Americans.

We would like to think this kind of situation is a thing of the past, but it is not. Elder abuse, neglect, financial exploitation are happening every day. These are not statistics. These are real people with names, faces, and life stories, all deserving of dignity and respect. Neil retired as a successful career in Oklahoma, but as he aged, he developed dementia.

His family relays to us, that this was taken advantage of by someone he thought he could trust. Neil was isolated from some of his family and friends. His savings were drained. His support system eroded, and eventually, he died alone. His story is deeply troubling and uncomfortable to hear, but that is exactly what we have to confront every day if we are serious about protecting older adults.

In Oklahoma, we have seen the number of elder abuse allegations rise in recent years. Abuse isn't always the bruises you can see. Sometimes it is financial exploitation or intentional social isolation. A National Institute of Justice survey found that more than 11% of individuals over the age of 60 have experienced at least one type of abuse.

Elder abuse is severely underreported. Victims may be dependent on their abusers, embarrassed, or simply unsure who to ask or who to turn to for help, and that is why federal programs matter.

AARP supports the Elder Justice Act and the Elder Justice Coordinating Council. We support the National Adult Maltreatment Reporting System, which collects data to inform effective, smart strategies. We also strongly support the Older Americans Act. It is a cornerstone of aging policy, and it is a frontline defense against abuse. It supports more than 11 million older adults and their family caregivers who provide necessary supports.

Provides services like legal aid, in-home care, meals, and transportation. These aren't just helpful programs. They reduce isolation, support independence, and lower the risk of abuse. Programs like the Long-Term Care Ombudsman make a real difference. I think about Sandra Madden from Oklahoma.

She spent 22 months under guardianship in a nursing home. With the help of an ombudsman, she transitioned back into the community. This really is an example of how showing support and advocacy can help someone reach independence.

We also support the GUARD Act, led by Senators Britt and Gillibrand, and co-sponsored by Chairman Scott, which will give local law enforcement more tools to fight financial exploitation. We appreciate the leadership of other committee members on financial abuse legislation supported by AARP.

Guardianship is another important issue. While guardianship can protect people from harm, it transfers control over their decisions to another person, and it is not a guarantee of safety. That is why AARP supports stronger oversight, due process protections, and alternatives like supported decision-making. States are leading the way. AARP is involved all across the nation. In Oklahoma, we just passed Neil's Law, addressing the example I shared with you about Neil, and that allows civil lawsuits against abusers. It took us four years to pass.

We also passed a dementia training requirement for investigative teams, and in a few weeks, we are hosting our first ever Tribal Elder Abuse Code Summit in Tulsa. Another great example is AARP Pennsylvania supported bipartisan legislation improving the guardianship system by appointing a counsel and requiring exploration of alternatives and imposing certain certification requirements for professional guardians.

AARP New York successfully advocated for increased budget funding for the long-term care ombudsman program that allows them to increase visits to long-term care facilities, and AARP Florida supported legislation requiring the establishment of a statewide database of guardianship data, which is important to address.

In short, elder abuse is real, and it is widespread, but it is also preventable with smart policies, strong laws and implementation, trained professionals, strong community support, and successful state solutions should be scaled and expanded. We urge Congress to reauthorize and fund the Older Americans Act, pass the GUARD Act, and expand family and caregiver support.

We encourage further investment in data collection and public education so that older adults and families know their rights and where to turn for help. Thank you again for the opportunity to tes-

tify. AARP looks forward to working with the Committee to ensure all older Americans can age with dignity, safety, and respect.

If it is okay, I would like to give a shout out to AARP's Capitol Hill Strike Force. They are a strong group of volunteers that help us with our mission every day and we couldn't do without them. Thanks for letting me be here.

Senator MOODY. Thank you so much, and I think the Ranking Member is going to introduce our last witness today.

Senator GILLIBRAND. Thank you, Madam Chairwoman. I want to move to introduce our final witness, Ms. Lori Smetanka. Ms. Smetanka serves as the Executive Director of the National Consumer Voice For Quality Long Term Care, which represents individuals receiving long-term care facilities, and home, and community-based settings.

Ms. Smetanka has a long history of advocating for individuals receiving long-term care and services, and is a nationally recognized expert on nursing homes, long-term care policy, and elder abuse. Thank you for being here. You may begin your testimony.

**STATEMENT OF LORI SMETANKA, JD, EXECUTIVE  
DIRECTOR, NATIONAL CONSUMER VOICE FOR QUALITY  
LONG-TERM CARE, WASHINGTON, D.C.**

Ms. SMETANKA. Thank you, Chairman Scott, Ranking Member Gillibrand, and members of the Committee. Thank you for holding this important hearing. The National Consumer Voice for Quality Long Term Care is the leading national organization representing consumers of long-term care.

We are deeply concerned about the ongoing crisis of elder abuse, neglect, and exploitation. At least one in ten older adults experience abuse, and nearly half of those with dementia are affected. Isolation, cognitive decline, and dependence on others increase vulnerability, and too often these individuals are placed under guardianship or institutionalized under the guise of keeping them safe, yet elder abuse is under-reported and under-investigated.

Victims are often embarrassed to report, fear retaliation and the loss of independence, or think that nothing can be done. Those with cognitive impairment often are unable to report or ignored if they try to speak up. We recommend federal action in four areas. First, support elder justice.

Elder justice programs, such as the Long-Term Care Ombudsman Program and Adult Protective Services, provide critical supports that protect older adults while promoting their well-being and access to justice. Reauthorization of the Older Americans Act, along with greater investment by Congress, is necessary to ensure the availability of these services to an increasingly older population.

Mandated to advocate for long-term care facility residents, the Ombudsman Program works to improve quality, protect residents' rights, and address problems before they escalate into bigger issues. Ombudsman intervention has included preventing evictions of nursing home residents to homeless shelters, coordinating referrals to legal services to help residents get out from under guardianship, and coordinating with APS and law enforcement on behalf of residents being financially exploited.

Federal funding for the program is necessary to ensure that all residents have access to an advocate. Despite growing demand for

ombudsman services, funding has not kept pace. Suggested actions include reauthorizing the Older Americans Act and the Elder Justice Act to strengthen critical programs, increasing funding for elder abuse prevention in the Fiscal Year 2026 budget, and supporting the Administration for Community Living, which coordinates services for older adults and persons with disabilities.

Second, we recommend enforcing federal standards in nursing facilities. Forty years after the Nursing Home Reform Act, enforcement of standards in nursing facilities remains inadequate and persistent problems exist. Complaints to survey agencies and ombudsmen have increased, deficiencies cited are more serious, substandard facilities continue to operate, and residents go without care.

Additionally, questions exist about how billions of public dollars are spent by nursing home companies. A 2024 report estimated that as much as 68 percent of nursing industry profits are hidden in related party transactions. Suggested actions include increasing CMS funding for oversight and auditing of cost reports, requiring audited consolidated cost reports from facilities, and requiring CMS to use existing data to hold owners accountable for substandard conditions across facilities.

Third, we recommend support for direct care staff and adequate staffing in facilities. Understaffing leads to poor resident outcomes and increased citations for abuse and neglect. Neglected residents lie in their own waste, suffer from painful pressure wounds, and are more likely to fall and be chemically restrained. Overburdened staff are forced to make choices about what care to provide.

Understaffing causes great stress on caregivers and residents and leads to injury and abuse. Suggested actions in this area include funding programs to recruit and retain staff and reduce turnover, improving and enforcing requirements for staffing levels based on resident needs and acuity, and ensuring compliance with abuse reporting and investigation requirements.

Our fourth recommendation is to advance guardianship research and reform. Abuse or exploitation increases the likelihood of guardianship and institutionalization for an older adult. While guardianship can be a solution to abuse and neglect, it can also strip a person of rights and expose them to further abuse.

Too often, full guardianship is imposed when less restrictive alternatives would suffice, and once under full guardianship, however, it is extremely difficult to reverse. Inconsistency across states raises the need for federal action in this area, and suggested actions include providing federal funding to support state court guardianship reforms and supporting guardian—supporting research and data collection initiatives around guardianship.

To conclude, established and effective programs exist that provide good models for preventing and responding to abuse and neglect. However, full investment in them has not occurred to ensure effectiveness and application for all older Americans. We ask you to provide the investments that are needed so that older adults can live in dignity. Thank you.

Senator MOODY. Thank you so much. We appreciate you being here, and ranking member, I will ask you, do we normally swear the witnesses in? Okay, thank you. First time I am chairing for

Senator Scott who has had to step out momentarily. Very used to the Judiciary Committee.

Thank you for being here and for everyone else who is paying attention to this incredibly important issue. In Florida, as you know, we are home to many seniors, and as Florida's Attorney General, it was one of my top priorities, senior protection. One of the first things I did was establish a senior protection team.

We started working with elder organizations across the State of Florida and tried to come up with new ways to not only identify the bad actors, but actually hold them accountable and put them in jail. Many, many times we recognize there is victimization, but we never do the follow-up or the follow through, and those people go on to victimize many other people.

I was really glad to see we had someone here from Florida. I think it is estimated that one in ten seniors will experience elder abuse. Only seven percent of those cases will be reported to authorities. We were always encouraging those that were victimized to speak out, report it, don't be embarrassed. Because the types of crime seniors are falling for and the scams and fraud and the victimization, it really is happening to everyone.

With the rapid evolution of technology, it is so easy to fall victim to some of the fraud going on out there, and we want our seniors to understand that. It is not just happening to them because they are of advanced age. They may be targeted because they are of advanced age, but many people are falling for these things, and we want them to report it.

As Attorney General, I realized that there were many seniors being victimized, especially on the financial front, and they may not have—while it was a lot of money to them, it might not reach the level where a federal agent or—might come in and investigate, and so, oftentimes because of the smaller dollar, these things were just let go, and they would try and address the senior that was victimized but it was never followed up.

We understood that if these smaller dollar cases can start being pieced together to show that there were larger cases, we had to develop a team of experts within the state, and that included statewide law enforcement, and then in conjunction with local law enforcement, whether that be a Sheriff's office or a police department.

It really was kind of the first of its kind, a blueprint for the Nation, where we had this statewide expert team. We started a cyber fraud team. We were able to freeze assets, millions of dollars and assets that would have gone into cryptocurrency, never heard from again. Really were able to recover for some of these seniors and hold accountable some of the bad actors.

The key is really pulling together a state team, making sure they are educated in the new technology and the schemes, and keeping that team together, and I was really excited to hear from Mr. Bunn, how you recognized that. It is not always about throwing more money at a situation.

Sometimes it is about systematically pulling together the right team and making sure we are using existing laws and existing resources, so I want to turn to you first, Ms. Morado. Welcome, so glad you are here from Florida, and I know you work—I am the daughter of someone who dedicated their entire professional career

to helping vulnerable seniors, so maybe I come by it naturally or listening to it at the table growing up.

In what way do you think we can better connect victims that might be—experienced fraud due to technology and those organizations like yours that is interfacing with them, and law enforcement—specifically some of these specialized task forces that can help and piece together the puzzle and develop these larger cases?

Ms. MORADO. Just to make sure I got the question correctly. It is how to better connect organizations with law enforcement and agencies to combat the abuse that is happening, correct?

Senator MOODY. Correct.

Ms. MORADO. I think definitely it is a lot of outreach, not just to the older adult population, but internally within amongst community organizations. You know, all of us here testifying, but also being able to communicate and coordinate those multidisciplinary teams so that we can reach those individuals, and to have a process that truly can reach the clients that we are trying to reach.

As Mr. Bunn mentioned, those multi-disciplinary task forces, but they need to be able to have designated, like who is in charge of what, so that were not overstepping on each other's toes.

Really collaboration and outreach to the older adults, and what better outreach than with agencies that have already built that trust, such as Area Agencies On Aging, AARP, our lead agencies that are on the front lines in the homes with seniors, making sure that they are providing that information with them.

Senator MOODY. The Area Agencies On Aging really are kind of a catch-all, front lines interface with some of our seniors, so thank you for what you do, and Mr. Bunn, I will turn it to you. We really saw this takeoff in terms of being able to use the technology to actually go after those using technology to target seniors, and one of the things that we really struggled with was finding talented folks in the cyber world to come and work for law enforcement and then interface with the feds.

I am glad to hear you have a task force that you are working with. How do we take that kind of model so that we are getting those smaller dollar cases, and in fact building up the larger cases, across states? Do you have—are you able to do that with your organization? How do take the Florida model and make sure that is working in all 50 states?

Mr. BUNN. Sure. I appreciate the question. I think building off what my colleagues said, there is an educational component to it, and sharing what is working in jurisdictions and how that can be scaled up to large jurisdictions, scaled down to more rural jurisdictions, which I think is also critically important to make sure that we are not doing a one-size-fits-all approach.

As you heard, just in like the San Diego model, for example, there are countless agencies that are involved in that. Fusion centers are not often thought about, quite frankly, as an information sharing tool for a wide range of cases. You spoke about specialized training and the use of technology.

I mean, there are places like the National Computer Forensics Institute that provides specialized training within this area to follow those investigative leads, follow the money trail, follow the

technology being used. We know that these scams and perpetrators don't have physical boundaries anymore.

The virtual world is where a lot is occurring, and so, in order to make sure that we are breaking down our own physical silos, organizations like ours that provide training to local prosecutors and other multidisciplinary stakeholders, yes, that is one way to go about it. We don't want to reinvent the wheel, and we want to make sure that we are putting resources where they are appropriately and best used.

That means communication and collaboration, and with the MDT model, an MOU, for example, outlines who is doing what and what those parameters are, which sets them up for success—to start from—

Senator MOODY. Which could apply to a statewide group as well.

Mr. BUNN. Yes.

Senator MOODY. Thank you very much. I see that our esteemed chairman has returned, so I am going to return the gavel very quickly.

The CHAIRMAN. Senator Kim.

Senator KIM. Yes. Thank you, Chairman. Ms. Smetanka, I wanted to just start with you. You have mentioned the Long-Term Care Ombudsman Program. I was wondering if you can go into some greater detail, because it is a program that I don't think, you know, as many people know about, and from what you were saying earlier, it seems like it provides a lot of very useful tools to be able to address. Would you mind kind of explaining that a little bit further?

Ms. SMETANKA. Absolutely. The Long-Term Care Ombudsman Program is really a critical advocate for people that receive long-term care and services. They are the only mandated advocacy organization that is specifically required to advocate for people in long-term care facilities, but they do—and in that vein, they respond to complaints.

They provide education to staff and to residents. They help empower residents. They also are there to kind of look at the conditions in a facility and really help to stop problems from growing bigger.

They help, you know, to address issues on the ground and when—often when they are small before they even get bigger, so the ombudsman really is one who is advocating on behalf of the individual in the facility and really helping them to be empowered and get the best quality care possible.

Senator KIM. How do we try to ensure that older Americans are aware of this program and other programs and resources that are available to them? What are the—some of the best practices out there to be able to help get that out there?

Ms. SMETANKA. A lot of the ombudsman programs, they exist in every state and community. They are really tied into the state aging and disability networks. Many of them are housed in state units on aging and in Area Agencies On Aging, and they are part of the elder justice system, as we have been talking about today.

They are part multidisciplinary teams, so we really do need to be looking at how we can best use the networks and the systems that we have to educate about the different programs and the re-

sources that are available, and how they can best help people who are receiving services and help support them.

Senator KIM. Within that umbrella of different services and programs available through, especially through the Administration for Community Living, the ACL, I guess I just want to get a sense from you how important it is to maintain ACL as a standalone agency. What would be the risks if we see some of that be weakened, or see some of these efforts absorbed into other departments?

Ms. SMETANKA. When the Administration for Community Living was established about a dozen years ago, it really became the hub or the center for the programs that are focused on aging and disability, and really helped coordinate services. It helped the collaborative efforts that were happening between and among the different agencies and helped foster that collaboration so that the programs could work most efficiently and most effectively on behalf of the people that needed services.

That really continues to be needed, particularly in a time where we are looking at an aging population. We really need focus on the supports that are being provided for older people, for people with disabilities, and the Administration for Community Living really does that. It enhances it.

We are really concerned that if the ACL is dismantled, that it will get lost in the shuffle of a bigger agency and that the needs of people who are older and disabled will not get the attention that it needs.

Senator KIM. Yes, thank you. Mr. Bunn, I would like to talk to you about, you know, an issue. This is something that kind of came up at a town hall that I did. A constituent was raising an issue about her brother who was in a group home. Now, this was about people with disabilities, but we know that there are parallels between some of the issues of abuse with people with disability as well as with elder care.

It was an issue of the gaps in terms of legal justice remedies on that front. I guess I just want to ask you if you could talk more about current elder justice laws and where they might fall short in terms of being able to provide protections and the impact that would have on the ability to hold perpetrators of elder abuse accountable.

Mr. BUNN. Sure. I really appreciate the question. I think one thing that is really important is providing, whether it be in current statutes that are available or future ones that are discussed, providing flexibility to account for emerging and evolving technology.

We know that it evolves at a very rapid rate, and so to be able to keep up with that, we need to provide flexibility so that as those trends and emerging threats are there, law enforcement, other stakeholders are able to take advantage of statutes that exist.

A comment was made about what sort of thresholds are in federal versus local jurisdictions. I think again going back to the collaboration among federal, state, and local partners then will allow not only state level statutes but federal statutes to be leveraged in a way that may not otherwise be thought of. I also think, too, from the gaps, obviously ensuring that resources are available, that is a financial component of it.

Making sure that there are the tools, whether we talk about aggregation of instances that may occur where somebody is victimizing multiple people, say, in a guardianship situation, or that we are allowing for the reporting, in a way that is standardized centralized reporting.

We have all talked about how under-reporting is a prevalent factor in these cases, and so, are we doing all that we can do to make sure that we are facilitating the ease of reporting in order to capture the problem, provide adequate resources, and address the tools that are necessary to fill the gaps.

Senator KIM. Great. Thank you, and with that, I yield back, Chairman. Thank you.

The CHAIRMAN. Senator Husted.

Senator HUSTED. Thank you, Mr. Chairman. I want to thank all of you for being here today to discuss an important topic. I bet almost everybody knows a senior who has been a victim of some type of financial scam.

You hear news about them every day, Government impersonation scams, tech support scams, romance scams, grandparent scams, lottery, sweepstakes prize scams, investment, financial scams, power of attorney abuse scams, contractor home repair scams, charity scams, identity theft, count takeover scams. These are just off the top of the list of all the things that we know.

On a daily basis elderly Americans are being ripped off by—I mean, I don't know what kind of person rips off an elderly person with a clean conscience is terrible, but now we have a new scam, deepfake scams, that I have a great deal of concern about and have actually introduced legislation that would prevent deepfakes scams to provide best practices on how we can protect seniors on these issues.

AARP has said that the rise of AI-driven fraud poses significant risks. Mr. Bunn, I just wanted to ask you, what are prosecutors working on as it relates to AI scams? And what gaps exist, and how can we address it?

Mr. BUNN. Yes, so in your own state, you have seen some state-level legislation looking at deepfakes as well, and I know you are familiar with that. I think there are a number of things. As again, as I mentioned to Senator Kim for his question, we have to keep up with evolving technology, and you are right, that deepfakes are quite prevalent now and are only growing.

I think also it is important to understand how the bad actors are utilizing those to their advantage, and that we are getting at the foundation of that technology and not just playing whack-a-mole with one thing to another. I think that again involves flexibility. I also think as we see AI advance, you know, recently the passage of the GENIUS Act provided some frameworks around cryptocurrency and issues around AI.

I believe that providing a framework and a better structure to operate within will flush out the bad actors and provide for the necessary tools and resources to then manage the ever growing problem of AI, but we should also use it to our advantage. We can't just sit back and let bad actors use it.

How can we use it on an offensive front to hold these bad actors accountable, and then our members prosecuting them accordingly

to make sure that they are being held accountable for their crimes in our communities.

Senator HUSTED. Are the platforms where a lot of these scams occur—you know, they can be email, text message, they can also be in a variety of platforms—are we doing enough to create awareness on those platforms and can companies do more?

Mr. BUNN. I don't think we are doing enough for awareness, and I think that the educational component of this, both for law enforcement, stakeholders, and broader communities, those impacted by these crimes, could be a more comprehensive approach. That is coordination and communication.

That is, creative ways of providing information on the latest scams. From a prosecution perspective, that is also prosecutors being in their communities and educating their communities on what the latest scans are they are seeing and making sure that they know if an individual thinks that they are being taken advantage of or encounters one of these scams, that they are able to report that in a way that then an individual is held accountable, or a platform is held accountability, and I do believe that companies can do more.

Senator HUSTED. Yes. Awareness, awareness is so important. Nobody from Government is ever going to ask you to pay for something with a gift card. We are not going to be doing those kinds of things, and the more we can make people aware of the scams that are going on, I think that eyes can be wide open.

It is also informing the children of grandparents and grandchildren to help them make their elderly family members aware. Let me ask about banks, credit unions, private sector, technology firms. Are financial industries doing enough? And what more can they do?

Mr. BUNN. I think all actors and stakeholders in this space can do more, and I think with financial institutions, we talked about AI and the ability to both proactively and—look at what is happening and identify unusual activity that may be occurring for an individual's accounts.

Then also proactively use AI to relieve some of the administrative burden of following the trail that leads to these bad actors, whether it be a single individual or a group of individuals, which we are seeing that growing criminal enterprise. It is more than one person.

There are other offenses, not just in the elder abuse and neglect. It is growing beyond that, and so, I think that is critically important. I think financial institutions can do more as well. I also think that breaking down the silos among these different actors and making sure that we are all communicating and sharing information in a way that is a comprehensive approach because silos don't help anyone.

Senator HUSTED. Yes. Thank you all for being here today, for the work that you do to create awareness and protection from elder abuse, and I think you probably would all agree, it is just awareness and educating people about what is out there.

Taking the time to not assume that we are protecting them, but actually doing something to help the elder family members, friends

in your life to understand that these threats are out there. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator. Ranking Member Gillibrand.

Senator GILLIBRAND. Thank you, Mr. Chairman. I would like to ask about a piece of legislation that we just wrote called the GUARD Act. Mr. Voskuhl, thank you for your support of our Guarding Unprotected Aging Retirees From Deception, or GUARD, Act. Last year, seniors lost approximately \$2.8 billion to crypto scams.

I literally had a friend who was listening to a scammer, went to her bank, took out \$10,000, got in a taxicab to take her from New York City to New Jersey to an ATM to load money in to pay the scammer, and thank god the machine got clogged, and so, she only lost \$1,000 of her \$10,000, but this is a very highly educated woman who was, you know, absolutely convinced that she needed to do this, and it is crazy because they don't understand crypto.

They don't know what a crypto ATM is. They don't where the money is going or what it is doing, but they especially don't recognize that once it is gone, it is gone, and I really am concerned about the lack of not only awareness, but the lack public service announcements, and just as you said, Mr. Bunn, the fact is that the platforms do nothing to warn about this type of scams.

Back to the question. Mr. Voskuhl, can you expand on how the GUARD Act will help hold modern scammers accountable, and the positive impact this will have on older adults?

Mr. VOSKUHL. Thank you. Thank you, Senator, for the question and thank you for leading us on this important issue, this legislation. Thank you Chairman Scott for co-sponsoring. We hear every day of individuals, elders who are defrauded and lose their money. They go to local law enforcement, and they are many times told there is nothing they can do, so they are dejected. We hear it through the AARP Fraud Watch Network helpline. It's a big, big, big concern.

We think this legislation will go a long way in helping train local law enforcement and provide them the support and training that they need to make sure that they can help identify victims of abuse—financial abuse. You also touched on cryptocurrency, and I believe there are more than a dozen states that have taken on fighting that. That is the new fraud out there.

Instead of paying with gift cards, it is taking your cash out and putting it in a cryptocurrency ATM, like you referenced, so there is probably more than a dozen states and I can get you the correct number of states that have taken that on this year and passed states legislation to put some daily limits and some oversight over those ATM machines, and we do have numbers of how many of those ATM machines are in the states, but that is a real growing concern that we see through our AARP Fraud Watch Network.

Also, AARP has a Bank Safe Initiative. Earlier there was talk about how the financial sector can help. Many times that teller and those bank employees know those individuals. They go to the bank, so we have got a program that helps provide education and training to bankers and other employees through the Bank Safe Initia-

tive, and we are happy to provide any additional information on that.

While that is an outreach campaign, I know in our State of Oklahoma, our bankers are very receptive in helping protect their clients from signs they see of someone financially exploiting them.

Senator GILLIBRAND. Thank you. Mr. Bunn, do you want to add to that answer?

Mr. BUNN. I am happy to, and we appreciate your team also flagging the introduction of your new bill, and NDAA is happy to support that as well as it grows in its effort to move forward.

I think, too, as we look at the ability for law enforcement to not only be aware but be trained appropriately to counter these emerging technological threats, that that is just as critically important. We have talked extensively today about awareness.

We have spoken extensively about the ability to identify the challenges that are in front of us. When I was talking to your team, I equated it to many years ago when you sort of have the identification of human trafficking victims and how we are going about training law enforcement and giving them the resources to identify common aspects of a trafficked victim.

Well, there are common aspects of an individual who is being taken advantage of as an older adult as well, and so, being able to identify those and empower law enforcement to be able to move forward with that is critically important, and so, the legislation does that in the context of some of the latest scams we are seeing that are growing in the crypto space.

Senator GILLIBRAND. Yes, thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Bunn, let me ask you a question. What if you got a letter and it was from—it looked like it was from some law firm, and it came from Canada, and it said, you have got—there is a person with your same last name.

We have not figured out whether they are related to you or not, but there is—you know, there is \$10 million that we could possibly share here if we could help you prove that you are some sort of relative, and then you got on, you know, the internet and you looked at the law firm, and there is no list of lawyers there, but it is a beautiful website. What would you recommend people doing?

Mr. BUNN. It is a great question, and it happens all too often. I similarly get mortgage mailings at my own house that looks pretty realistic, and so, I think whether it is the law firm that—in Canada or other scams, I think first and foremost, we need to provide outlets to where that—as we talked about, this educational awareness campaign.

I would hope, as I mentioned in the testimony, sort of that STOP acronym, where you sort of stop for a minute to think about, okay, what seems off here? Why would they be sending this to me? Maybe I should check in with a family member that I do know, and I do trust to be able to say, hey, you know, I don't think that is the best thing that we should be doing here.

I have had family members that have fallen potentially to be a victim who called me and said, what is this about? I said, it is spam. It is a scam. Do not move forward, and so, it happens to anyone and everyone. There are no boundaries, and so, it takes a network of resources and information to try to prevent it, and then

trying, from the enforcement side—any tools law enforcement can have to track down where that may be coming from and the ability to hold bad actors accountable, those tools are critically important.

The CHAIRMAN. Ms. Morado, can you talk about some of the signs that seniors experiencing abuse, and why programs offered by the Older Americans Act are important?

Ms. MORADO. Yes, thank you, so the Older Americans Act is important. We have Title VII, elder abuse prevention programs. We provide education to some of what was alluded to, and we do provide education businesses, local partners, to increase awareness in regards to elder abuse.

Whenever we are able to spot abuse is through some of the services that we are providing in a home. You know, we have trained individuals, trained specialists that go into the home and are able to identify those red flags of abuse because they are trained, and also, as seniors attend our congregate meal sites, those specialists at those congregate meals sites are also able to identify those signs of abuse, either malnutrition due to self-neglect, financial abuse.

Because of that trust that they have built with the specialist, they will be able to feel more comfortable in disclosing, you know, my son has been taking, my savings or stuff like that, and then also the home delivered meals. That is another set of eyes going into the home and being able to identify, OK, the meals are still sitting outside the door, something must be going on with this older adult.

Definitely the Older Americans Act funding provides funding for all of these programs that, you know, set another set of eyes for the older adults receiving them.

The CHAIRMAN. Mr. Voskuhl, what policies—I guess, what are you most proud of? What policy are you most proud of that you can say, boy, if everybody did around the country this, it would have the biggest impact?

Mr. VOSKUHL. The Older Americans Act Reauthorization really is a cornerstone of our aging policy; the programming provided makes a real difference, and it is a strong investment in the communities by helping older adults, helping them live independently, and keeping them out of costly institutional care. They are on the frontline helping individuals and older adults every day. It is a smart, strong investment that saves money.

The CHAIRMAN. Ms. Alsobrooks.

Senator ALSOBROOKS. Thank you so much. Thank you, Mr. Chair, for hosting this hearing. I want to thank Ranking Member Gillibrand, and to each of our witnesses, thank so much for being here today.

What we know is elder abuse is a silent crisis, and it impacts millions of older Americans, many of whom suffer in isolation and without recourse. Whether it is financial exploitation, physical or emotional abuse, or neglect in care facilities, our seniors are still falling through the cracks and are vulnerable to mistreatment.

I, like probably many of the people who are here, am a part of the sandwich generation, which means that I am raising both a college-aged daughter, while also supporting my aging parents.

I, like many families, am very concerned about my parents as they age, whether they will be safe and secure, and as we talk

about this particular issue of elder abuse is one I dealt with firsthand as a former prosecutor, as the elected prosecutor. I can tell you that I have many, many personal experiences, not just my constituents, but family members.

Many of these scams involving grandparents who receive a phone call that a grandchild is being held somewhere and that the grandparent has to rush thousands of dollars someplace to have the grandchild released. Well, these are calls that I have received, and I just worry that this issue is even more urgent for families who are living paycheck to paycheck.

We know so many of our seniors who have more love left in their houses than they have money, and these are the very people who have been targeted. Just last week in my own home State of Maryland, I visited a senior facility with about 150 seniors, and this was the number one issue, was financial exploitation and their concern about it.

I have a question because what we know is the current Administration, in light of all we know, has unfortunately proposed a dangerous plan to dismantle the Administration for Community Living, eliminating one of the few federal agencies that is solely dedicated to protecting the rights and well-being of older adults.

These efforts are a part of a broader, disturbing pattern from this Administration, which is to fire thousands of federal workers, gutting regional HHS offices and walking away from our commitment to protect seniors and vulnerable communities.

The first question I have is for Ms. Morado. The Trump Administration has proposed eliminating the Administration for Community Living and redistributing its core responsibilities across HHS. In Maryland, these programs serve as a lifeline for underserved communities, especially older Americans and adults of color who face systemic inequities in long-term care access.

Approximately 40 percent of the staff at the Administration for Community living received layoff notices from DOGE, many of whom are subject matter experts with deep knowledge of elder justice policy and enforcement.

What will gutting the very subject matter experts who have the institutional knowledge of elders justice programs mean for the future of elders justice enforcement in our country?

Ms. MORADO. I think the biggest thing is losing that historical knowledge, and hopefully not stopping the resources that are needed by losing that historical knowledge—that information that they store. I think that would be the biggest obstacle, is that historical knowledge being gone and the dismantling of it—yes.

Senator ALSOBROOKS. It would be hard to replace. Now, during COVID-19, during the pandemic, Congress provided \$100 million in emergency funding for elder justice initiatives, including adult protective services and prevention efforts. I wonder whether anyone on the panel might be able to provide an answer about what lessons you think we may have learned from the pandemic and that investment, and what we risk losing if elder justice programming is deprioritized in future budgets.

Ms. SMETANKA. I would be happy to respond, Senator, so as we have an aging population, and we are all here talking about the concerns about elder abuse, dismantling ACL, not providing ade-

quate funding for these elder justice programs really would put us at a disadvantage in being able to not only prevent, but respond to the elder abuse that we are all talking about, including exploitation.

These programs are critical life-saving tools in order to help not only prevent, but to support people who have been victimized by elder abuse and exploitation, and by defunding or not providing the necessary resources that are needed in order provide the adequate supports for our growing older population really provides a disservice both to them that are currently experiencing it today, and frankly to all of us as we are all going to age, and we are going to need these services too at some point.

Putting the investment into the programs, helping to coordinate the responses of the programs, and the collaborative efforts of all of the programs we have been talking about today will make us all stronger as a Nation.

Senator ALSOBROOKS. Thank you. I yield back. Thank you.

The CHAIRMAN. Mr. Morado, can you talk about why the meal delivery programs authorized under the Older American Acts are so important in the fight against elder abuse and neglect?

Ms. MORADO. Yes, so the meal programs, as mentioned earlier, when an older adult comes seeking for a meal, they are not only receiving that congregation ability to meet with other older adults—and that eliminates loneliness, and so, these older adults can have a place to congregate, play bingo, talk to somebody, not feel isolated, but also, it sets that, as I mentioned earlier, set of eyes of, is this person being abused?

Once they have built that relationship with the agency and the specialists that are working here, that means that they have built a connection, and they are more prone to be able to confide in any of the issues that are going on in the home or with any contractor. For example, in Florida, we have seen that after Hurricane Ian, there is always a lot of fraud going on and the first targeted are seniors.

Whenever they go to a congregate meal site or they are getting a meal delivered at home, that is another set of eyes to be able to assist these older adults.

The CHAIRMAN. Thank you. On behalf of the Ranking Member, we would like to thank everyone for being here today and participating. I look forward to continuing to work with members across the aisle and down the dais.

If any Senators have additional questions for the witnesses or statements to be added, the hearing record will be open until next Wednesday at 5:00 p.m. You all did a great job. Thank you for being there, and thanks for what you do.

[Whereupon, at 04:41 p.m., the hearing was adjourned.]

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## **APPENDIX**

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**Prepared Witness Statements**

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U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

PREPARED WITNESS STATEMENTS

**Maricela Morado****Elder Abuse Prevention and the Critical Role of Area Agencies on Aging**

Chairman Scott and distinguished members of the Committee, thank you for the opportunity to speak to you today on one of the most pressing yet underreported crises facing our nation's older adults: elder abuse and neglect.

This issue is far more common than many realize. Approximately 1 in 10 Americans over the age of 60 experiences some form of abuse—physical, emotional, financial, or neglect, but what's even more concerning is that for every case reported, 24 more go undetected. That means nearly five million older adults may be experiencing abuse each year, and most suffer in silence, a number that will only grow as our population ages.<sup>1</sup>

The consequences are devastating. Victims of elder abuse are three times more likely to die prematurely.<sup>2</sup> Financial exploitation alone costs seniors over \$3 billion a year, often leaving them without the means to purchase food, hygienic supplies, medication, or other basic necessities.<sup>3</sup>

**Area Agencies on Aging: Your Front-Line Defense**

This is where your Area Agencies on Aging, or AAAs, play a critical role. Today, 614 AAAs serve older adults in virtually every community nationwide. We were created under the Older Americans Act to support the 85% of Americans age 65 and older who want to age at home, not in institutions. We are on the front lines of elder abuse prevention, providing services like information and referrals, care coordination, caregiver support, and case management, but our greatest strength is the deep trust we've built with the people we serve.

We are embedded in every community—urban and rural. With 10,000 Americans turning 65 each day, and 70% eventually needing long-term care, we bring partners together; law enforcement, healthcare providers, legal aid, and Adult Protective Services—to respond quickly when abuse is suspected.<sup>4</sup>

**Real-World Impact: Southwest Florida Stories**

*(Names have been changed to protect client privacy)*

In Southwest Florida, our Area Agency on Aging demonstrates the critical role we play through the Older Americans Act-funded services which don't just provide statistics, they save lives. Let me share what this looks like:

Just last year, one of our respite specialists, funded through the Older Americans Act, visited 93-year-old Eleanor and found her covered in bruises. Her husband had been striking her with a cane and withholding her Parkinson's medication. Because she was already connected to our agency through OAA-funded case management, we were able to act immediately. We reported the abuse to the Department of Children and Families, she was safely removed from the home, and she received the care and support she needed. Eleanor spent her final months surrounded by compassion and dignity, and ultimately passed peacefully with her family by her side.

We Offer Financial Exploitation Prevention: Through our nutrition programs and senior centers, we have helped older adults like Virginia avoid exploitation by her own son; and supported Grace who was choosing between food and paying her utilities on her Social Security.

<sup>1</sup> National Council on Aging, Inc. (2025). Get the facts on elder abuse. Get the Facts on Elder Abuse. <https://www.ncoa.org/article/get-the-facts-on-elder-abuse/>

<sup>2</sup> Dong X, Simon M, Mendes de Leon C, Fulmer T, Beck T, Hebert L, Dyer C, Paveza G, Evans D. Elder self-neglect and abuse and mortality risk in a community-dwelling population. *JAMA*. 2009 Aug 5;302(5):517-26. doi: 10.1001/jama.2009.1109. PMID: 19654386; PMCID: PMC2965589.

<sup>3</sup> Interagency statement on elder financial exploitation. NCUA. (2024, December 4). <https://ncua.gov/newsroom/press-release/2024/agencies-issue-statement-elder-financial-exploitation/interagency-statement>

<sup>4</sup> U.S. Administration for Community Living. 2021 Profile of Older Americans. <https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans-508.pdf>.

When 89-year-old Emma lost her life savings to a scammer, our legal service provider funded through the Older Americans Act helped prosecute the perpetrator. At the same time our OAA funded meal programs ensured she stayed connected and nourished, preventing further vulnerability.

**We Have an Early Intervention Network:** Our trained care specialist and partner agencies respond to high-priority cases within 24 hours. Our Suncoast Region received 11,390 cases in FY 24-25, that's about 13 cases per full-time adult protective investigator per month, cases often involving clients with cognitive impairments who can't consent to help or recognize danger.

**The Reality Is:** Many clients initially decline our services. We encounter isolated older adults or those with well-meaning caregivers who aren't meeting basic needs. Without OAA-funded programs creating trusted relationships through meals, transportation, and social activities, these cases of abuse would go undetected until it's too late.

### **Best Practices That Work**

*Successful elder abuse prevention requires:*

- Multi-Disciplinary Teams:** Bringing together social workers, law enforcement, first responders, healthcare providers, and legal professionals to address the complex nature of elder abuse. In Southwest Florida, we've partnered directly with Adult Protective Services at the Department of Children and Families to collaboratively review complex cases every month and determine how we can best serve older adults together.

- Specialized Training:** Ensuring all senior care specialist understand the unique dynamics of elder abuse, including the shame and fear that often prevent reporting

- Victim-Centered Approach:** Respecting older adults' autonomy while ensuring safety, recognizing that victims may be reluctant to accept help. Let's meet them where they are.

- Community Awareness:** Educating the public, businesses, family members and service providers, to recognize warning signs

- Ongoing Federal and State-Funded Long-Term Care Services:** To support increasingly frail elders and overburdened caregivers.

### **The Support AAAs Need**

While Area Agencies on Aging are well-positioned to combat elder abuse, we need adequate resources to expand our life-saving work. To strengthen these efforts nationwide, I respectfully recommend:

- Pass the OAA Reauthorization This Fall:** Congress must finish reauthorizing the Older Americans Act this fall to provide the stability and framework our aging network needs to serve America's growing older adult population.

- Increase federal funding under the Older Americans Act for elder abuse prevention and response.**

- Support ongoing training for aging network professionals so they can detect abuse and intervene early.**

- Promote cross-sector collaboration, especially between AAAs, Adult Protective Services, law enforcement, and health systems.**

- Invest in public awareness so more Americans recognize the signs of abuse and take action**

### **The Urgency of Action**

Elder abuse is not just a family problem-it's a public health crisis requiring a coordinated response. Let's consider the math: home-based OAA services cost a fraction of institutional care, yet without adequate funding, we're pushing vulnerable seniors toward Medicaid-funded nursing homes that cost 6-8 times more.

A recent study of over 64,000 clients proves this point: home health care saved an average of \$6,433 per patient annually while reducing hospital readmissions by 18% and deaths by 20%.<sup>5</sup> For vulnerable seniors facing abuse or neglect, the OAA home-based interventions aren't just cost-effective, they're life-saving.

Seniors today live longer, often with no nearby family support. They want independence, but they're prime targets for abuse. When a contractor quotes roof repairs or a scammer calls about fake investments, isolated seniors have few trusted advisors to turn to-except us.

<sup>5</sup>Xiao, R., Miller, J. A., Zafraou, W. J., Gorodeski, E. Z., & Young, J. B. (2018). Impact of Home Health Care on Health Care Resource Utilization Following Hospital Discharge: A Cohort Study. *The American journal of medicine*, 131(4), 395-407.e35. <https://doi.org/10.1016/j.amjmed.2017.11.010>

Projections suggest elder abuse cases will rise dramatically as our population ages, potentially reaching 320 million victims by 2050.<sup>6</sup> Every day we delay action; more older adults suffer in silence. The financial cost to our healthcare system, the loss of productive community members, and the moral imperative to protect our most vulnerable citizens demand immediate attention.

Area Agencies on Aging are ready to lead this fight, but we cannot do it alone. We need your partnership, your resources, and your commitment to ensuring that every older American can age with dignity and safety. Most importantly, we need Congress to complete the OAA reauthorization this fall; our aging network cannot afford further delays as America's demographic transformation accelerates.

In closing, like Virginia, who trusted us enough to share concerns about her son's financial pressure and abuse, or the out-of-state daughter who called frantically about her malnourished 90-year-old abused mother-OAA programs create the trusted relationships that prevent tragedy and preserve dignity.

The older adults in our communities built the America we know today. They deserve to live their remaining years free from abuse, exploitation, and neglect. Area Agencies on Aging are uniquely positioned to make this vision a reality, but only with your continued support.

I want to conclude by thanking Chairman Scott and Ranking Member Gillibrand for your leadership as cosponsors of the reintroduced Older Americans Act reauthorization bill. Your bipartisan commitment to this vital legislation demonstrates the urgency of supporting our nation's older adults.

Thank you for your time and consideration. I welcome any questions you may have about our work and how we can strengthen the safety net for America's older adults.

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<sup>6</sup>World Health Organization. (2024, June 15). Abuse of older people. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## PREPARED WITNESS STATEMENTS

**Nelson Bunn**

Chairman Scott, Ranking Member Gillibrand, and Members of the Committee. Thank you for the opportunity to speak before you on this critical issue. My name is Nelson Bunn, and I am the Executive Director of the National District Attorneys Association (NDAA).

NDAA is a national, non-partisan membership association that provides training, technical assistance, and resources to prosecutors around the country. Celebrating its 75th anniversary, NDAA is the oldest and largest association of prosecutors in the country with over 6,000 members proudly representing urban, rural and suburban jurisdictions.

Our staff conducts or participates in nearly 100 training sessions, conferences, and webinars each year, along with responding to hundreds of requests for technical assistance. Our association aids in furthering the development of expertise in the areas of gun violence prevention, juvenile justice, DNA/forensics, violence against women, child abuse, elder abuse, and human trafficking, among others. Today, I am honored to provide NDAA's perspective on elder abuse and neglect, current trends, emerging threats, recent successes, and opportunities for improvement.

**Background**

Elder abuse comes in many forms physical harm, emotional manipulation, financial exploitation, abandonment, and systemic neglect. Elder abuse and exploitation, like most crimes, lack a predictable or stereotypical offender, resulting in criminals using that ambiguity to their advantage and evading detection. While perpetrators are often perceived as anonymous individuals or entities, the unfortunate truth is that all too often they are trusted individuals and even family members. The reality with older adult victims is that they are frequently targeted because of their vulnerability and may suffer in silence due to fear, embarrassment, dependence, or cognitive impairments. This reflects the underreporting and uncertainty we currently see around elder abuse and neglect as a whole.

Elder abuse is a growing concern for prosecutors, with older adults increasingly becoming targets of neglect, exploitation, and even violence. The U.S. population aged 65 and older saw the largest and fastest growth in over one-hundred years.<sup>1</sup> Abuse, including neglect and exploitation, is experienced by 1 in 10 adults 60 years and older.<sup>2</sup> Studies also show that elder abuse cases are often underreported with only 1 in 24 cases of abuse being reported to authorities.<sup>3</sup> With targeted abuse increasing on this expanding population, the necessary prevention measures, awareness campaigns, standardized reporting, and support services to combat this threat are needed now more than ever.

Prosecutors play a critical role in seeking justice for these vulnerable victims. In many instances prosecutors are tasked with interpreting and applying both older adult-specific and general criminal law to best fit each case on an individual basis. A case-by-case approach is necessary, but complex and time-consuming given that charges need to balance the severity of the harm induced, the victim's vulnerability and the appropriate consequences for the offender. Prosecution extends beyond the courtroom, requiring prosecutors to be strong advocates for older adults utilizing processes like restitution and protective orders for the victim. While elder abuse and neglect is not a new phenomenon, we are currently seeing several trends that are multi-faceted and constantly evolving.

**Current Abuse and Neglect Trends**

Current trends and threats of exploitation among older victims are shaped by the constantly evolving environment we live in, notably the increased capabilities and access of the digital world. Vulnerable victims, such as our older adult population,

<sup>1</sup>Zoe Caplan and Megan Rabe, Census Bureau, The Older Population: 2020, 2020 Census Briefs, May 2023, available at The Older Population: 2020.

<sup>2</sup>National Council on Aging, Aging in America, Get the Facts on Elder Abuse, Jul. 8, 2024, available at Get the Facts on Elder Abuse.

<sup>3</sup>Id.

are more susceptible to predatory attacks based on coercion and extortion. To appropriately address the exploitation of older adults, we must first identify the threats they face and not simply dismiss them as situations where “they should know better.”

### **Financial Exploitation**

One of the most prevalent means to exploit older adults is through financial scams. These financial exploitation schemes often involve older adults being pressured or manipulated into altering their wills, wiring large sums of money, purchasing and sending gift cards, or taking out home equity loans. It is estimated by the FBI’s Internet Crime Complaint Center (IC3) that in 2024 over \$4.8 billion was lost in elder financial scams, which is a 43 percent increase in losses from 2023.<sup>4</sup> As a group, older adults suffered the most losses and submitted the most complaints to the IC3.<sup>5</sup> These intensifying losses are even more concerning because last year the FBI took significant actions to make it harder, and more costly for internet crimes to thrive with the disbandment of fraud and laundering syndicates and the shutdown of several scam call centers.<sup>6</sup>

Typically, elder financial abuse cases happen online with the offender establishing a baseline level of trust with the vulnerable target through a facade. This can range from the offender disguised as a loved one, tech support, a romantic interest, sweepstakes, or charity.<sup>7</sup> Once the individual is lured in and compromised, the offender blackmails the victim with threats of spreading personal financial information online, intimate content, or causing mental and/or physical harm to them or loved ones. The perpetrator then barrages the victim with threats making them feel ashamed, rushed, and that there is no way out of the situation without heeding the offender’s demands. Offenders will claim the threats will cease if the victim provides a monetary amount immediately through financial apps, cryptocurrency, and/or money wires. Unfortunately, payment does not usually stop the threat, and instead, the victim continues in a vicious cycle of exploitation.

In October 2023, an NDAA member office worked with local law enforcement to begin an investigation into older adult financial fraud. An older adult victim was contacted by an unidentified male informing the victim that there was a warrant out for her arrest. The unidentified male transferred the older adult to an unidentified female, who stated she worked for the government. They instructed the older adult not to contact law enforcement, or she would get arrested. The unidentified female instructed the victim to withdraw \$30,000 in cash and place it into a box for pick up by evidence officers. The older adult was instructed to take the box outside and place the box in the rear seat of a motor vehicle, without interacting with the driver. A few days later she was instructed to do the same with \$50,000. For several days, the unidentified female stayed on the phone with the victim for hours.

The older adult victim eventually contacted law enforcement, and a successful sting operation was conducted to arrest the “evidence officers” when they arrived at the victim’s residence to pick up additional currency. It was learned that the perpetrators were part of a large-scale operation that reached outside of the United States.

Last month, an individual from Jamaica was extradited to face charges related to romantic and sweepstakes schemes that targeted an Arizona older adult resident. The scam went from 2015 to 2019, with the individual and their co-conspirators manipulating an 85-year-old resident into believing she was engaged in a romantic relationship. The offenders went as far as to send her flowers with love messages at her residence. In addition to the romance scheme, the offenders falsely represented to the victim that she had won the lottery and other monetary prizes, convincing her to send them money to pay for “taxes” and other “fees” that were required to be paid to receive the winnings. As a result of the schemes, the victim lost over \$400,000.<sup>8</sup>

Earlier this month, Chinese nationals who were attending college in the U.S. were indicted on charges to commit wire fraud. The defendants orchestrated a wide-scale computer “pop-up” scam targeting older adult victims by falsely claiming that their

<sup>4</sup> Internet Crime Complaint Center, Internet Crime Report 2024, p.27, the Federal Bureau of Investigation, U.S. Dept. of Justice, p.4, 2025, available at 2024—IC3Report.pdf.

<sup>5</sup> Id at 3.

<sup>6</sup> Id. at p.3

<sup>7</sup> Elder Fraud, How We Can Help You, Scams and Safety, the Federal Bureau of Investigation, 2025, available at Elder Fraud-FBI.

<sup>8</sup> United States Attorney’s Office District of Arizona, Jamaican National Extradited to United States for Participating in Lottery and Romance Scheme Targeting Elderly Arizona Resident, Dept. Of Justice, Jun. 18, 2025, available at <https://www.justice.gov/usao-az/pr/jamaican-national-extradited-united-states-participating-lottery-and-romance-scheme>.

computer or bank accounts were compromised. The defendants went as far as appearing at victims' homes and posing as federal law enforcement to collect large sums of cash from victims claiming that the assets would be protected among other falsehoods. It is alleged that more than 50 victims across 19 states were defrauded of more than \$10 million dollars.<sup>9</sup>

Also, within this month, an individual pleaded guilty to stealing more than \$800,000 from an older adult Florida resident by gaining access to their account and mailing out fraudulent checks to be cashed and laundered into the offender's company.<sup>10</sup> As you can see, several high-profile, large monetary cases were charged all within the past few weeks. Addressing the financial exploitation of older adults is both a moral imperative and a practical necessity if we want to keep the rule of law and justice firmly established in our communities.

### **Guardianship & Caregiver Neglect**

While financial exploitation is a threat in the digital world, guardianship and caregiver issues pose a frequent threat in the physical world. Older adult guardianship is a court-appointed legal relationship in which a designated custodian assumes responsibility for an older adult's personal, medical, and financial decisions when the older adult is incapable of managing these affairs independently. Guardians are usually within the circle of trust of the older adult, often being family members or trusted individuals, but they can also be professional guardians and agency workers. While most guardians are trustworthy and properly vetted, the position can also be used as a means for older adult mistreatment and manipulation—related or not.

Guardianship and care-giver abuse victims are often subjected to exploitation by someone they trust, rely on for assistance with daily activities, or hold a close personal relationship with. In some cases, older adults hesitate to pursue legal action or even disclose this abusive relationship. There have been instances where family members, friends, or health workers gain authorized access to bank accounts to purchase groceries, medications, and other essentials. However, they subsequently misuse these funds for their personal gain. The older adult victims often remain unaware of the exploitation until the money has either vanished, or another family member/trusted individual discovers the missing funds.

Unfortunately, there is limited information on the number of guardianship cases involving abuse. Most research on the problem points to a lack of empirical data to make any type of claims or to even truly understand the breadth of the issue.<sup>11</sup> Many state court systems lack comprehensive data on guardianship cases, making it difficult to assess the level of abuse and neglect. Without standardized and centralized reporting, courts cannot account for and effectively investigate complaints pertaining to caregivers and guardianship. On the continual lack of data and resources, we applaud the Committee on Aging's consistent engagement in these issues and all of your attempts to raise awareness to prevent these crimes in the first place.

### **Access to Legal Services**

On top of other pitfalls older adults may fall victim to, an often-overlooked issue is the lack of access to legal services. Older adults often face a complex and confusing legal system when they are requesting assistance. Many older adults look at the potential financial burden of engaging with the legal system and are immediately deterred from reporting misuse or abuse, not aware of the free or low-cost options like legal aid programs, pro bono firms, or Older American Act funded services.

Through the Older American Act, there are approximately 1,000 legal service providers nationwide that provide close to one million hours of legal assistance a year.<sup>12</sup> Older Americans' legal assistance is an essential part of Area Agencies on Aging's assistance and older adult programs they provide across the country, and

<sup>9</sup>U.S. Attorney's Office Middle District of Pennsylvania, Chinese Nationals Charged With Conspiracy To Defraud Elderly Victims, Dept. Of Justice, Jul. 11, 2025, available at <https://www.justice.gov/usao-mdpa/pr/chinese-nationals-charged-conspiracy-defraud-elderly-victims>.

<sup>10</sup>U.S. Attorney's Office, Southern District of FL, Cuban National Pleads Guilty to Stealing More Than \$800,000 From Elderly Victim's Bank Account, U.S. Dept. of Justice, Jul. 9, 2025, available at [Southern District of Florida - Cuban National Pleads Guilty to Stealing More Than \\$800,000 From Elderly Victim's Bank Account - United States Department of Justice](https://www.justice.gov/sdfl/pr/cuban-national-pleads-guilty-to-stealing-more-than-800000-from-elderly-victim-s-bank-account).

<sup>11</sup>Amelia Vorpahl, National Institute of Justice, Guardianship Abuse: Bad Apples or Tip of the Iceberg?, Jan. 15, 2025, available at [Guardianship Abuse: Bad Apples or Tip of the Iceberg?](https://www.nij.gov/news-events/guardianship-abuse-bad-apples-or-tip-of-the-iceberg/) National Institute of Justice.

<sup>12</sup>Legal Services for Older Americans Program, The Purpose of the Program and How it Works, Administration for Community Living, Jan. 3, 2023, available at [Legal Services for Older Americans Program—ACL Administration for Community Living](https://www.acl.gov/older-americans-program).

we fully support the great work they do to ensure older adults have access to the proper legal services they need.

As older adults continue to face threats, prosecutors and law enforcement will continue to be stalwart allies that strive to combat older adult fraud and abuse. To fulfill their duties though, prosecutors need the appropriate information and adequate tools to provide the services our older adult communities deserve. Despite the severity of these crimes, prosecution is often challenging due to the corroboration of issues we have highlighted so far. In order to provide the necessary service and protection older adults deserve, we need to address the underreporting of elder abuse, fragmented response teams, and the lack of specialized training on these types of nuanced cases.

#### **What's Working & Opportunities for Improvements**

While older adults continue to experience instances of abuse and neglect, there are strides being made across the nation to better serve older adults and ensure their safety. When looking at successful initiatives to combat elder abuse and neglect, we must look at how we can replicate these efforts and scale them to other communities. To curb these crimes and have more successful prosecutions, a multi-layered approach is needed with public private partnerships, specialized investigation protocols, and victim-centered resources.

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## PREPARED WITNESS STATEMENTS

**Sean Voskuhl**

Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for inviting AARP to testify today. My name is Sean Voskuhl, and I am the State Director for AARP Oklahoma. AARP advocates for the more than 100 million Americans age 50 and older, including nearly 360,000 Oklahomans. I appreciate the opportunity to provide testimony at today's hearing about combating elder abuse and neglect - which is at the heart of who we are and what we do at AARP.

**Issue of Elder Abuse**

Our very founding can be traced back to AARP's founder, Dr. Ethel Percy Andrus' discovery of a retired teacher living in a chicken coop - alone, impoverished, and seemingly forgotten. It's a story every member of our team learns on their first day, because it still defines AARP's mission: to fight for the dignity, safety, and well-being of older Americans.

While we'd all like to think of that story as a relic of a far bygone era, the truth is elder abuse, neglect, and financial exploitation are still happening every day. They're happening quietly behind closed doors, to people who once raised families, built careers, and served their communities, and it's important to remember - these are not abstractions. These are people from all walks of life with names and faces, families and life stories - all deserving of dignity and respect. People like Neil, from my home state of Oklahoma.

Neil retired from a successful career - and as he aged, developed dementia. His family relays to us that this was taken advantage of by someone Neil believed he could trust. He was isolated from some of his family and friends. His savings were drained, his support system eroded, and he died alone. His story is a deeply uncomfortable one to hear - but it's exactly the kind of truth we have to confront if we're serious about protecting older adults.

Each and every one of us is aging. After a life of hard work and family, the expectation is that you will grow old and if lucky, be surrounded by loved ones. Unfortunately, for many, elder abuse is far too common. In Oklahoma, we have seen the number of elder abuse allegations increase in recent years.

Abuse isn't always bruises you can see. Sometimes it's a bank account drained behind closed doors or intentionally isolating an individual from family and friends. Federal law defines these harms, but the reality is far more personal and painful.

Today, I am focusing on AARP's experience and efforts at the state and federal level to help prevent abuse and neglect among seniors across the nation. In particular, the role of guardianship and successful state solutions that could be scaled and expanded, and the need to reauthorize the Older Americans Act.

A National Institute of Justice survey found that approximately 11 percent of individuals over the age of 60 experienced at least one type of abuse. According to 2025 Census data, that's over 7.4 million people living in the U.S. It is widely acknowledged that for a variety of reasons, elder abuse is severely underreported. These reasons can range from individuals being embarrassed by their situations to third parties not recognizing abuse when it occurs. Victims may be dependent on their abusers for care. They may be concerned with the consequences to the abuser if they report, especially if it is a family member who is perpetrating the abuse. It was only as recently as 2010 that the Elder Justice Act - the first comprehensive legislation to address elder abuse, neglect, and exploitation - was passed. The Act established the Elder Justice Coordinating Council (EJCC), which plays a vital role in coordinating activities across the federal government related to elder abuse, neglect, and exploitation. AARP is a longtime member of the Elder Justice Coalition and supporter of the Elder Justice Act.

Based on a recommendation from the EJCC, the National Adult Maltreatment Reporting System (NAMRS) was developed in 2013 to collect uniform data on abuse reported to adult protective services agencies from across the country. Prior to that, there were no clear nationwide guidelines as to what data could or should be collected. While participation in NAMRS is voluntary, all states and territories participate in it. It is a critical tool for building smart, effective strategies.

The data from NAMRS indicates that in FY 2019, self-neglect and neglect were the most commonly substantiated reported concerns to adult protective services (APS) agencies across the country, with financial exploitation coming in next. Neglect and exploitation are both insidious as their consequences compound. An individual may not recognize they are experiencing neglect or exploitation until they are unable to meet their basic needs or find themselves isolated from family and friends. They may be so emotionally or physically dependent on the perpetrator that they see no way out of the situation.

Unfortunately, AARP often hears from fraud victims who find that when they report fraud to their state and local law enforcement officials, these officers are not able to help as they are not well-equipped to investigate financial crimes. That's why AARP has proudly endorsed the GUARD Act, led by Senators Britt and Gillibrand. This bill would direct federal funding to state and local law enforcement agencies to hire personnel, train staff, and secure tools to fight these crimes, empowering them to combat fraud committed against Americans.

#### **Older Americans Act and Elder Abuse Prevention**

To end the devastating crisis of elder abuse, we must attack the causes from every angle. While the Elder Justice Act was the first comprehensive federal legislation aimed squarely at combating elder abuse, the Older Americans Act (OAA) is another critical tool to prevent and address elder abuse and neglect. The OAA, which supports more than 11 million older adults and their family caregivers each year, plays a critical role by supporting programs that empower communities to prevent abuse, protect victims, and promote dignity and independence among older Americans.

The National Center on Elder Abuse, authorized under the OAA, plays a central role in advancing research, training, policy, and best practices to prevent and respond to mistreatment of older adults. It serves as a national resource hub for professionals and the public alike.

The legal assistance programs funded by the OAA are another essential safeguard, including the Legal Assistance for Older Americans Program, the National Center on Law and Elder Rights, and the Legal Assistance Enhancement Program. These programs address issues ranging from guardianship and evictions to Medicare and Medicaid rights, and, together, they help older adults assert their rights, navigate complex legal systems, and recover from abuse, neglect, and financial exploitation.

The Long-Term Ombudsman Program (LTCOP) is another program vital to the safety and security of older adults who reside in nursing homes, other long-term care facilities, or receive professional care at home. Ombudsmen serve as trusted advocates, ensuring that individuals' voices are heard and their rights are protected. Their presence helps prevent abuse and neglect and fosters accountability and transparency within care settings. Their impact is especially evident in individual stories like that of Sandra Madden. For 22 months, Sandra lived under a guardianship arrangement in a nursing home, looking to reclaim her independence. With the help of an Oklahoma long-term care ombudsman, she transitioned to the Oklahoma Health Care Authority's Living Choice Program. This program empowers eligible individuals to move from institutional settings back into the community, offering essential support and resources to flourish.

The National Family Caregiver Support Program (NFCSP), funded through the OAA, provides grants to states and territories to support family caregivers. Through services such as counseling, training, and assistance in accessing services, the NFCSP provides essential support to caregivers as they support their loved ones. As Congress examines reauthorization of the OAA, we support expanding Family Caregiver Support Services to explicitly include elder abuse prevention in caregiver training. This is a crucial step in equipping caregivers with the tools and knowledge they need to protect their loved ones.

Furthermore, while not directly labeled as abuse prevention, the OAA also authorizes a range of supportive services that play a powerful role in reducing risk. Services like home-delivered meals, adult day care, transportation, and in-home support help older adults remain safe, independent, and socially connected, significantly reducing vulnerability to abuse and neglect.

In short, the Older Americans Act is a cornerstone of aging policy and a frontline defense against elder abuse. We urge Congress to reauthorize and appropriately fund the OAA to ensure that older adults can live with dignity, safety, and respect.

#### **Guardianship and Elder Abuse Prevention**

Guardianship is often linked to elder abuse and neglect prevention, as people think it is a way to protect vulnerable adults from harm. However, guardianships are not in and of themselves a guarantee of protection from harm, as they put some-

one else in charge of the person's decisions about how they want to live as they age. In some cases, they can lead to further abuse. To that end, it is important that guardianships are only ordered when necessary, that the individuals appointed as guardians understand their fiduciary responsibilities, and that courts continue to monitor the cases for as long as a guardian is appointed.

While much of the policymaking on guardianship has been at the state level, the Senate Special Committee on Aging has a history of engaging on guardianship federally. AARP responded to the Committee's 2018 request for input on guardianship. The Committee has held hearings on guardianship, investigated and issued a report, as well as developed legislation. In 2019, AARP endorsed the Guardianship Accountability Act (S. 591 in the 116th Congress), which would help states improve guardianship oversight and data collection. As with elder abuse, there is a great need for better data on guardianships. The legislation takes important steps to promote guardianship oversight and accountability, while also encouraging information sharing among state and federal government entities and other relevant organizations.

Last year, AARP endorsed the Guardianship Grant Flexibility Act (S. 1126 in the 118th Congress). The Guardianship Grant Flexibility Act would help ensure an individual's due process rights are protected by authorizing federal funds to state court programs to provide legal counsel through law school clinics for people subject to guardianship petitions. It would also allow for students from these schools to serve as guardians ad litem who, separate from counsel, advocate for what is in the individual's best interest. These are important changes that could have a significant impact on the lives of people going through the guardianship process.

### **State Engagement**

#### *Elder Abuse*

AARP, through its state offices, is also supporting work to improve guardianship laws and systems and address elder abuse at the state level. I'll start with my home state of Oklahoma.

You'll recall the story of Neil I began my testimony with. Well, this year, Neil's Law, OK HB 1566, also known as the Oklahoma Elder Exploitation and Abuse Act, was passed. It allows a vulnerable adult or their legal representative to bring civil lawsuits against the perpetrators of elder abuse.

In 2024, Oklahoma also enacted HB 3317, which requires dementia specific training for multi-disciplinary teams investigating elder abuse.

Later this summer, AARP will be co-hosting the 2025 Tribal Elder Abuse Code Summit with the International Association for Indigenous Aging in Oklahoma. This summit will bring together tribal and state legal and elder justice professionals to improve responses to elder abuse and strengthen legal codes.

This year, AARP Georgia supported legislation (HB 238) aimed at improving training for law enforcement and adult protective services personnel with regard to Alzheimer's and other dementias so that they may be better equipped to respond to emergencies involving individuals experiencing these conditions.

Montana passed legislation this session (SB 296, HB 532 and HB 743) that enhances the penalties for crimes against vulnerable persons and standardizes the way trial evidence is processed in abuse and neglect cases.

AARP New York supported a bill this year (A 621) that allows a vulnerable older adult to have a support person present with them when they are called to testify before a grand jury.

### **Guardianship Due Process Rights**

While much has changed over the past few decades to improve the rights of someone subject to guardianship, much has not. However, states are working diligently to improve these systems.

The New Mexico State Supreme Court adopted a Guardianship Bill of Rights earlier this year, outlining the rights individuals retain throughout the guardianship process. This Bill of Rights is modeled closely on the Bill of Rights drafted by the National Guardianship Network, an organization of entities committed to improving guardianship.

In 2023, AARP Pennsylvania supported the passage of the bipartisan SB 506. This bill made several improvements to the guardianship system, including 1) automatically appointing counsel for the individual subject to the petition; 2) mandating the exploration of alternatives to guardianship; 3) establishing procedures to ensure prompt and fair review of the appointment on notice of changing circumstances; and 4) requiring that an individual seeking guardianship of three or more incapacitated persons be certified and provide proof of the certification to the court.

This year, AARP Kansas supported the successful passage of both the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA), allowing guardianships to be easily transferred between states, and the Uniform Guardianship, Conservatorship, and Other Protective Arrangements Act (UGCOPAA) which is the "gold standard" of guardianship laws because of the emphasis it places on ensuring that the due process rights of the individual are protected and that a full guardianship truly is a last resort.

#### **Alternatives to Guardianship**

As stated earlier, guardians are decision makers; they are not guardian angels who shield the vulnerable adult from all harms. Guardianships do not take away an individual's free will. Therefore, it is important for courts to explore other alternatives before imposing a full guardianship on an individual, including considering whether a limited appointment may be appropriate. Another of those alternatives is supported decision-making (SDM). Supported decision-making is a framework for making decisions where an individual solicits input from trusted advisors before making a decision. The individual retains the right to make decisions for themselves but with support. HHS explains, "SDM involves tools that help individuals identify the type or types of help they need and how to go about getting that help and recognizes that different people need different kinds of help.

SDM is person-centered - this means SDM solutions are based on the wants and needs of the individual receiving support. SDM keeps control in the hands of the individual providing customized assistance in specific ways and in specific situations that are useful to the individual.

This is how most of us make big life decisions, such as purchasing a car. We do not make decisions in a vacuum; we do research, ask our family, friends, and trusted professionals for their opinions and thoughts before coming to a decision. While the use of supported decision-making agreements as an alternative to guardianship is associated with the disability community, it is not limited to them. Many states have recently passed statutes recognizing supported decision-making as a less restrictive alternative to guardianship, including, but not limited to: Alabama, Illinois, Maryland, and Rhode Island. In fact, at least 37 states, including Oklahoma, have laws referring to supported decision-making.

#### **Public Education and Awareness**

People may be vaguely aware of guardianships and conservatorships, in part because of certain high-profile cases. However, most do not really understand them until they are confronted with the potential need for one in their own life. Therefore, it is important for the public to have easily available sources of information about what they are, how they are supposed to work, potential alternatives, and community resources.

AARP Oklahoma works closely with the Oklahoma Caregiver Coalition who launched a Guardianship Resource Page.

A similar resource page is available through the Alabama Center for Adult Guardianships and Conservatorships. The Center is a project of the Alabama Supreme Court Commission on Guardianships and Conservatorships, which evolved from a Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) group, initially funded by an Elder Justice Initiative Grant. Other states have similar guides.

#### **Oversight and Standards**

The vast majority of guardianships are between family, and most of those operate well. However, when family is not able or willing to serve as a guardian, or there is no family, then a third party will be appointed as a guardian. These third parties may not have any prior relationship with the individual and unfortunately, criminals have recognized a potential opportunity with the traditional lack of oversight. These unscrupulous individuals who claim they are professionals have taken advantage of vulnerable adults and their families. Fortunately, progress is being made in regulating the profession and more closely monitoring guardianships. AARP Florida has been involved in initiatives to increase oversight of guardians' actions. Michigan and Montana have both debated improving standards for the qualifications for professional guardians. AARP New York supported a guardianship initiative that would establish a network of nonprofit guardians to provide guardianship services and help build additional capacity.

#### **Summary of Recommended Actions**

We urge Congress to reauthorize and appropriately fund the OAA to ensure that older adults can live with dignity, safety, and respect. We support the passage of the GUARD Act to fight financial fraud and exploitation.

We recommend Congress examine successful state solutions that could be scaled and expanded, and, where necessary, that policymakers remove barriers to such expansion.

We support Congress exploring other successful federal programs that address abuse and neglect and modeling them for older adults.

It is important to ensure that law enforcement officials are appropriately trained regarding elder abuse and that prosecutors pursue elder abuse cases. Improved data collection is important to better understand the problem and appropriately focus solutions.

Talking about elder abuse and increasing awareness is also crucial. Older adults and others may be hesitant to report abuse. Discussion of the issue can help remove stigma and encourage people to report abuse so that it can be addressed.

Family caregivers are the backbone of our long-term care system, enabling millions of older adults to live independently in their homes and communities. They also play a vital role in identifying and preventing elder abuse. To sustain and strengthen this essential workforce, we must prioritize targeted support through:

- Education, training, and respite services to reduce caregiver burnout.
- Simplified access to resources and navigation support for both caregivers and care recipients.
- Financial relief, including a federal family caregiver tax credit as proposed in the bipartisan Credit for Caring Act (S. 925) and the Lowering Costs for Caregivers Act (S. 1565).
- Cutting red tape through the Alleviating Barriers for Caregivers Act (S. 1227).
- Improved access to health information via Medicare, as outlined in the Connecting Caregivers to Medicare Act.
- Reauthorization of the Lifespan Respite Care Program (S. 830) and continued investment in the Older Americans Act, which provides foundational caregiver support. States are also taking action—Oklahoma, for example, enacted a family caregiver tax credit in 2023, underscoring the growing bipartisan recognition of this issue.

### **Conclusion**

Thank you for your attention to the vital issue of elder abuse and neglect. We appreciate the Committee bringing greater visibility to this, as well as your work to reauthorize the OAA, which delivers vital services to address elder abuse and neglect. AARP looks forward to working with the Committee on these and other issues to help ensure the well-being of our nation's older adults.

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## PREPARED WITNESS STATEMENTS

**Lori Smetanka**

Chairman Scott, Ranking Member Gillibrand, and distinguished Members of the Committee, thank you for holding this important hearing. The National Consumer Voice for Quality Long-Term Care is the leading national organization representing consumers on issues related to long-term care. For fifty years, the Consumer Voice has been advocating for quality care, quality of life and protection of rights for long-term care consumers. The Consumer Voice operates the National Long-Term Care Ombudsman Resource Center, funded by the Administration for Community Living, through which we provide technical assistance, support, and training to state and local long-term care ombudsman programs.

With the aging of our population nationally, the potential for abuse and neglect of elders is increasing. 10,000 baby boomers turn 65 each day, and nearly 70% of those individuals will need long-term care and services in their lifetime. Further, 1 in 14 people over age 65 will develop dementia, a likelihood that increases with age.

Abuse and neglect of elders can occur in their own homes and in congregate settings, such as nursing homes and assisted living facilities. Older people can be abused or neglected by family members and their caregivers, as well as by strangers.

Older adults who are isolated, have cognitive or memory problems, or are dependent upon others for care and support are at greater risk of being abused, financially exploited, or otherwise victimized. In fact, recent studies show that nearly half of those living with dementia experienced abuse or neglect.<sup>i</sup> Older adults with cognitive impairment are also at greater risk of being placed under guardianship and moved to a nursing home or assisted living facility under the guise of keeping them safe, and because it is easier for guardians to oversee someone in a facility than to support their independence in the community, but individuals living in facilities can also be victimized and need advocates and support if that occurs.

Further, financial scams and fraud are one of the fastest growing forms of abuse perpetrated against older people. Whether the older adult lives at home or in a long-term care facility, they can become victims of both strangers and people they trust. We've heard many accounts of residents being exploited by family members who refuse to use the resident's funds to pay their nursing home bill; or an older adult being scammed of their life savings or their monthly Social Security or Disability checks.

A study from the General Accounting Office indicates that resident abuse deficiencies in nursing homes more than doubled from 2013 to 2017 and were categorized at higher levels of harm to residents.<sup>ii</sup> Additionally, KFF determined in a review of nursing facility characteristics between 2015 and 2024 that despite increasing health needs of residents, nursing care hours declined by 8% during that period; and that the average number of deficiencies cited against nursing facilities, as well as their severity, increased.<sup>iii</sup>

Yet abuse and neglect of older adults continues to be under-reported and under-investigated. Further, adequate resources are lacking to prevent abuse and to assist those individuals who have been victimized. It is estimated that 1 in 10 older adults experience some form of abuse and neglect, and it is not uncommon for an older person to experience multiple forms of abuse simultaneously. For example, an individual may be both physically and emotionally abused by the same person, or they could be financially exploited while also being neglected.<sup>iv</sup>

Under-reporting of abuse can be due to several factors. Victims of scams or financial exploitation are often embarrassed or feel shame at being taken advantage of, fear the loss of their independence, or feel that nothing can be done to recover any of what was lost. Nursing home and assisted living residents frequently do not report abuse because of the fear of retaliation by the facility or the caregiver who is abusing them. Critically, those living with cognitive impairment often are unable to report that they have been abused, or when they have reported abuse, their claims are ignored.

We recommend several areas where federal action would be critical in reducing the prevalence of elder abuse, neglect, and exploitation, and supporting older adults who have been victimized.

**Adequately Fund the Long-Term Care Ombudsman Program and Elder Justice Programs that Prevent and Respond to Abuse and Support Victims**

Increased funding and support for programs that prevent, investigate, and prosecute abuse and neglect, as well as support victims, are necessary to address the rising issue of abuse, neglect, and exploitation of older adults.

The Long-Term Care Ombudsman Program and other important elder justice programs, such as Adult Protective Services, provide critical support and services to protect older adults while promoting their well-being and their access to justice. We must continue to support the work of these programs, many of which are part of the Older Americans Act, and encourage collaborations through elder justice multidisciplinary teams and task forces as a means of leveraging their skills, expertise, and resources in the most effective and efficient way possible.

Reauthorization of the Older Americans Act, along with greater investment by Congress in these programs is necessary to ensure the availability of critical services to the growing number of older adults rely on them.

As the only federal program specifically mandated to advocate with and for residents of long-term care facilities, the Long-Term Care Ombudsman program saves money and is cost effective. The Long-Term Care Ombudsman program improves care quality and addresses problems promptly, often before they escalate into bigger issues. The program's focus on quality of care and residents' rights reduces preventable accidents, injuries, and decline, thus reducing healthcare costs.

Long-Term Care Ombudsmen play a critical role in identifying and preventing abuse and neglect, while providing critical advocacy and support to residents who have been victims of abuse. Long-Term Care Ombudsmen frequently intervene in abusive situations and prevent abuse from continuing. In fact, abuse and neglect are among the top complaints addressed each year by the Long-Term Care Ombudsman Program, the others being quality of care, autonomy and choice, and inappropriate discharges.

In addition to investigating and resolving complaints on behalf of residents, Ombudsmen maintain a regular presence in facilities and observe care conditions; educate and empower residents, families, and the community; and advocate for systemic improvements in long-term care.

Some recent examples of Ombudsman intervention on behalf of a resident include:

- Preventing the eviction of a nursing home resident to a homeless shelter.
- Coordinating a referral to legal services to help a resident get out from under an unnecessary guardianship.
- Coordinating with Adult Protective Services and Law Enforcement on behalf of a resident who was being financially exploited by a family member.

Among their work, in FY2024, the Long-Term Care Ombudsman Program:

- Investigated and resolved more than 200,000 complaints; 72% of which were resolved or partially resolved to the satisfaction of the resident or complainant.
- Conducted 380,000 visits to more than 50,000 long-term care settings.
- Attended more than 20,000 Resident Council meetings.

These numbers reflect the program's deep reach and trusted presence in long-term care communities.

Federal funding for the Ombudsman Program is necessary for ensuring its viability in all states, as well as guaranteeing residents have access to an advocate, in accordance with federal law. Despite the increasing instances of resident abuse and neglect and the increased numbers of long-term care facilities due to the growth of the assisted living industry, funding for the Long-Term Care Ombudsman has failed to keep pace. As a result, Long-Term Care Ombudsman programs are forced to address the complex needs of a quickly aging population, without the necessary resources.

Recommendations for improvements in this area include:

- Reauthorizing the Older Americans Act which strengthens and authorizes funding for the critical programs that support older adults and prevent and respond to elder abuse and neglect, including the Long-Term Care Ombudsman Program.
- Funding Elder Abuse Prevention programs in the FY26 budget including:

–\$70 million for core Long-Term Care Ombudsman Program activities under the Older Americans Act and at least \$65 million for the Long-Term Care Ombudsman Program in assisted living facilities.

- \$100 million in formula funding for Adult Protective Services programs.
- At least \$52.5 million under the Elder Justice Act for training and services.

- Protect the Social Services Block Grant funding.

- Supporting the Administration for Community Living (ACL) as a separate agency that plays a critical role in the coordination of programs and services for older adults and persons with disabilities, including programs that prevent abuse, neglect, and exploitation against them. At a time when this population is growing significantly, ACL has provided an important focus on the needs of these communities.

- Investing in the expansion of elder justice taskforces to all communities nationwide, and in training and support around elder abuse investigation and accountability, including for long-term care facility surveyors, long-term care ombudsmen, adult protective services, law enforcement, prosecutors, and judges.

### **Implement and Enforce Federal Standards in Nursing Facilities**

Nearly four decades after the passage of the Nursing Home Reform Act and the implementation of corresponding regulations, there continues to be inadequate and uneven oversight and enforcement of standards in nursing facilities. As a result, persistent care problems and yo-yo compliance continue in far too many homes. Since the COVID-19 pandemic, residents, families, staff, and Ombudsmen have consistently reported that conditions in nursing homes have deteriorated, and far too many residents are not receiving the care and services to which they are entitled. Understaffing leads to avoidable neglect and abuse, as overworked nursing staff are unable to provide all the care that residents need.

Evidence of deterioration in conditions is demonstrated by increases in complaints to State survey agencies and Long-Term Care Ombudsman Programs, as well as an increase in the seriousness of the deficiencies being cited. Since 2015, the average number of deficiencies being cited in nursing homes has increased by 40%, with the percentage of facilities with serious deficiencies increasing from 17% to 28%.<sup>v</sup>

Maintaining a strong and responsive oversight and enforcement system is a key factor in preventing and addressing abuse and neglect in nursing facilities. Yet federal funding for the Centers for Medicare & Medicaid Services' nursing home survey and certification program has remained flat for more than a decade. Flat funding prevents CMS from performing timely facility inspections and implementing program improvements. Additional funding is critical for ensuring the protection of nursing home residents.

Each year, tens of billions of dollars are paid to the nursing home industry, yet the outcomes from many homes are unacceptable. Substandard providers linger on Special Focus Facility lists and Special Focus Facility candidate lists for years, and poor providers are permitted to buy additional facilities, all while the residents in their facilities go without necessary care and services.

A review of Medicare cost reports showing the widespread industry use of related party transactions raises critical questions about how billions of Medicaid and Medicare dollars are spent and whether the money is going towards direct care or towards profit. A 2024 report estimated that as much as 68% of nursing home industry profits are hidden in related party transactions, which for the average nursing home, comes out to more than \$375,000 each year.<sup>vi</sup>

The lack of transparency and accountability for how taxpayer dollars are used contributes to the systemic problems in nursing homes, such as inadequate staffing, high turnover, inadequate provision of care, and abuse and neglect. CMS should be more effectively auditing the data and the Medicare cost reports to ensure that Medicare and Medicaid dollars are being used prudently and efficiently, and to protect against fraud, waste, and abuse. An audit report by the HHS Office of Inspector General found that CMS does not review or audit Medicare cost reports to determine whether SNFs comply with long-standing federal disclosure and other requirements for related parties. Its audit of 14 facilities found that seven facilities did not adjust some of their related-party costs to Medicare-allowable costs, as required, resulting in \$1.7 million in overstated costs for just seven facilities. Seven facilities did not adjust some of their related-party costs to Medicare-allowable costs, as required, resulting in \$1.7 million in overstated costs for just seven facilities. Seven facilities did not adjust some of their related-party costs to Medicare-allowable costs, as required, resulting in \$1.7 million in overstated costs for just seven facilities.<sup>vii</sup>

Recommendations for improvements in this area include:

- Increasing funding for the Centers for Medicare and Medicaid Services for nursing facility oversight and support for survey and certification activities and auditing of Medicare cost reports.

- Requiring facilities to submit audited, consolidated cost reports to CMS; and directing CMS to conduct targeted audits of facilities with unreasonable and excessive related party transactions.

- Requiring CMS to use existing data to evaluate facilities with the same owners and operators and holding them accountable for substandard conditions across facilities and limiting the ability of poor providers to obtain Medicare/Medicaid certification for additional facilities.

#### **Support for Direct Care Staff and Adequate Staffing in Long-Term Care Facilities:**

It is incontrovertible that long-term care facilities without the necessary staffing show poorer outcomes for their residents and are more likely to be cited for abuse and neglect. In understaffed facilities, neglected residents are left lying in their own waste, suffering from painful pressure wounds and infections, more likely to fall, and more likely to be chemically restrained. Staff who are responsible for 15, 20, or even 25 residents cannot possibly ensure that they are getting proper care. Understaffing and high workloads create a tremendous amount of stress on caregivers and can lead to abusive situations.

Additionally, on average, long-term care facilities have staff turnover rates of nearly 50%, meaning they are losing at least half their staff on an annual basis. High turnover is related to poor pay, lack of benefits, high workloads, inadequate training, poor management, and lack of career advancement. Facilities with high turnover are more likely to have substantiated complaints and are 1.5x to 2x more likely to be cited for abuse.<sup>viii</sup>

Other factors that can lead to abuse and neglect in long-term care facilities include, among others, lack of adequate training and staff experience, especially in caring for residents with complex needs, like dementia and mental health needs, and lack of staff accountability due to insufficient leadership or staff management.

Despite enhanced abuse reporting requirements in regulation and a requirement that suspicions of crimes in nursing homes be reported to law enforcement, barriers still exist to full implementation of these provisions including inadequate training and accountability for reporting abuse, as well as caregivers' fear of retaliation by the facility leadership or their co-workers if they do report abuse.

Recommendations for improvements in this area include:

- Funding and supporting programs that encourage staff recruitment and retention, such as providing a living wage and benefits, free training and certification programs, tuition reimbursement, mentorship programs, career advancement opportunities, and other innovative ways to attract people to the field and encourage them to stay.

- Improving requirements for staffing levels that meet residents' needs based on acuity and ensuring adequate staff training.

#### **Support Guardianship Reform**

When individuals are victimized by abuse, neglect, or financial scams or exploitation, they may be subject to a petition for guardianship, the system in every state that appoints fiduciaries for individuals who lack capacity to manage their own affairs. Guardians can serve a critical role in protecting an individual from abuse or providing support if they have been victimized. Unfortunately, guardianship can be both the solution to abuse and neglect as well as the source of a profound loss of individual rights, abuse, neglect, and exploitation. Additionally, a person under guardianship is at increased risk of being placed in a nursing home or assisted living setting,<sup>ix</sup> and having their property sold to pay for the new living arrangements.<sup>x</sup>

Too often plenary, or full, guardianship is imposed against a person when less restrictive alternatives would be sufficient in supporting them. Once full guardianship is imposed, however, it is extremely difficult for the person to assert any control over their lives, and it is even more difficult to have their rights restored. Unfortunately, many individuals facing guardianship do not receive proper notice that a guardianship petition has been filed against them, nor do they have adequate representation by legal counsel to protect their rights.

It is not uncommon for Long-Term Care Ombudsmen to hear from a resident who is struggling with a guardian who is not responsive to their needs, or who is experiencing abuse, including financial abuse or exploitation, at the hands of a guardian. Ombudsmen advocate for the residents and connect them with legal counsel when appropriate. However, standards for guardianship oversight are inconsistent across states. There is much the federal government can do to support guardianship reform and protect vital civil rights of individuals caught in the guardianship system.

In 2018, this committee issued a report encouraging states to adopt the Uniform Guardianship Conservatorship and Other Protective Arrangements Act, model legis-

lation that, if enacted, would help prevent guardianship abuses. However, as of today, only a handful of states have enacted or introduced the legislation.<sup>xi</sup>

Recommendations for improvements in this area include:

- Providing federal funding to support state court guardianship reforms that would include guardian and judicial education, require comprehensive guardianship plans, and proper oversight by the courts.
- Supporting research and data collection initiatives around guardianship.

### Conclusion

For decades we ve talked about the need to better address abuse and neglect of older adults. We are experiencing an explosion in the number of older Americans, and an increase in abuse and neglect. There are established and effective programs that have provided good models for preventing and responding to abuse and neglect. Yet, we have not fully invested in these programs to ensure their effectiveness for all older Americans. One day, all of us will be in a situation where we will need help and support as we age and will rely on the systems and programs that have been established. We must make it a priority to ensure that older adults today, as well as in the future, are able to live with dignity and receive the necessary care and support they require, without becoming victims of abuse, neglect, or exploitation. We ask you to support the investments that are needed to achieve this goal.

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**Questions for the Record**

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## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## QUESTIONS FOR THE RECORD

**Marciela Morado****Senator Kirsten E. Gillibrand****Question:**

Can you speak about how language barriers between older adults and their providers could create opportunities for abuse and neglect and the positive impact that multilingual services and information has on the older adult population overall?

**Response:**

Per the Administration for Community Living (ACL), in 2022, 25% of people 65 and older were members of racial or ethnic minority populations and 16% of older spoke a language other than English at home. With the growing older adult population and an increase in older adults who speak languages other than English, a lack of culturally and linguistically relevant services serves as a major barrier for elder abuse victims to make reports and reach safety.

As the designated Aging and Disability Resource Center for Southwest Florida, we recognize that our diverse regional population includes many older adults who primarily speak Spanish, Haitian Creole, and other languages. When language barriers prevent clear communication between older adults and their healthcare providers, case managers, or service coordinators, critical signs of abuse or neglect may go undetected or unreported. We've seen firsthand how language barriers can isolate older adults from essential services and make them more vulnerable to exploitation. Through our multilingual staff, targeted outreach, and translated materials, we bridge these gaps to ensure that language never becomes a barrier to safety. When older adults can communicate effectively with their service providers in their preferred language, they're more likely to report concerns, understand their rights, and access the support systems that help prevent abuse and neglect while maintaining their independence with dignity.

**Question:**

Can you speak broadly about the impact of Area Agencies on Aging, the Older Americans Act, and the importance of these programs and services to older adults?

**Response:**

For 50 years, Area Agencies on Aging (AAAs) have served as the local leaders on aging by planning, developing, funding and implementing local systems of coordinated home and community-based services (HCBS) that enable older adults to age well at home and in the community. AAAs develop area plans on aging then lead local networks of providers to deliver these person-centered services to older adults and caregivers. AAAs are known for cost-efficient and effective, and for leveraging public and private resources in innovative ways to best meet the needs of older adults in their communities.

Through the Older Americans Act (OAA), the cornerstone of the nation's non-Medicaid HCBS, AAAs provide nearly 11 million older Americans annually with the critical support services they need. AAAs are the local leaders that develop, coordinate and deliver a wide range of HCBS, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, long-term care ombudsman programs and more to millions of Americans each year. In addition to providing a wide range of HCBS, AAAs also provide critical services to family caregivers of older adults, as well as older adults who are caregivers for younger relatives. AAAs also contract with or employ paid caregivers, from direct care workers providing in-home help with activities of daily living, such as bathing and dressing, to case managers who coordinate care for clients, especially those most at risk of institutionalization or neglect, such as people living with cognitive impairments or chronic health conditions.

**Question:**

What do you wish more people knew about Area Agencies on Aging?

**Response:**

What I wish more people knew about Area Agencies on Aging is that we're truly a one-stop hub for all aging needs-not just for older adults and people with disabilities themselves, but for everyone who cares about them. We're here for that adult child trying to navigate what resources and services are available to help their aging parent. We're here for the neighbor who's concerned about their aging neighbor who seems reluctant to leave their home but needs support. We're here for the person reaching Medicare age who doesn't know where to go for free, unbiased Medicare counseling. Yes, we have congregate meal sites that help with food insecurity, reduce loneliness and social isolation, and even offer evidence-based health and wellness exercise programs to reduce the risk of falls, and yes, we provide home-delivered meals, but we are so much more than that. We're the go-to resource for anyone facing the complexities of aging, whether it's your own journey or helping someone you care about.

Beyond this essential role as your community resource hub, AAAs have a much broader impact than many people realize. Historically, two-thirds of AAAs have played a key role in their state's Medicaid HCBS programs by performing assessments, leading case management and coordinating services. AAAs have also evolved along with changing state Medicaid systems to continue to serve older adults and people with disabilities. For example, 39 percent of AAAs now contract directly with Medicaid managed care organizations (MCOs), and all AAAs can help consumers learn about their Medicaid HCBS options. AAAs are experts at providing social care programs and services that address the challenges older adults and people with disabilities face that affect their health, such as access to housing, employment, nutritious food, community services, transportation and social engagement. The Aging Network has an established local infrastructure that, with much-needed investment, can successfully support the integration of health care and social care services-with the goal of improving health outcomes for older adults while preventing unnecessary costs.

AAAs and health care entities have longstanding community partnerships which have evolved to more formal contracting relationships; as of 2023, 45 percent of AAAs reported having health care contracts. This work has led to innovative models of service delivery to align health and social care, such as the development of AAA-led regional and statewide networks of community-based organizations (CBOs) with AAAs serving as Community Care Hubs (CCHs) providing the needed infrastructure for health care contracting. Over the past decade, the United States health care system has been moving away from volume delivery to a value-based payment approach, placing more emphasis on the quality of care rather than the quantity of services provided. This evolution creates new opportunities for health care entities to work with AAAs and the Aging Network to better assess and address the health and social needs of our nation's aging population.

**Senator Dave McCormick****Question:**

How are Area Agencies on Aging sharing best practices on how to prevent the tragedies you shared in your testimony? Are these practices enabled by the Older Americans Act? As the US Senate examines reauthorizing the Older Americans Act, what is your primary message for Senators to consider on behalf of Area Agencies on Aging?

**Response:**

As the Senate examines OAA reauthorization and while we have several recommendations for OAA reauthorization, our main concern is to ensure AAAs' ability to contract with health care or use other private funding to serve more adults and meet their missions. This language was included in the bipartisan, bicameral OAA reauthorization bill in the last Congress, and we appreciate Senate HELP for prioritizing reauthorization and reintroducing their bill this June. We encourage Congress to continue this momentum for OAA reauthorization and reauthorize OAA this fall if feasible to ensure the Act reflects the needs of today's older adults. For more details on OAA reauthorization recommendations, please see USAgings' recommendations.

Area Agencies on Aging (AAA) share best practices through multi channels. In Florida, all 11 AAAs participate in the Florida Association Area Agency on Aging, meeting monthly to discuss issues, share best practices and learn from each other. We also maintain strong partnerships with our state unit on aging and participate in national training networks and peer learning initiatives. Our collaboration with

Adult Protective Services, Centers for Independent Living, Continuum of Care organizations, local law enforcement, hospitals and other community partners in Southwest Florida exemplify successful models being replicated nationwide. The expanding detection networks I described, including protocols with home delivery services and healthcare facilities, are being adopted by AAAs across the nation through regional conferences and technical assistance programs. These practices are directly enabled by the Older Americans Act, which provides the infrastructure, funding streams like Title VII elder abuse prevention programs, and local flexibility that allowed us to develop innovative approaches.

U.S. SENATE SPECIAL COMMITTEE ON AGING  
 "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

QUESTIONS FOR THE RECORD

**Nelson Bunn**

**Senator Kirsten E. Gillibrand**

**Question:**

Can you expand on how we can better coordinate efforts of law enforcement and social services when supporting survivors of elder scams and the positive impact this improved coordination could have on scam victims?

**Response:**

Yes, effective support for survivors of elder financial scams all hinges on seamless collaboration between law enforcement and social services. In my testimony I highlighted the need for multidisciplinary teams, as they are the blueprint for success. To improve collaboration, I'd recommend law enforcement and social services enter into a memorandum of understanding (MOU). The structure an MOU can provide will help each participating party know what their responsibilities are and what data sharing and protocols are agreed to. Establishing a standard of practice between entities allows each participating party to efficiently provide their services as soon as they are requested.

Having an MOU between law enforcement and social services can positively impact the way we combat financial scams involving older adults by not only improving day to day communication, but it also allows each respective party to better understand the services and capabilities of the other entity. This can assist parties in the MOU who may have more contact with the individual, by allowing them to convey to the victim the potential remedies and actions law enforcement and social services will undertake to assist them.

Better coordinated efforts can not only help quicken the response to an older adult that has recently been victimized, it can also be preventative and stop financial scams before they even happen. If an older adult contacts social services in regard to a potential financial scam, and they are in regular communication with law enforcement this can result in a swift arrest before anyone falls victim to the financial scam.

**Question:**

Can you elaborate on how the recommendations from the report, "Prosecutors' Challenges in Elder Abuse Cases: Navigating Decision-Making Capacity and Consent Defenses" could help combat elder abuse and neglect?

**Response:**

The Elder Abuse Listening session that we did with the DOJ's Elder Justice Initiative (EJI) focused on gaining the perspective from prosecutors as they assess elder abuse cases involving financial exploitation, sexual abuse, and caregiver neglect. Through the listening session we discovered several common issues and discussed potential recommendations to overcome these common pitfalls. There was a consistent message of having a multi-pronged strategy to inform prosecutors on how to navigate cases to ensure that capacity and consent defenses are no longer immediate barricades in prosecuting older adult abuse cases.

We are continuing our collaboration with EJI to create web-based training modules and resources to assist prosecutors in identifying capacity-related issues and overall best practices in handling older adult abuse cases. To build upon our collaboration, a webpage and discussion forum will host these resources and promote prosecutor to prosecutor engagement and exchanges of best practices. The more communication and collaboration we can foster and streamline between local offices the better.

To address a complex issue like older adult abuse, we must first be able to identify the issue, track trends, know the common pitfalls, and understand the current resources available to combat the issue. In order to provide this foundation, NDAA and EJI conducted a national survey to gather data on both the challenges prosecutors encounter as well as the resources they use to handle these cases. We will de-

velop evidence-based, data-backed best practices and strategies to connect prosecutors with clinicians, and other subject-area experts to ensure that older adult abuse cases are handled to the best of their ability.

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## QUESTIONS FOR THE RECORD

Sean Voskuhl

Senator Kirsten E. Gillibrand**Question:**

Can you talk about the importance of volunteers, including AmeriCorps volunteers, can have on preventing elder abuse and neglect?

**Response:**

Volunteers play a vital role in preventing elder abuse and neglect, particularly by addressing one of its most powerful risk factors: social isolation. Older adults who are isolated are more vulnerable to exploitation, neglect, and abuse, often because they lack regular contact with trusted individuals who can recognize warning signs or intervene early.

The Older Americans Act (OAA) recognizes the importance of community engagement and explicitly supports volunteerism as a strategy to promote the dignity, independence, and well-being of older adults. Programs funded under the OAA - including senior centers, nutrition services, and caregiver support - often rely on volunteers to provide companionship, wellness checks, transportation, and advocacy. These interactions not only reduce isolation but also create a protective network around older adults.

One of the most direct examples is the Long-Term Care Ombudsman (LTCO) program, which is authorized under Title VII of the OAA. LTCO volunteers are trained to visit residents in nursing homes and other long-term care settings, monitor conditions, and advocate for residents' rights. Their presence helps ensure that concerns are heard and addressed, and that abuse or neglect does not go unnoticed. In many states, AmeriCorps members serve as LTCO volunteers, expanding the reach and impact of this critical program.

Regarding financial abuse, AARP works with volunteers across the country who provide tips to help individuals prevent and respond to fraud and scams. This includes trained volunteers who assist individuals calling AARP's Fraud Watch Network Helpline, a free service available to people of all ages-membership is not required. In 2024 alone, the Helpline received over 100,000 calls from Americans reporting attempted scams, sharing their experiences as fraud victims, and seeking help after the theft of personal information or finances.

In short, volunteers are essential. They extend the capacity of aging services networks, build trust with older adults, and serve as a frontline defense against abuse and neglect. Reauthorization of the Older Americans Act and investment in OAA programs strengthens our ability to support volunteer programs and protect vulnerable older Americans.

**Question:**

What unique challenges do aging tribal populations face and how can the federal government better support them?

**Response:**

The prevalence of elder abuse within American Indian and Alaska Native (AIAN) communities remains significantly under-researched, resulting in limited data to accurately assess the scope and nature of the issue. However, emerging research indicates a concerning trend. One recent study found that 33% of AIAN respondents experienced emotional, physical, or sexual mistreatment in the last year, neglect, or financial abuse by a family member. Additionally, 29.7% reported experiencing two or more forms of neglect, exploitation, or mistreatment over their lifetime. Notably, nearly 25% of AIAN individuals reported emotional abuse since reaching the age of 60-almost twice the rate reported by white respondents.

Given these findings, it is imperative that the Elder Justice Act be reauthorized, and Congress should consider appropriate recognition of AIAN populations. Currently, the Act does not formally recognize these communities, which limits their ability to directly access the funding and resources authorized under the law. For-

mal recognition could be an important step toward ensuring culturally appropriate support and protections for AIAN elders.

### Senator Dave McCormick

**Question:**

As a representative of AARP, a major nationwide organization, what resources does your organization utilize to educate seniors and make them aware of scams and abuse on an ongoing basis? What awareness campaigns exist to proactively educate our seniors and their caregivers on how to monitor for signs of various forms of elder abuse?

**Response:**

AARP's fraud prevention efforts extend across all 53 state offices through robust community outreach. We host local events to raise awareness about various types of scams and partner with law enforcement, regulatory agencies, and Attorneys General to deliver webinars, tele-town halls, trainings, and other educational programs. More than 800 volunteers nationwide support these efforts by educating their communities and working directly with fraud victims. Each year, our outreach reaches hundreds of thousands of people—both AARP members and non-members—from coast to coast.

**AARP Fraud Watch Network Overview**

Founded in 2013, the AARP Fraud Watch Network has significantly expanded its fraud prevention efforts through our state offices in recent years. The Network equips consumers with the tools and knowledge to recognize and avoid scams. One of its key resources is the AARP Fraud Watch Network Helpline, a free service available to people of all ages—membership is not required. In 2024 alone, the Helpline received over 100,000 calls from Americans reporting attempted scams, sharing their experiences as fraud victims, and seeking help after the theft of personal information or finances.

**Educational Resources and Publications**

AARP offers a Fraud Resource Center and regularly publishes fraud-related content in the AARP Magazine and AARP Bulletin. These resources cover recent scam trends, tips for identifying and avoiding fraud, and guidance for victims and their families. We also produce videos that explain how scams work and how to stay safe. Popular articles include:

- 3 Key Things to Know About Scams in 2025
- I Never Thought My Dad Would Become a Romance Scam Victim. Don't Make My Mistake
- SIM Swapping: Scammers Hijack Smartphones and Steal Thousands

Fraud-related content consistently ranks among our most-read and most-shared articles, reflecting the deep concern our members have about this issue.

**The Perfect Scam Podcast**

Launched in 2019, AARP's weekly podcast, *The Perfect Scam*, explores real-life stories of fraud and the tactics scammers use. Hosted by experts, the show features victims who share their experiences and insights from professionals who expose scam operations. In December 2023, *The New York Times* recognized the podcast as a top resource for understanding how con artists operate. Recent episodes have covered a wide range of scams, including: credit card scams, rental scams, gold bar scams, pet scams, charity scams, timeshare scams, arrest warrant scams, military benefit scams, romance scams and job posting scams. Many of these stories come directly from callers to the Helpline who want to help others avoid similar experiences.

**Support for Fraud Victims**

To support emotional recovery, AARP created a Fraud Victim Support Group, a free online program for victims and their loved ones. These confidential sessions offer a safe space for participants to share experiences, receive peer support, and learn from trained facilitators. You don't need to be the direct victim to join—family members, partners, and friends are welcome. Experiencing fraud can be deeply traumatic, and these sessions provide a valuable path toward healing.

**BankSafe Program**

AARP also runs BankSafe, a program that trains financial institution employees to detect and prevent fraud and exploitation. BankSafe encourages banks and credit unions to adopt proven policies and procedures that stop fraud before money leaves

customers' accounts. A 2018 study by Virginia Tech's Center for Gerontology found that trained employees saved 16 times more money than those without training. Based on these findings, we estimate that BankSafe has prevented over \$450 million in losses to consumers.

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## QUESTIONS FOR THE RECORD

Lori Smetanka

Senator Kirsten E. Gillibrand**Question:**

What would happen to Long-Term Care Ombudsman programs nationally if federal funding is no longer available, and what effect would defunding the program have on the safety of older adults?

**Response:**

The Long-Term Care Ombudsman program is a crucial service that protects the interests of older adults living in long-term care, advocates for residents to receive quality care and services, and through systems advocacy, works to improve long-term care policies. An ombudsman is a go-to advocate and source of guidance for residents who may be facing sub-par, or even abusive conditions in their facility. From listening to concerns about meal quality to helping residents in discharge appeals, the long-term care ombudsman program is a necessary resource in protecting the health, safety, and quality of life of long-term care residents.

**Question:**

Is the elimination of funding for critical programs like PAIR taking us a step in the wrong direction and back to a time where abuse and neglect were rampant in facilities?

**Response:**

Eliminating funding for critical Protection & Advocacy programs like PAIR would be a dangerous step backward, stripping older adults with disabilities of essential legal protections and increasing the risk of abuse, neglect, and unnecessary institutionalization. These programs investigate abuse, enforce civil rights, and empower individuals to live safely and independently in their communities. The PAIR program extends protections to individuals with disabilities who are not eligible for other P&A programs - ensuring no one falls through the cracks. Cutting its funding abandons some of the most underserved populations and undermines decades of progress toward community-based, rights-focused care.

**Question:**

Can you discuss the dangers that older adults face from understaffing at nursing homes, and how minimum staffing standards would protect older adults?

**Response:**

Chronic understaffing in nursing homes has long endangered residents - leading to missed medications, delayed hygiene, increased falls, and higher rates of abuse and neglect. A 2023 Consumer Voice survey of residents found that 88% reported inadequate staffing, with 74% witnessing or experiencing harm as a result. The minimum staffing rule enacted in 2024 was modest in scope and would have raised staffing levels primarily among the lowest performing providers. Additionally, it included numerous provisions to address concerns raised by the nursing home industry, including waivers and exemption provisions; delayed implementation for at least 5-7 years; and modest minimum requirements which were less than recommended standards.

**Question:**

Could you speak about how guardianships put older adults at risk for abuse, especially financial abuse, and steps that lawmakers can take to safeguard the autonomy of older adults?

**Response:**

Guardianships, while a necessary protection in some cases, can also serve to put older adults at increased risk of abuse and neglect. A guardian takes significant, usually full, control over the person's assets and decision-making, which necessarily causes the loss of the older person's autonomy and rights. Adults experiencing situa-

tional lack of capacity due to a medical issue may find themselves under guardianship long-term, even if their lack of capacity was only temporary. This handover of assets and rights to another person creates greater opportunity for financial abuse, including stealing or wasting funds which should be used towards the older adult's care. Policymakers could help safeguard the autonomy of older adults by defaulting to models that allow them to be as autonomous as possible. Supported decision-making models, as opposed to substituted decision-making models, increase autonomy and prevent abuse of older adults by allowing them to make decisions for themselves while providing the resources to assist them as needed.

**Question:**

Can you talk about the impact of federal funding for Adult Protective Services and the harm that zeroing out this funding would have done?

**Response:**

Federal funding allows Adult Protective Services to provide a variety of services to help older adults and people with disabilities to prevent, resolve, and recover from abuse, neglect, self-neglect, and financial exploitation. They do this through individual case management, referrals, and community outreach and education. Investigations and extended case management from APS have documented positive impact - a recent study found that most APS clients reported feeling safer and/or that their life was better because of the help they received from APS. Federal funding allows APS to establish programs to prevent abuse before it turns older people into victims, such as through community education and outreach. With abuse such as fraud and financial scams being perpetrated against older people at quickly increasing rates, the funding APS receives allows the programs to combat abuse more thoroughly and comprehensively.

**Question:**

Could you speak about the personal nature of elder abuse and neglect and how the ombudsman program is uniquely positioned to help families facing this issue?

**Response:**

Many older adults, particularly those dependent on others for care or support, reluctant to report abuse and neglect because of fear of retaliation, prosecution of the perpetrator, or loss of a family member. Long-term care ombudsmen develop trusting, confidential relationships with residents, increasing the likelihood that residents will confide in them. Additionally, ombudsmen take direction from the resident as they work on addressing problems, with the goal being to find a solution or resolution that is to the satisfaction of the resident. The ombudsman assists residents in protecting their health, safety, welfare, and rights, and the resident maintains the option to consent to disclosure of any information about their complaint. If a resident cannot or will not provide consent for an ombudsman to pursue an issue, the ombudsman will employ other advocacy strategies to ensure the safety of the resident and other residents in the facility.

**Question:**

What specific challenges do older adults with cognitive challenges, such as dementia, face when they encounter abuse and neglect, and what steps can we take to help ensure their safety?

**Response:**

More than half of people living with dementia experience some form of maltreatment, putting them at greater risk of abuse, neglect and exploitation, or even from experiencing multiple forms of abuse simultaneously or successively. Older adults with cognitive impairment face a range of challenges when faced with abuse and neglect including difficult reporting abuse or articulating what happened due to limitations in their ability to communicate. They may be isolated from others by those perpetrating the abuse, thus limiting their ability to get help. And often they are not believed or listened to when they do raise concerns. A number of steps can be taken, however, to support older adults and ensure their safety, including supporting and educating caregivers, adequately funding advocacy programs like the long-term care ombudsman program and adult protective services, and enhancing monitoring and reporting requirements.

**Question:**

Is there anything this hearing did not touch on that you think needs to be highlighted?

**Response:**

With a population that is rapidly aging, we must invest the necessary resources and supports to prevent and respond to elder abuse. Federal investment and leadership is critical for protecting older adults.

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**Statements for the Record**

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U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**AAA Survey Report 2025 Statement**

## 2023 CHARTBOOK

More Older Adults, More Complex Needs:  
Trends and New Directions from the  
National Survey of Area Agencies on Aging



**USAging**  
Leaders in Aging Well at Home

**M**  
MIAMI UNIVERSITY  
SCRIPPS GERONTOLOGY CENTER

# 2023 CHARTBOOK

## More Older Adults, More Complex Needs: Trends and New Directions from the National Survey of Area Agencies on Aging

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## Introduction

Most older adults prefer to live in their current home and community,<sup>1</sup> and, for more than 50 years, the nation's Area Agencies on Aging (AAAs) have provided a range of supportive services that help make this possible. The range of services and supports offered by AAAs enable millions of older adults to live at home with optimal health, well-being, independence and dignity.

The COVID-19 pandemic had an outsized impact on the nation's older adults, people with disabilities and caregivers. During the pandemic, AAAs were the local leaders supporting the health and wellness of these populations. AAAs served more older adults than ever before, made possible by federal COVID-relief funding through the Older Americans Act. This led to an expansion and adaptation of traditional services and supports in areas such as meal delivery, social isolation and vaccination support. The pandemic also compounded growing national crises in the direct care workforce. Yet, it also provided opportunities for innovation through necessity, increased regulatory flexibilities and increased funding streams.

Emerging from the pandemic, AAAs service levels remain high and they are serving more older adults who have increasingly complex needs. AAAs have expanded their already broad partnership networks to reach historically underserved populations. AAAs are addressing health-related social needs such as transportation, housing and access to health care, providing more services to people of all ages to ensure we can all live well at home and in the community.

### About the National AAA Survey

The National Survey of Area Agencies on Aging, conducted regularly since 2007, is an important tool to track the trends and new directions in a growing and evolving AAA network. With a grant from the U.S. Administration on Community Living (ACL), USAging partnered with Scripps Gerontology Center of Excellence to conduct the 2022 National Survey of Area Agencies on Aging.

The web-based survey was launched in September 2022 and disseminated to all 616 AAAs. Data collection concluded in December 2022 with 74.2 percent (n=457) of AAAs responding. This response rate reflects all AAAs that completed 10 percent or more of the survey, including questions about services provision. There were 408 AAAs that completed 100 percent. The remaining 49 partial responses contributed useful information for many questions and their answers are included where possible.

### About the Chartbook

This chartbook provides data from the first comprehensive survey of Area Agencies on Aging to take place since 2019.

The chartbook provides key findings from the survey related to the following topics:

- Service provision and populations served
- Social engagement programs and partnerships
- Housing programs and partnerships
- AAA organizational characteristics
- Workforce and staffing
- Expansion of access to programs and services
- COVID-19 partnerships and flexibilities

The statistics, figures and charts are available to use in educating stakeholders, government officials and others about the important and expanding role of AAAs and their partners in supporting older adults to live where they want to—at home and in the community.

### AAAs: Local Leaders in Aging Well at Home



Looking for a primer on Area Agencies on Aging? Check out USAging's Local Leaders brochure.<sup>11</sup>

## Section 1: AAA Services and Supports

On average, Area Agencies on Aging provide 28 types of services that help enable older adults to live at home with optimal health. Table 1.1 shows the percentage of AAAs that offers various services either directly or through contracted providers.<sup>1</sup>

**Table 1.1 Percentage of AAAs Providing Services Directly or Through Contracted Providers**

Service	Percent (n=457)	Service	Percent (n=457)
Home-delivered meals	100	Assessment for long-term care service eligibility	62
Congregate meals	100	Vaccination support	60
Information and Referral/Assistance outreach	100	Emergency Response Systems	55
Evidence-based health and wellness programs (EBP)	95	Care transitions services	52
Legal assistance	95	Translator/interpreter assistance	52
Caregiver services	93	Adult day service	51
Respite care	92	Senior Medicare Patrol	49
Transportation services	91	Official eligibility determinations for public programs or benefits	46
Other nutrition program (e.g., counseling, senior farmers' market program)	88	Assistive technologies	45
Case management	85	Home health	44
Benefits/health insurance counseling or enrollment	81	Training for technology use	44
Personal assistance/personal care	81	Medication management	38
Options counseling	80	Advance care planning	34
Homemaker services	79	Housing assistance program	33
Senior center activities or operations	78	Hoarding clean-up/mitigation	31
Assessment for care planning	76	Mental/behavioral health screening or services	29
Telephone reassurance/friendly visiting	72	AmeriCorps Seniors	29
Chore services	71	Fiscal intermediary services for self-direction	26
Other health promotion services (e.g., health screening, health fairs)	70	Financial management	26
Elder abuse prevention/intervention	70	Guardianship/conservatorship	25
Home repair or modification	67	Senior Community Service Employment Program (SCSEP)	21
Ombudsman services	67	Adult Protective Services	21

<sup>1</sup> See the Appendix for a breakdown of how AAAs deliver services directly by the AAA, through contracted providers or through referrals to other entities.

**Trends in Service Provision, 2016 to 2022**

The number of services AAAs provide continues to grow. AAAs, on average, provide at least one more service than they did at the time of the last AAA survey in 2019. The proportion of AAAs providing specific services has increased significantly from previous surveys conducted in 2016 and 2019:

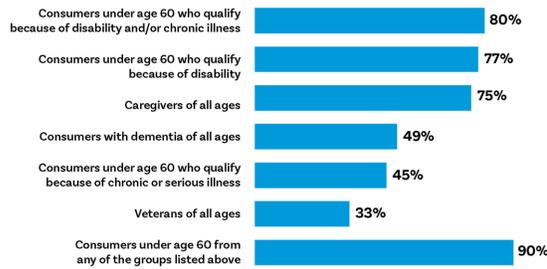
- **Official eligibility determinations for public programs or benefits:** increased by 24 percentage points (from 22 percent in 2016 to 46 percent in 2022);
- **Home health services:** increased by 14 percentage points (from 30 percent in 2016 to 44 percent in 2022);
- **Chore services:** increased by 14 percentage points (from 57 percent in 2016 to 71 percent in 2022);
- **Assistive technologies:** increased by 13 percentage points (from 32 percent in 2016 to 45 percent in 2022);
- **Care transitions services:** increased by 7 percentage points (from 45 percent in 2016 to 52 percent in 2022);
- **Housing assistance program:** increased by 8 percentage points (from 25 percent in 2019 (not asked in 2016) to 33 percent in 2022); and
- **Telephone reassurance/friendly visiting:** increased by 17 percentage points (from 55 percent in 2019 (not asked in 2016) to 72 percent in 2022).

**Service Eligibility and Priority Populations**

The minimum age requirement to receive most OAA-funded services is 60, and the vast majority of AAA clients meet that age requirement. However, 90 percent of AAAs leverage their expertise and networks to also serve consumers younger than age 60. For these AAAs, on average, consumers younger than 60 make up 11 percent of their clients. The percentage of AAAs serving specific consumer groups younger than age 60 is shown in Figure 11.

**90% of AAAs serve consumers younger than age 60.**

**Figure 1.1 Percentage of AAAs Serving Specific Populations (n=434)**



### Specific Programs for High-Risk Populations

AAAs prioritize serving consumers who most need AAA services, including older adults with the greatest economic need and greatest social need, those who have chronic health conditions, those who come from historically underserved populations or those who are at greatest risk of losing their ability to remain at home and in the community. In addition to their broad array of programs and services, AAAs often offer specific programs designed for prioritized populations; the populations most commonly offered specialized programs are shown in Table 1.2.

**Table 1.2: Percentage of AAAs with Specific Programs for Priority Populations**

Priority Population	Percent (n=422)
Family caregivers	80
Individuals living with dementia and their caregivers	72
Individuals at risk for nursing home placement	57
Kinship caregivers and/or grandparents raising grandchildren	53
Individuals with chronic conditions (e.g., heart disease, diabetes)	53
Individuals who are dually eligible for Medicare and Medicaid	50
Individuals who have mobility or physical disabilities	44
Individuals from racial or ethnic minority groups	38
Individuals who have a high risk for Emergency Room use, hospitalization or hospital readmission	32
Individuals at risk for Medicaid spend-down	27
Individuals who identify as LGBTQ+	25
Individuals being discharged from rehabilitation facilities	25
Individuals who are uninsured	24
Individuals who are immigrants and/or have limited English proficiency	22
Individuals who have an intellectual and/or developmental disability	21
Individuals who have hoarding issues	15
Individuals who are homeless or at risk of becoming homeless	14
Individuals who have traumatic brain injury	13
Individuals with advanced or terminal illness	12
Individuals with serious mental illness	10
Individuals with substance abuse/opioid addiction	7
Older adults who are incarcerated or recently released from prison	2

### Opportunities to Serve Priority Populations

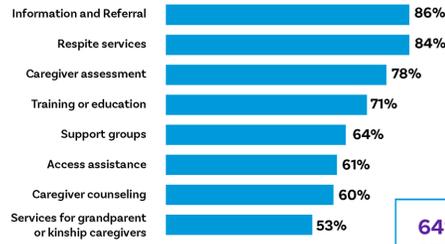
Area Agencies on Aging identified several population groups for whom they would like to enhance service delivery, but would need additional funding or training to do so. The most commonly mentioned priority groups included:

- Individuals who are homeless or at risk of becoming homeless
- Individuals who are at high risk for Emergency Room use, hospitalization and readmission
- Individuals who identify as LGBTQ+
- Individuals who have hoarding issues
- Individuals from specific racial or ethnic minority groups

**Supporting Family Caregivers**

AAAs provide services to family caregivers through the National Family Caregiver Support Program (Title III E of the Older Americans Act) and other programs. These include providing information and resources, connecting caregivers to services, providing respite, and offering other types of support such as assessment, training or counseling.

**Figure 1.2 Percentage of AAAs Providing Specific Caregiver Services (n=455)**



**64% of AAAs also provide evidence-based health and wellness programs for caregivers**

**Growing Trend: AAAs Support Kinship Families and Grandparents Raising Grandchildren**

- 53 percent of AAAs provide services specifically for grandparent and/or kinship caregivers
- 30 percent provide social engagement programs for this population
- 20 percent have a kinship program coordinator or/ manager on staff, and an additional 10 percent would like to hire one in the next three years
- 18 percent of AAAs feel they would benefit from additional training or technical assistance to better serve kinship caregivers
- Three percent of AAAs operate a Kinship Navigator program

**Grandfamilies and Kinship Resources**

USAgging is a project partner in the **Grandfamilies & Kinship Support Network: A National Technical Assistance Center**. To learn how AAAs and Title VI programs support grandfamilies and kinship caregivers and to access other resources for Aging Network providers, visit [www.gksnetwork.org](http://www.gksnetwork.org).



### Elder Abuse Prevention and Intervention

Every year, hundreds of thousands of older adults are abused, neglected or financially exploited.<sup>44</sup> AAAs play a critical role in preventing and addressing elder abuse. All AAAs are involved in elder justice activities funded by the OAA under Title VII, although funding for such efforts is severely limited. In addition to those core OAA elder rights services, 70 percent of AAAs also provide additional elder abuse prevention and intervention services directly and/or through contracted providers, as shown in Table 1.3.

**Table 1.3: Percentage of AAAs Providing Specific Elder Abuse Prevention and Intervention Services**

Elder Abuse Prevention or Intervention Service	Percent (n=450)
Elder abuse prevention or intervention service(s)	70
Public awareness/outreach	60
Community education/training	56
Legal assistance	56
Prevention coalition or multi-disciplinary team	47
Financial abuse prevention	43
Case management services	40
Investigations of abuse, neglect and exploitation	35
Short-term emergency services for victims	21
Victim/witness assistance	11
Safe havens or emergency senior shelters	8

### AAAs Have Strong Partnerships With Adult Protective Services

AAAs work closely with Adult Protective Services (APS), and sometimes are the designated APS agency that provides these critical services. A quarter of AAAs provide guardianship/conservatorship services, and are usually directed by the state or local government to be the guardian of last resort. Guardianship caseloads, however, are a very small percentage of AAAs' overall client base.

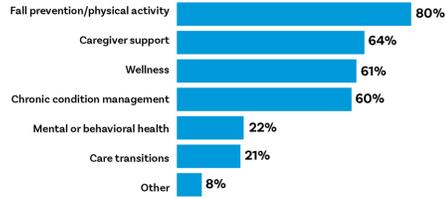
- 89 percent of AAAs have a partnership with APS
- 13 percent of AAAs are the provider of APS, and an additional eight percent provide APS through a contract with a provider
- 13 percent of AAAs directly provide guardianship/conservatorship services, and an additional 12 percent contract with providers for this service



**Evidence-Based Programming**

Nearly all (97 percent) AAAs are involved in offering evidence-based programming (EBP). AAAs offer an average of four evidence-based health or wellness programs.

**Figure 1.3: Percentage of AAAs Offering Specific Types of Evidence-Based Programs (n=413)**



**Resources for Reducing Falls Among Older Adults**

The type of evidence-based programs most commonly offered by AAAs support falls prevention. The National Falls Prevention Resource Center, funded by ACL and administered by the National Council on Aging, supports the implementation and dissemination of evidence-based falls prevention programs and strategies across the nation. Aging Network organizations can find tools, best practices and other information on falls and falls prevention at [www.ncoa.org/professionals/health/center-for-healthy-aging/national-falls-prevention-resource-center](http://www.ncoa.org/professionals/health/center-for-healthy-aging/national-falls-prevention-resource-center).



### Service Spotlight: Transportation Service Options are Increasing



**91% of AAAs provide transportation services.**

Since 2019, AAAs have expanded transportation options for older adults and people with disabilities. Between 2019 and 2022, the proportion of agencies providing non-medical transportation, wheelchair-accessible transportation, non-emergency medical transportation (NEMT), vouchers and partnerships with rideshare companies notably increased (noted in bold below). Table 1.4 highlights these changes for the transportation programs that are most often provided by AAAs.

**Table 1.4: Percentage of AAAs Offering Specific Transportation Services, 2022 and 2019**

Transportation Service	2022 Percent (n=445)	2019 Percent (n=489)
Any transportation service	91	89
<b>Non-medical transportation</b>	76	65
Assisted transportation (e.g., curb-to-curb, door-to-door, door-through-door)	75	74
<b>Wheelchair-accessible transportation service</b>	60	53
<b>Medical transportation/NEMT</b>	54	41
Transportation information and referral/assistance (e.g., one-call-one-click, mobility management, transportation counseling)	36	34
Volunteer transportation program	30	29
<b>Transportation vouchers</b>	27	21
Travel planning	23	NA
Partnerships with housing sites	16	NA
Driver refresher trainings	12	9
<b>Partnerships with rideshare companies (e.g., Uber, Lyft, taxi)</b>	12	5
Transportation training	6	7
Driver cessation/driver retirement program	2	2

Note: The proportion of AAAs offering services shown in **bold** increased by at least six percentage points from 2019 to 2022.



### Transportation Funding

AAAs use a variety of funding sources to provide transportation services.

**Table 1.5: Percentage of AAAs Receiving Funding for Transportation from Specific Sources**

Transportation Funding Source	Percent (n=404)
Older Americans Act funds	87
State government funds	59
Local government funds	45
Fares or consumer contributions	37
Federal Section 5310 funds (Enhanced Mobility of Seniors & Individuals with Disabilities)	24
Medicaid	23
Federal Section 5311 funds (Formula Grants for Rural Areas)	15
Other funding	11
Federal transportation infrastructure funds (e.g., from the bipartisan Infrastructure Investment and Jobs Act of 2021)	6
Medicare Advantage	2

\*Other\* responses included public or private grants, fundraising, COVID-19 relief funds such as American Rescue Plan Act (ARPA), and local levies.

### Aging and Disability Transportation Resources

The National Aging and Disability Transportation Center (NADTC), administered by USAgging and Easterseals and funded by the Federal Transit Administration, promotes the availability and accessibility of transportation options that meet the needs of older adults, people with disabilities and caregivers.

NADTC provides resources, training and information for Aging Network professionals and empowers communities across the country to implement or improve innovative transportation programs at the local level. Recent initiatives include a focus on equitable access to transportation.

Learn more at [www.nadtc.org](http://www.nadtc.org).



NADTC Photo Gallery

**Service Spotlight: AAA Social Engagement Programs, Partnerships and Evaluation**

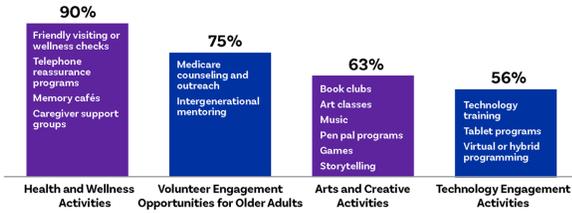
We are facing a national epidemic of loneliness and isolation, which, according to U.S. Surgeon General Dr. Vivek Murthy, "has been an underappreciated public health crisis that has harmed individual and societal health... Given the significant health consequences of loneliness and isolation, we must prioritize building social connection the same way we have prioritized other critical public health issues such as tobacco, obesity, and substance use disorders."<sup>26</sup>



**98% of AAAs have a program or activity that specifically addresses the critical need for social engagement.**

Engaging in social activities improves mental and physical health and reduces loneliness, depression and stress—ultimately leading to improved overall health.<sup>27</sup> AAAs provide many social engagement opportunities for older adults through core AAA services such as congregate meals and wellness activities, as well as through specific programs to prevent social isolation and loneliness.

**Figure 1.4: Percentage of AAAs Offering Types of Social Engagement Programs and Activities (n=443)**



### Partnerships for Social Engagement Programs

By working with local community partners, AAAs leverage additional expertise and resources to engage more people with their programs. On average, AAAs work with seven types of partners to provide social engagement programs and activities to older adults in their communities.

**Table 1.6: Percentage of AAAs Partnering with Specific Organization Types for Social Engagement Programs**

Partner Type	Percent (n=436)
Senior centers	79
Nutrition providers	59
State Health Insurance Assistance Program (SHIP)	53
Caregiver groups	51
Transportation providers	45
Senior Medicare Patrol (SMP)	40
Libraries	36
Health care providers (e.g., hospitals, federally qualified health centers, health systems)	35
Public health units or departments	35
Faith-based organizations or faith communities	34
Parks and recreation agencies	34
Higher education (e.g., community colleges, technical colleges, colleges, universities)	30
Disability groups	27
Housing partners	26
Arts and cultural organizations	26
Technology partners	25
Civic or service clubs (e.g., Rotary, Lions, Kiwanis)	24
Culturally specific groups or organizations	21
YMCA/YWCA	20
Health plans	15
Schools	14
Tribes/Title VI Native American Aging Programs	9
Youth development/service organizations (e.g., Boy Scouts, Girl Scouts, 4H, Girls and Boys Club)	6



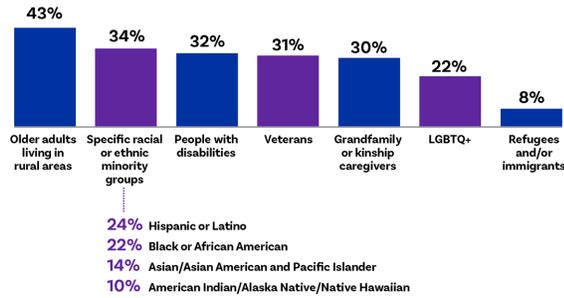
**Engagement Programs for Specific Populations**



**69% of AAAs offer social engagement programming tailored to address the needs of historically underserved populations in a culturally responsive manner.**

Given their higher risk of social isolation, 69 percent of AAAs offer social engagement programming tailored to address the needs of historically underserved populations in a culturally responsive manner. Figure 1.5 depicts the types of programs and target populations.

**Figure 1.5: Percentage of AAAs Providing Social Engagement Programming for Specific Populations (n = 443)**



**Evaluation of Social Engagement Programming**

AAAs recognize that program evaluation is important to demonstrate the reach and efficacy of their social engagement programs. As a result, 85 percent of AAAs use one or more methods to evaluate their social engagement programming.

**Table 1.7: Percentage of AAAs Conducting Evaluation Activities for Social Engagement Programs**

Evaluation Activity	Percent (n=440)
We track outputs. (Output measures are the "counts" of a program, such as number of participants, number of sessions delivered, number of sessions attended, number of partners, etc.)	67
We measure participant satisfaction with the program.	61
We track outcomes. (Outcome measures are the benefits a program is designed to bring about and measured at the participant level; for example, a measured decrease in feelings of loneliness or increased satisfaction with life.)	28
We use another evaluation method.	2

\*Other\* responses included qualitative methods such as focus groups, narrative reports and participant stories.

### Emerging Innovations for Tracking Social Engagement Programming Outcomes

Twenty-eight percent of AAAs track **outcomes** related to social engagement programming/interventions.

Of those that do (n=120):

- 83 percent conduct pre and periodic or post-event surveys
- 25 percent use the UCLA 3-Item Loneliness Scale
- 25 percent use other indicators, such as self-efficacy or quality/satisfaction with life
- 14 percent partner with external researchers
- Four percent use comparison to control groups
- Three percent conduct randomized control trials
- Two percent use the Upstream Social Isolation Risk Screener (U-SIRS)

### Resources on Social Engagement



To address the social isolation epidemic, the Administration for Community Living, in partnership with the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Health, established Commit to Connect, a cross-sector initiative, coordinated by USAgeing, to reach people who are socially isolated. The aim of the collaboration is to connect individuals who are isolated to programs and resources to build the social connections they need to thrive. Access the Network of Champions as well as resources designed for consumers and for professionals at [www.committotconnect.org](http://www.committotconnect.org).



Another ACL-funded initiative that is coordinated by USAgeing is engAGED. The National Resource Center for Engaging Older Adults. engAGED is a national effort to increase the social engagement of older adults, people with disabilities and caregivers by expanding and enhancing the Aging Network's capacity to offer social engagement. engAGED offers training and technical assistance opportunities and outreach materials to support Aging Network organizations' social engagement programming. Learn more at [www.engagingolderadults.org](http://www.engagingolderadults.org).



### Service Spotlight: AAA Involvement in Housing and Homelessness-Related Services and Programs



**85% of AAA planning and service areas identify affordable housing for older adults as a major challenge.**

AAAs regularly assess community needs and are positioned to understand local emerging housing challenges facing their communities. For each of the following, AAAs were asked whether the issue was "a major challenge," "somewhat of a challenge," or "not really a challenge" facing older adults in their planning and service areas.

**Table 1.8: Percentage of AAAs Reporting Specific Housing Challenges Facing Older Adults**

Housing Challenge	A Major Challenge Percent (n=444)	Somewhat of a Challenge Percent	Not Really a Challenge Percent
Lack of affordable housing	85	13	2
High cost of long-term care (assisted living and nursing homes)	76	22	2
Unavailability of or long waitlist for subsidized housing or housing vouchers	71	25	4
Increasing rents which result in being "priced out" of long-term rental housing	64	30	5
Lack of accessible housing	63	35	3
Inability to maintain or repair home	61	38	1
Lack of home modification services or providers	51	45	4
Increasing costs of property taxes, homeowner association (HOA) fees or other home ownership-related fees	42	46	12
Increasing homelessness	42	47	11
Inability to transition out of long-term care institutions	26	59	15
Unlawful evictions/predatory landlords	15	49	36

*\*Other\* housing-related challenges noted included mental/behavioral health challenges that can put housing at risk, tax-related issues and utility costs.*



**Provision of Housing and Homelessness-Related Services**

81 percent of AAAs provide one or more housing and/or homelessness-related program or service. AAAs have long been involved in providing home modifications to support living independently at home, but as housing challenges grow, so does AAA involvement in the broader housing and homelessness-prevention space. AAAs provide directly or through contracted providers a variety of services to support housing stability.

**81% of AAAs provide one or more housing and/or homelessness-related program or service.**



**Table 1.9: Percentage of AAAs Providing Specific Housing or Homelessness-Related Programs and Services**

Housing or Homelessness Program or Service	Percent (n=428)
Any housing or homelessness program	81
Home modification program	60
Housing navigator, coordinator or other assistance with obtaining housing (e.g., locating affordable housing, applying for vouchers)	32
Respite stays in long-term care settings	30
At-home safety program (e.g., home safety assessment)	28
Eviction prevention/diversion or mortgage foreclosure	26
Rental assistance or tenancy supports	21
Service coordination on site at housing property	20
Homelessness intervention program (such as targeted case management)	16
Provide AAA services in a shelter	11
Homelessness prevention program	11
Own/operate subsidized senior housing	8
Co-housing program (multigenerational or senior only)	7
Own/operate assisted living or independent living	6
Adult foster care program	4
Own/operate homeless or emergency shelter	3
Own/operate domestic violence shelter	2
Accessory dwelling units	1



### Partnerships for Housing and Homelessness Programs and Services

AAAs partner with, on average, 14 different types of organizations related to housing and homelessness services. While the majority are informal working relationships, most AAAs have at least one or two formal partnerships to address housing.

**Table 1.10: Percentage of AAAs with Partnerships for Housing and/or Homelessness Programs**

Partner Type	Any Partnership Percent (n=420)	Informal Partnership Percent	Formal Partnership Percent
City, county or other local housing office	87	77	10
Legal support, such as for fair housing or tenant rights	86	34	52
Public housing authority (including Housing Choice Voucher/Section 8)	81	72	9
Hospitals or health systems	81	64	17
Centers for Independent Living	79	57	22
Long-term care residences (nursing homes, assisted living)	79	69	10
Home repair programs such as Rebuilding Together or Habitat for Humanity	78	63	16
Law enforcement or emergency services	78	71	7
Homelessness partners, including homeless or emergency shelters	77	71	5
Public or other subsidized housing	76	69	6
Affordable housing coalition	68	63	5
Retirement/independent living communities	67	65	2
Continuum of Care or Coordinated Entry Systems for housing instability or homelessness	64	60	4
Housing developers (for profit, nonprofit or government)	62	55	6
Property tax office/tax office	61	59	1
Supportive housing	57	50	6
Landlords or property managers	56	54	3
State Protection and Advocacy Systems	54	51	4
Universal design or accessibility experts/programs	50	47	3
Housing trust funds	48	46	2

Note: If a AAA has an informal and formal partnership with the same organization type, they were instructed to select formal.



**Resources to Build and Strengthen Partnerships Between the Aging Network and Housing Sector**

Community living requires affordable, accessible housing and access to home and community-based services such as transportation, behavioral health services, tenancy supports and home-delivered meals. Partnerships between housing systems and the Aging Network will expand access to both. The Housing and Services Resource Center, launched through a partnership between the U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development and administered by USAging, provides tools and resources to build and strengthen these cross-sector partnerships. Learn more at [www.ACL.gov/HousingAndServices](http://www.ACL.gov/HousingAndServices).

**AAA Advocacy for Housing Needs of Older Adults**

To meet the needs of the older adults in their communities, the Older Americans Act directs AAAs to advocate on their behalf. As older adults' housing issues have grown in number and in complexity, AAAs have expanded the range of ways they advocate. As a result, 64 percent of AAAs have specifically advocated for the housing needs of older adults in the past year. Some common and emerging approaches used by AAAs can be found in Table 1.11.



**Table 1.11: AAA Advocacy Approaches for Housing Needs of Older Adults by Percentage**

Area of Advocacy	Percent (n=417)
Government policies that influence housing supply and quality such as city planning, land use, eviction processes, building codes, public transportation, renter protections, rental market regulations, homeownership programs	30
Housing or community development studies	30
Plans that influence how governmental funding for housing is allocated	27
Plans that influence how governmental funding for homelessness is allocated	18
Private developers' plans or projects	16
Other	10

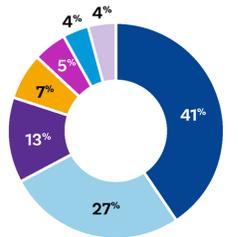
\*Other\* responses related to advocating for the housing needs of older adults included efforts such as reaching out to legislators, working with local boards and housing authorities, and serving on task forces and planning groups.



## Section 2: AAA Organizational Characteristics

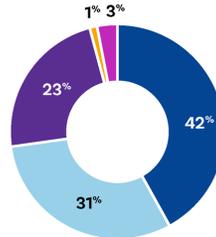
AAAs have a designated planning and service area where they plan, coordinate, fund and deliver a wide range of home and community-based services and other aging programs tailored to the local community. Figure 2.1 shows the type of area predominantly served by AAAs. AAAs carry a federally designated role but a state's context, law and/or regulations affect the specific structure of the state's AAAs, such as if they are housed in governmental entities or are standalone nonprofit organizations or a mix; the national range is detailed in Figure 2.2. Similarly, AAAs often serve in additional roles and tap other funding streams to better support older adults and people with disabilities; these additional roles are shown in Figure 2.3.

**Figure 2.1: Area Served by AAA**  
(n = 452)



- 41% Predominantly rural
- 27% A mix of urban, suburban and rural
- 13% A mix of suburban and rural
- 7% A mix of urban and suburban
- 5% Predominantly urban
- 4% Predominantly suburban
- 4% Predominantly remote or frontier

**Figure 2.2: AAA Structure**  
(n = 452)



- 42% An independent, nonprofit agency
- 31% A part of city/county government
- 23% Part of a council of governments or regional planning and development agency
- 1% Part of a tribe or tribal organization
- 3% Other

**Figure 2.3: Other AAA Roles**  
(n = 450)





**Budget and Funding Sources**

In 2020 and 2021, the Aging Network received a large infusion of funding due to the COVID-19 pandemic, yet, as Table 2.1 shows, when adjusted for inflation, the high-water mark of 2021 was only 6.5 percent larger than in 2009. AAAs are serving an increasing number of older adults and need proportionate funding increases to support the complex needs of the growing older adult population.

The median annual budget for AAAs in 2021 was \$5,260,000, with a range of \$211,260 to \$398,000,000.



**Table 2.1: Median Budget of AAAs Adjusted for Inflation, 2009-2021**

Budget Year	Median Budget	n
2021	5,260,525	375
2018	4,206,247	441
2015	4,635,504	335
2012	4,486,216	338
2009	4,938,954	400

Note: The CPI Calculator at [www.bls.gov/data/inflation\\_calculator.htm](http://www.bls.gov/data/inflation_calculator.htm) was used to identify the inflation rate. All numbers have been adjusted to January 2021 assuming dollar values in January 2009, 2012, 2015 and 2018.



### Proportion of Budget from Various Sources

Area Agencies on Aging all receive Older Americans Act funding to provide a myriad of core and supplemental services. AAAs also receive funding from a variety of other sources, including one-time COVID-relief funds. Table 2.2 shows the percentage of AAAs that received funding from each source listed, the mean and median proportion of total AAA budget, and range for those AAAs reporting some amount, greater than zero, for each individual funding source.

**Table 2.2: AAA Funding Sources and Budget Proportions, Fiscal or Calendar Year 2021**

Funding Source	Percent Receiving (n=361)	Mean Budget Proportion	Median Budget Proportion	Range
Older Americans Act	100	39	36	3-100
COVID-19-Relief Funds (e.g., CARES, ARPA)	83	12	10	1-69
State funds	80	23	20	1-86
Local government	55	15	9	1-80
Medicaid/Medicaid waiver	41	27	17	1-87
Grant funds/fund development	38	7	4	1-57
Other federal funding	35	8	5	1-55
Other	26	9	6	1-66
Cost share revenue	19	4	1	1-25
Department of Veterans Affairs	17	5	3	1-46
Transportation funding (federal, state or local)	17	8	5	1-40
Private pay revenue	14	5	2	1-22
Health care payer	13	9	5	1-46
Medicare	6	3	1	1-26

\*Other funding sources reported included fund raising/donations, in-kind donations and investment/interest income.

### AAA Staffing and Job Functions

The breadth and depth of AAA services is reflected in the varied job functions filled by AAA staff, contractors and volunteers. The smallest AAA reported one full-time staff member with the largest reporting 613 full-time staff. **Across all AAAs, the median number of full-time staff is 24 (up from 21 in 2019), three part-time staff (down from five in 2019), and 40 volunteers (down from 50 in 2019).**

**Table 2.3: Percentage of AAAs with Specific Job Functions**

Job Function	Currently Have on Staff Percent (n=420)	Need to Add or Hire More in Next Three Years Percent (n=420)
Accountant/Finance Coordinator/Manager	94	8
Information and Referral Specialist	80	11
Caregiver Program Coordinator/Manager	76	11
Case Manager/Care Coordinator	76	16
SHIP Coordinator/Counselor	74	4

Table 2.3: Percentage of AAAs with Specific Job Functions, Continued

Job Function	Currently Have on Staff Percent (n=420)	Need to Add or Hire More in Next Three Years Percent (n=420)
Intake Assessor/Screeners	67	10
Nutritionist/Dietician	64	7
Options Counselor	63	10
Evidence-Based Program Coordinator/Manager	59	12
Billing/Claims Coordinator/Manager	55	11
Human Resources Coordinator/Manager	54	8
Information Technology Coordinator/Manager	52	8
Volunteer Management Coordinator/Manager	46	14
Quality Assurance/Compliance Coordinator/Manager	42	15
Public Relations/Outreach/Marketing Coordinator/Manager	42	14
Transportation Coordinator/Mobility Manager	39	10
Digital Marketing/Social Media Specialist	36	16
Provider and/or Contractor Relations Coordinator/Manager	36	9
Caregiver Trainer	34	11
Service Coordinator (facility and/or community-based)	34	10
Wellness Coach/Program Coordinator/Manager	33	10
Emergency Preparedness Coordinator/Manager	31	10
Staff Attorney/General Counsel	30	6
<b>Grant Writer</b>	28	<b>25</b>
Homemaker Aide	26	11
Personal Care Attendant/Assistant	26	11
Government Relations/Legislative Affairs staff	23	9
<b>Fundraising/Development Coordinator/Manager</b>	21	<b>21</b>
<b>Community Health Worker</b>	21	<b>20</b>
<b>Business Development Coordinator/Manager</b>	20	<b>17</b>
Kinship Program Coordinator/Manager	20	10
Home Health Aide	20	10
Clinical Manager/Specialist	19	13
Program Evaluator/Statistician/Research Methodologist	15	12
<b>Behavioral/Mental Health Professional</b>	13	<b>19</b>
Community/City Planner	13	9
Occupational Therapist	7	9
Travel Trainer	5	7
Medical Director	5	8

Note: Top five positions to be added are in **bold**.



### Workforce Shortages Impact AAAs

While the number of full-time staff members at AAAs has increased since 2019, AAAs and their contracted providers face a number of challenges due to the ongoing national workforce shortage. More than 40 percent of AAAs reported staffing vacancies of up to 15 percent and low reimbursement rates that make it difficult to attract direct care workers.\* AAAs have pursued a number of strategies to mitigate the workforce crisis, which are highlighted in two USaging publications: *Caregiver Needed: How the Nation's Workforce Shortages Make It Harder to Age Well at Home*<sup>®</sup> and *Research Insight: How Do Workforce Challenges and Strategies Vary Across Area Agencies on Aging?*<sup>2</sup> Read more at [www.usaging.org/workforce](http://www.usaging.org/workforce).

### AAA Staff Qualification and Certifications

The broad range of agency staff positions mirrors the breadth of qualifications that AAA staff have obtained.

**Table 2.4: Percentage of AAAs Having Staff with Specific Qualifications**

Qualification or Certification	Currently Have on Staff Percent (n=406)	Need to Add Staff with These Credentials in Next 3 Years Percent (n=406)
Degree or certificate in business (bachelor's, master's, doctoral, certificate)	57	6
<b>Inform USA (formerly known as the Alliance of Information and Referral Systems) Certification</b>	52	<b>16</b>
<b>Social Worker</b>	50	<b>13</b>
Registered Dietician	43	9
Degree or certificate in gerontology (bachelor's, master's, doctoral, certificate)	39	8
<b>Certified Case Manager</b>	37	<b>13</b>
Registered or Licensed Practical/Vocational Nurse	31	8
Other licenses, degrees, certification or training not listed	29	4
Certified Human Resources Professional	24	9
Certified Nutrition Specialist	24	7
Certified Public Accountant (CPA)	24	8
<b>Degree, certification or specialized training in trauma-informed care, services or supports</b>	17	<b>12</b>
<b>Certified Community Health Worker</b>	12	<b>16</b>
Certified Health Education Specialist	10	8
Certified Nursing Assistant/State Tested Nursing Assistant	8	9
Degree or certificate in disability/rehab studies (bachelor's, master's, doctoral, certificate)	6	8
Nurse Practitioner/Physician's Assistant	5	6
Licensed Psychologist	3	7
Physician	2	6
Licensed Psychiatrist	1	8

Note: Top five qualifications/certifications to be added are in **bold**.

\*Other AAA staff qualifications included dementia specialist/practitioner, licensed counselor and public health degree.



#### Future Needs for Staff Positions and Qualifications

AAAs are serving more older adults with increasingly complex needs and continue to focus on addressing the social determinants of health with a range of service options with traditional and new partners. To meet the growing need, AAAs told us they plan to add new positions, or additional numbers of staff in existing roles, across many job functions within the next three years:

##### Top Five Staff Positions to be Added or Expanded

- **One quarter of AAAs** reported that they will need to hire a **grant writer** in the next three years.
- Approximately **one in five AAAs** wants to add one the following positions:
  - Fundraising/Development Coordinator/Manager
  - Community Health Worker
  - Behavioral/Mental Health Professional
  - Business Development Coordinator/Manager

##### Top Five Staff Qualifications/Certifications to be Added

- Inform USA (formerly known as the Alliance of Information and Referral Systems) Certification
- Certified Community Health Worker
- Licensed Social Worker
- Certified Case Manager
- Trauma-informed care, services or supports certification

## Section 3: Cross-Sector Partnerships

Consistent with their strong community-responsive mission, AAAs have extensive partnership networks not only with local service providers but also with private, nonprofit and public sector organizations at the local, state and federal levels. During the COVID-19 pandemic, AAAs built on their existing partnerships and developed new ones to support the health and well-being of older adults.

### AAA Partnerships

AAAs reported, on average, informal working partnerships (beyond referrals) with 12 different types of organizations, and partnerships formalized with a contract or MOU with five different types of organizations. Note: Agencies could select informal or formal, not both.

**Table 3.1: Percentage of AAAs Partnering with Specific Organizations**

Partner	Any Partnership (n=411) Percent	Informal Working Partnership Percent	Formal Work Partnership Percent
Adult Protective Services	89	57	33
State Health Insurance Assistance Program	84	17	67
Transportation agencies	83	27	56
Disability service organizations (e.g., Centers for Independent Living)	78	45	33
Medicaid	77	37	40
Federal programs/departments (e.g., Social Security, Veterans Administration Medical Center, Bureau of Indian Affairs)	75	50	24
Department of health/public health	74	50	24
Food banks	74	56	18
Other social service organizations (e.g., local, 211 organization)	73	48	25
Long-term care facilities (e.g., nursing homes, skilled nursing facilities, assisted living residences)	72	61	11
Mental health/behavioral health organization	72	52	20
Hospitals and health systems	71	51	20
Emergency preparedness agencies	70	51	18
Public housing authority or other housing programs	70	59	11
Faith-based organizations	69	58	11
Law enforcement/first responders	69	59	10
Advocacy organizations (e.g., AARP)	68	57	11
Charitable organizations (e.g., United Way, Easterseals, Red Cross)	68	46	22
Educational institutions	68	45	23
Health plans (e.g., Medicare Advantage, managed care organizations)	58	33	25

Table 3.1: Percentage of AAAs Partnering with Specific Organizations, Continued

Partner	Any Partnership (n=411) Percent	Informal Working Partnership Percent	Formal Work Partnership Percent
Civic groups (e.g., Lions Club, Kiwanis Club, Knights of Columbus)	57	54	3
Community health clinics (e.g., federally qualified health centers)	57	47	10
Intellectual disability/developmental disability organizations (e.g., The Arc)	51	40	11
Pharmacies	47	42	5
Businesses (national and local businesses, fiscal intermediaries)	46	28	18
Bank/financial services	44	34	10
Physicians/physician groups/geriatricians	42	38	4
Restaurants	39	28	12
Village programs	29	26	3
Native American (American Indian, Alaska Native, and/or Native Hawaiian) tribe, organization or consortium	24	18	7
Title VI Native American Aging Programs	22	17	5
Indian Health Service	17	17	1

#### Growth in Partnerships During COVID-19

AAAs reported that they expanded existing and created new partnerships due to the COVID-19 pandemic. On average, AAAs developed partnerships with five different organization types.

**The top ten types of organizations that AAAs expanded partnerships with included:**

- Public health
- Food banks
- Emergency preparedness agencies
- Hospitals, health systems and community health clinics
- Charitable organizations
- Other social service organizations
- Transportation agencies
- Faith-based organizations
- Mental and behavioral health organizations
- Adult Protective Services

More than 90 percent of AAAs expect that these new and expanded partnerships will continue well beyond the pandemic.



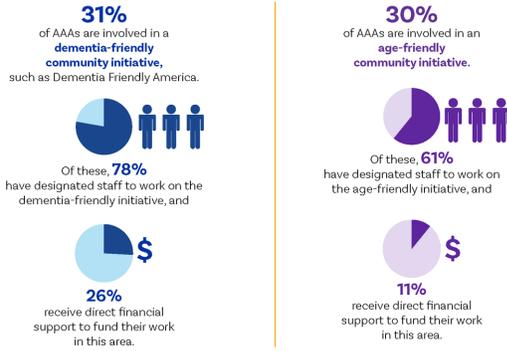
**Livable Communities**

Livable communities are communities for all ages that value and support people throughout their lifetimes. They provide a full range of options for engagement and they intentionally encourage the integration of community development, infrastructure development, and services. Key domains of livability are housing, transportation, land use planning, workforce development and civic engagement.

Many communities have also become engaged in dementia-friendly and age-friendly community activities that more effectively support and serve older adults, individuals living with dementia and their family and friend caregivers. AAAs are often leading or involved in these livable, age-friendly and dementia-friendly initiatives.

**Figure 3.1: AAA Roles in Livable Community Initiatives (n=403)**

**47% of AAAs are leading or involved in one or more livable community initiative or project. These include:**



**Resources for Dementia-Friendly Communities**

**Dementia Friendly America** is a national network of communities, organizations and individuals seeking to ensure that communities across the United States are equipped to support people living with dementia and their caregivers. Dementia-friendly communities foster the ability of people living with dementia to remain in the community, and engage and thrive in day-to-day living. Dementia Friendly America is administered by USAging. Learn more and access resources at [www.dfamerica.org](http://www.dfamerica.org).

The **Dementia Friends USA** program is part of a global public awareness campaign working to increase awareness and reduce stigma of dementia. A Dementia Friend learns about dementia and then turns that understanding into action. [www.dementiafriendsusa.org](http://www.dementiafriendsusa.org).



## Section 4: Supporting Older Adults Through Health Care Partnerships and Contracts

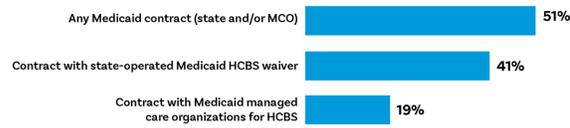
Forty-seven percent of AAAs contract with health care partners to address the health-related social needs of older adults.<sup>8</sup> Contracting with health care entities helps AAAs serve more people, provides new income streams to expand the delivery of services and supports, and positions AAAs as key partners in the integration of health and social care systems.

### Contracts with Medicaid

In many states, AAAs contract with Medicaid to provide home and community-based services for eligible older adults and people with disabilities.

**Fifty-one percent of AAAs have a contract with Medicaid**, either with the state to provide services under an HCBS waiver and/or with a MCO that administers the HCBS program for the state.

**Figure 4.1: Percentage of AAAs with Medicaid Contracts**  
(n=397)



### Services Provided Through Medicaid Contracts

The most common service AAAs provided overall, and through state-operated Medicaid, is assessment for long-term services and supports eligibility. The most commonly provided service through an MCO was nutrition.

**Table 4.1: AAA Services Provided Through Medicaid Contracts**

Service	Any Medicaid Contract Percent (n=198)	State-Operated Medicaid HCBS Waiver Percent (n=164)	Medicaid MCO Percent (n=75)
Assessment for long-term services and supports eligibility	67	72	36
Ongoing case management/care coordination/service coordination	59	62	35
Nutrition program (e.g., counseling, meal provision)	53	49	45
Home care (e.g., homemaker, personal assistance, personal care)	46	50	29
Options counseling	46	49	23
Person-centered planning	44	49	25
Participant-directed care	39	45	19
Institutional transition and/or diversion (e.g., nursing facility to home)	38	42	17
Caregiver support	37	41	16
Transportation	34	35	24
Adult day services	32	33	24
Home modification and repairs	31	34	24
Assistive technologies	26	29	16
Mental/behavioral health services	15	14	13



**Measuring Outcomes**

Collecting outcome data is vital for maintaining quality services, improving service delivery and understanding the effectiveness of services. Outcome measures can help AAAs make a case to health care partners for contracting for AAA services by showing that they improve health, quality of life and/or satisfaction. The most common outcomes that AAAs reported collecting are consumer satisfaction, nutrition status, loneliness or social isolation, and caregiver health/quality of life.

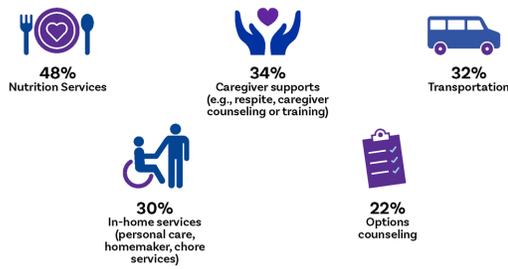
**Table 4.2: Percentage of AAAs Measuring Specific Consumer Outcomes**

Outcome Measure	Percent (n=408)
Consumer satisfaction	78
Consumer nutrition status	50
Consumer loneliness or social isolation	42
Caregiver health/quality of life	38
Consumer life satisfaction or other quality-of-life measures	28
Consumer health changes over time	25
Consumer clinical/functional status	22
Consumer health issues and diagnoses	19
Consumer utilization of medical services (including ED visits and hospitalization)	17
Consumer utilization of non-medical services	16

**Private Pay**

AAAs can serve the needs of broader client base by offering private pay services. Under this arrangement consumers who have resources pay out of pocket for services. Forty-one percent of AAAs provide private-pay services with the most common private-pay services they provide listed in Figure 4.2.

**Figure 4.2: Most Common Private-Pay Services Provided by AAAs (n=396)**





#### Emerging Health Care Sector Partnerships

AAAs work with the health care sector in a variety of ways to provide services that help enable older adults and people with disabilities to remain in their homes and communities. In addition to partnerships already referenced in this report, here are some other opportunities AAAs have seized to better meet their missions.

Twenty-eight percent of AAAs work with the **Department of Veterans Affairs** to provide services through the **Veteran Directed Care Program**. This program allows veterans to determine for themselves the services they need to remain in the community (n = 408).

The **Program of All-Inclusive Care for the Elderly (PACE)** integrates health and social services to support individuals ages 55 and older who are eligible for nursing home care in their state to live at home. About 20 percent of AAAs have some involvement with PACE (n = 407).

- 16 percent of AAAs partner with a PACE site
- 4 percent contract with a PACE site
- 2 percent are PACE sites

A small number of AAAs—eight percent—also provide benefits under the **Medicare Fee-for-Service** program as certified Medicare providers or in partnership with a Medicare provider. The most frequently offered services are Chronic Care Management (CCM)/Complex CCM, Medical Nutrition Therapy (MNT), Transitional Care Management (TCM) and Diabetes Self-Management Training (DSMT).

## Section 5: Expanding Access to Programs and Services

AAAs are directed by the OAA to prioritize serving older adults who have the greatest economic or social need. Consistent with this mandate and their commitment to equity, AAAs actively work to ensure equitable access to and delivery of their programs and services through a variety of internal and external initiatives.

### AAAs Prioritize Equity and Inclusion in the Community Needs Assessment Process

98 percent of AAAs use one or more of the following methods to ensure that the community needs assessment process that is part of their area plan represents the diversity of older adults in their planning and service areas.



**Table 5.1: Percentage of AAAs Using Specific Methods in the Community Needs Assessment Process**

Method	Percent (n=406)
Use external data (e.g., Census data) to understand the demographics of the older adult population in the PSA. For example, using Census data to understand community composition based on race, age categories, gender, ZIP Code and primary language	88
Collect demographic data on consumers, such as age, race, sexual orientation and gender identity, language(s) spoken and financial information	83
Analyze collected consumer demographic data to understand the demographic makeup of the people served	71
Compare external (e.g., Census) data with internal consumer data to identify gaps in service delivery	49
Disaggregate data to identify trends or needs in subpopulations	20
Oversample underrepresented groups in surveys or focus groups	12

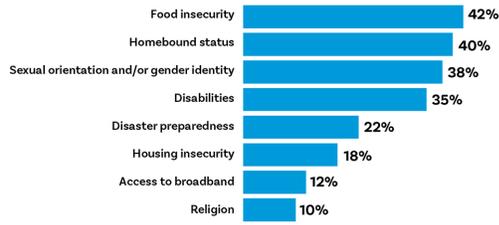


**Data Collection Beyond OAAPS**

All AAAs collect data about service recipients that they must report to the U.S. Administration for Community Living through the OAA Performance System (OAAPS), including living arrangements, race and ethnicity, poverty and marital status. Sixty-eight percent of AAAs collect additional information that helps them better understand the unique needs of their consumers. These data can be analyzed and leveraged to ensure equitable access to services.

Some of the most common supplemental data that AAAs track is shown in Figure 5.1.

**Figure 5.1: Percentage of AAAs Capturing Specific Data Beyond OAA Requirements (n=395)**



**AAA Actions to Address Gaps**

AAAs are intentional in their actions to advance equity in access to and delivery of services. To do so, **96 percent** of AAAs have undertaken one or more of the activities shown in Table 5.2.

**Table 5.2: Percentage of AAAs Involved in Specific Actions to Address Equity**

Actions to Advance Equity	Percent (n=403)
Identify geographic areas that are underserved	71
Update outreach strategies to reach underserved populations	66
Identify demographic groups that are underserved	66
Provide interpreters or translators	63
Develop translated materials	56
Recruit staff members who reflect the ethnic, racial or linguistic background of consumers	46
Partner with culturally specific organizations	45
Make materials and website accessible for people with limited hearing or vision	37
Modify RFP process to encourage more provider applications	23



**Actions AAAs Have Taken to Address DEI within their Agencies**



**87%** of AAAs have taken specific actions to improve DEI within their agency.



**Table 5.3: Percentage of AAAs Engaging in Specific Organizational DEI Activities**

AAA Diversity, Equity and Inclusion Initiatives	Percent (n=403)
Provided staff training on DEI	69
Focused on developing an inclusive organizational culture	53
Created or updated policies	28
Adjusted salaries to ensure pay equity	26
Updated job descriptions and requirements	22
Formed DEI task force or committee	21
Made changes to hiring processes	19
Developed an action plan	18
Allocated resources	17
Conducted DEI survey of AAA staff	16
Hired external consultants to assist with DEI initiatives	16
Established metrics or key performance indicators	11



## Section 6: Current and Future Needs of the Aging Network

The survey data presented in this chartbook demonstrate the breadth and depth of AAA expertise, partnerships, service delivery and innovation, providing not only a snapshot of the current landscape but also the opportunity to benchmark against past and future activities. These data are critical to support the continued growth and success of the Aging Network, highlighting both successes and areas where AAAs would benefit from additional support.



### Continuation of COVID-19 Flexibilities and Innovations

AAAs were resourceful and innovative to serve the increased and more complex needs of older adults and caregivers during the COVID-19 crisis.<sup>24</sup> In many cases, Congress and the presidential administrations granted AAAs additional flexibilities to meet local needs. As we emerge from the pandemic, AAAs would like to see the following flexibilities and innovations shown in Table 6.1 continue.

**Table 6.1: Percentage of AAAs Desiring Specific Continued Flexibilities and Innovations**

Flexibilities and Innovations	Percent (n=408)
Emphasizing social engagement	91
Serving congregate meal clients through grab-and-go meal sites	78
Offering virtual programs	67
Serving congregate meal clients via home-delivered meals programs	63
Delivering services virtually	62
Expanding telephone reassurance programs	60
Delivering groceries	57
Expanding the use of volunteers	56
Working with non-contracted community groups	56
Working with non-traditional partners to deliver services	56
Expanding the use of volunteers	56
Providing personal care supplies	53
Delivering medication	36

**Perceived Barriers**

AAAs and the consumers they serve value how provided flexibilities and funding allowed agencies to innovate and increased the ability of their services to be person-centered during the COVID-19 pandemic. Given that most of the flexibilities ended when the public health emergency did, AAAs told us that they see the items listed in Table 6.2 as potential barriers to continuing the momentum and innovation they generated, even as the needs of their clients and the number of their clients continue to rise.

**Table 6.2: Percentage of AAAs Perceiving Specific Barriers to Continued Momentum on Post-COVID Flexibilities or Innovations**

Perceived Barrier to Flexibility or Innovation	Percent (n=406)
Lack of funding	81
Workforce issues	75
Federal rules or regulations	68
State interpretations of federal rules or regulations	61
Program regulations or funder requirements (e.g., evidence-based program or other service requires in-person delivery)	56
Technology limitations	54
State rules or regulations	53
Lack of partners	25

**Training and Technical Assistance Needs**

Reflecting the evolving needs of older adults and the expanding role of AAAs in their communities, AAAs indicated several areas in which they could benefit from additional training or technical assistance (n=397).

**Between 40 and 50 percent of AAAs reported that they would benefit from technical assistance in the following broad areas:**

- Diversity, equity and inclusion
- Housing/homelessness
- Workforce
- Policy and advocacy
- Social engagement
- Business acumen



## Acknowledgements

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Diana Hoemann, Care Connection for Aging Services, MO  
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Lynn Kimball, Aging & Long Term Care of Eastern Washington, WA  
Paul Leggett, Salt Lake County Aging & Adults Services, UT  
Linda Levin, ElderSource, Northeast Florida Area Agency on Aging, FL  
Eva Veitch, Region 10 Area Agency on Aging, CO

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September 2023



## Appendix

Table A1: AAA Service Provision by Delivery Method, Percent

Service	AAA Provides this Service (Directly or Through Contracted Providers)	Service Provided Directly by AAA	AAA Contracts with Providers	AAA Refers to Providers (Not Under Contract)
Adult day service	51	5	46	36
Adult Protective Services	21	13	8	71
Advance care planning	34	22	16	53
AmeriCorps Seniors (Foster Grandparents, Retired and Senior Volunteer Program (RSVP) or Senior Companion Program)	29	18	11	56
Assessment for care planning	76	65	18	22
Assessment for long-term care service eligibility	62	55	13	34
Assistive technologies	45	25	26	52
Benefits/health insurance counseling	81	72	17	21
Benefits/health insurance enrollment assistance	81	74	16	25
Care transitions services	52	46	10	40
Caregiver services (National Family Caregiver Support Program or another program)	93	76	34	11
Case management	85	73	22	17
Chore services	71	16	59	26
Congregate meals	100	41	67	3
Elder abuse prevention/intervention services	70	56	21	39
Emergency response systems	55	20	38	44
Evidence-based health and wellness programs	95	67	50	13
Financial management (e.g., representative payee programs, bill pay assistance)	26	14	14	67
Fiscal intermediary services for self-direction	26	8	19	57
Guardianship/conservatorship	25	13	12	65
Hoarding clean-up or mitigation	31	6	26	63



Table A1: AAA Service Provision by Delivery Method, Percent, Continued

Service	AAA Provides this Service (Directly or Through Contracted Providers)	Service Provided Directly by AAA	AAA Contracts with Providers	AAA Refers to Providers (not under contract)
Home health	44	5	41	55
Home repair or modification	67	19	55	42
Home-delivered meals	100	40	72	5
Homemaker	79	14	68	25
Housing assistance program or services	33	19	17	71
Information and Referral/Assistance outreach	100	91	25	9
Legal assistance	95	10	86	15
Medication management	38	14	28	54
Mental/behavioral health screening or services	29	12	19	73
Official eligibility determinations for public programs or benefits	46	42	11	59
Ombudsman services	67	48	19	30
Options counseling	80	74	15	17
Other health promotion services/programs (e.g., health screening, health fairs)	70	55	30	44
Other meals/nutrition program (e.g., nutrition counseling, senior farmers' market program)	88	56	51	18
Personal assistance/personal care	81	15	69	27
Respite care	92	23	78	21
Senior center activities or operations	78	31	53	27
Senior Community Service Employment Program (SCSEP)	21	13	9	62
Senior Medicare Patrol	49	45	7	38
Technical assistance or training for technology use	44	28	22	53
Telephone reassurance/friendly visiting	72	49	31	27
Translator/interpreter assistance	52	22	36	46
Transportation services	91	28	73	28
Vaccination support	60	46	23	57

## Endnotes

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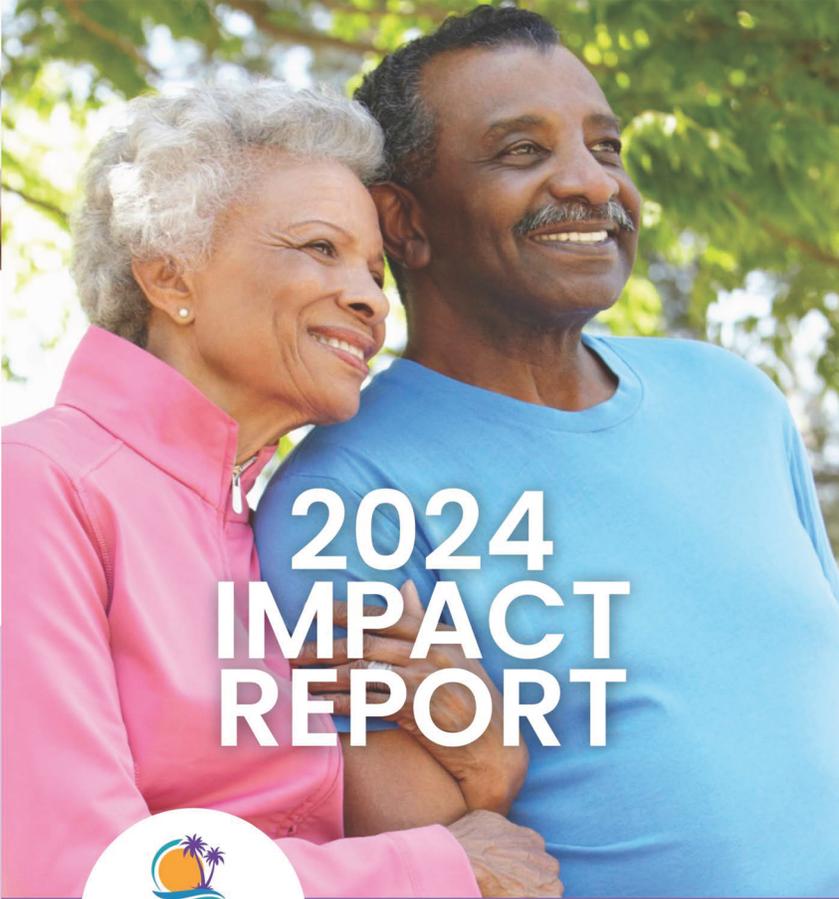
U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**AAA South West Florida 2024 Impact Report Statement**



**2024  
IMPACT  
REPORT**



**MISSION STATEMENT**  
Area Agency on Aging for Southwest Florida connects older adults and adults with disabilities to resources and assistance for living safely with independence and dignity.



As we reflect on 2024, the Area Agency on Aging for Southwest Florida (AAASWFL) remains focused on connecting older adults, adults with disabilities, and their caregivers across all seven counties we serve –

Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota – to the resources they need. While we continue to support those facing urgent challenges like housing and rising costs, we are also committed to helping individuals plan for the future, live actively, and age with confidence.

Florida's population is growing rapidly, with nearly 1,000 new residents arriving each day – 20% of whom are older adults. Charlotte County remains one of the state's oldest counties, and Sarasota is a top destination for retirees. As our region changes, so do the needs of our aging population. That's why we are expanding our services beyond traditional state and federal programs, offering initiatives in advanced care planning, wellness, and long-term resource navigation.

Our vision for 2025 is clear: to strengthen advocacy efforts while ensuring all older adults – whether they need immediate support or are preparing for the future – have access to the tools and services they need to remain independent. We recognize the urgent challenges of housing and transportation across our seven-county region, and we celebrate opportunities for active aging, financial security, and community engagement. By fostering strong partnerships and forward-thinking solutions, we are working to make Southwest Florida a place where every individual can age on their own terms.

AAASWFL is not just a safety net – we are a trusted guide for every stage of aging. We are grateful for our dedicated staff, volunteers, and supporters who make this work possible. Together, we can build a future where every senior in Southwest Florida, regardless of their circumstances, has access to the support they need to thrive.

**Maricela Morado**  
President and CEO,  
Area Agency on Aging for Southwest Florida

## 2024 Board of Directors

Dr. Lesley Clack	Dr. Denise McNulty
Daniel Katz	Jaha Cummings
Garrett Anderson	Kara Helvey
Susan Berger	Meriam Walker
Dana Begley	Dr. Rob Sillevs

A client sought assistance from SHINE to prepare for a move from FL to MA. She received guidance about how to select new insurance coverage, apply for Medicaid related programs, and how to connect with the local Area Agency on Aging once she is relocated. SHINE counselor Roberta provided excellent customer service, going beyond the extent of her SHINE duties to help the client locate housing, due to homelessness, as well as to connect her with other critical needs.

## Programs and Services

- Elder Helpline
- Home & Community-Based Care Oversight
- SHINE Medicare Counseling
- Health and Wellness Workshops
- Elder Abuse Prevention
- Alzheimer Disease Initiative Oversight
- Older American's ACT Oversight
- Limited Crisis Funded Assistance
- Veteran-Directed Home & Community-Based Services

**130,749**  
Congregate Meals

**2,232**  
Congregate Clients

**58,316.5**  
Personal Care Hours

**288,153**  
Home-delivered Meals

**1,487**  
HDM Clients

**214,068**  
Respite Hours

**81,036**  
Helpline Contacts

Veteran B.D. enrolled in the Veteran-Directed Care Program near the end of 2024. At enrollment, the Veteran and their spouse shared that they were living with a lot of financial strain. They struggled to maintain their cost of living without borrowing money from family members. The Veteran-Directed Care Program, a program which allows eligible veterans to appoint and fund their own care providers, has helped to alleviate the financial burden. The veteran shared, "This program was our miracle. We could barely afford to keep the light on without having to ask my brother for a loan".

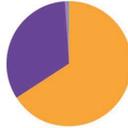
**2024 Impact**



**Client Counts**



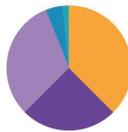
**Ethnicity**



Non Hispanic or Latino  
66.03%  
Hispanic or Latino  
32.91%  
Ethnicity Missing  
0.32%  
Hispanic/Latino  
0.07%

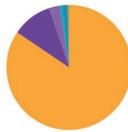


**Living Situation**



Alone  
37.63%  
With Other  
24.95%  
With Primary Caregiver  
31.45%  
With Other Caregiver  
4.57%  
Unknown  
1.4%

**Race**



White  
84.69%  
Black / African American  
10.21%  
Other  
2.96%  
Asian  
0.82%  
Unknown  
0.91%  
American Indian / Alaska Native  
0.28%  
Multiracial  
0.21%  
Native Hawaiian / Pacific Islander  
0.05%



**Crisis Assistance / Hurricane Ian Recovery**

In May 2024, AAASWFL assisted a survivor of Hurricane Ian who had recently relocated to Florida from South Carolina, and whose mobile home had received the final touches of a renovation only two weeks prior to Hurricane Ian's landfall. The front of the client's home was completely blown off and the living room was gone. At the time when AAASWFL assisted, the client had been living for nearly two years with a tarp covering the front of her home, as FEMA assistance was not comprehensive enough to repair all damage.

With assistance from the AAASWFL and generous grant funding from Volunteer Florida, the damaged living room was converted to an enclosed lanai, with a carpeted deck and additional railing. The client's daughter reached out once the repairs were completed, "We can't thank you and your crew enough for all the help you have given my mother to rebuild after Ian. It's been a long haul for her, and not only have you helped to restore her home, but you have also helped to restore her faith in humanity. From the moment you called us, she cried asking why you would want to help her? You guys are truly a blessing!"

**Ways to Help!**

Make an impact on the lives of Seniors in Southwest Florida by supporting the Area Agency on Aging. There are so many unmet needs like the story above and your contribution allows AAASWFL to continue to provide a lifeline to seniors in need.



Housing



Transportation



Long-term care



Scan the QR code to support seniors with your gift today!

Area Agency on Aging for Southwest Florida  
2830 Winkler Ave.  
Suite 112  
Fort Myers, FL 33916  
239.652.6900  
Elder Helpline: 866.413.5337  
aaaswfl.org

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## STATEMENTS FOR THE RECORD

**Alzheimer's Association and Alzheimer's Impact Movement Statement****Alzheimer's Association and Alzheimer's Impact Movement Statement for the Record****United States Senate Special Committee on Aging  
Hearing on "Awareness to Action: Combating Elder Abuse & Neglect"**

July 30, 2025

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the Senate Special Committee on Aging hearing on "Awareness to Action: Combating Elder Abuse & Neglect." We thank the Committee for its continued leadership on issues crucial to individuals living with Alzheimer's and other dementia. This statement underscores the urgent and ongoing need for robust federal efforts to prevent and address elder abuse and neglect within the dementia community, one of the nation's most vulnerable and fastest-growing populations.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's disease and other dementias through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. AIM is the Association's advocacy affiliate, working in a strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

Over 7 million Americans age 65 and older are living with Alzheimer's dementia in 2025. Total payments for all individuals with Alzheimer's or other dementias are estimated at \$384 billion (not including unpaid caregiving) in 2025. Medicare and Medicaid are expected to cover \$246 billion or 64 percent of the total health care and long-term care payments for people with Alzheimer's or other dementias, which are projected to increase to more than \$1 trillion by 2050. These mounting costs threaten to bankrupt families, businesses, and our health care system. Unfortunately, our work is only growing more urgent.

**Prevalence and Impact of Elder Abuse**

People living with Alzheimer's and other dementia are especially susceptible to elder abuse, and unfortunately, due to the nature of the disease, the individual may not be aware that the abuse is occurring or be able to communicate the issue, making it harder to identify. In fact, as many as 62% of older adults with dementia experience psychological abuse, and as many as one-fourth have been physically abused. Additionally, one study found that 60% of elderly victims of sexual abuse have cognitive impairment, and 31% of adults with dementia have experienced more than one form of abuse. Elder abuse can occur in any care setting and by anyone, including family members, health care providers, strangers, and others. The trauma of elder abuse can result in premature death, the deterioration of physical and psychological health, the destruction of social and familial ties, devastating financial loss, and more.

As a first responder, it's critical to understand how to best approach situations involving someone living with dementia. The Alzheimer's Association is proud to offer [Approaching Alzheimer's: First Responder Training](#) – a free, online course for first responders. This training equips participants with the knowledge and [resources](#) needed to effectively recognize and respond to common situations involving individuals living with dementia. Developed with input from first responders, the training offers 24/7 access, making it convenient for all shifts and new hires, learning through a self-paced, online curriculum, videos, and interactive activities, and training available on any device, including laptop, tablet or mobile device. The program helps ensure first responders are better prepared to ensure safe, compassionate, and effective interactions with those living with dementia.

#### **Legislative Progress**

As the Committee continues exploring ways to strengthen protections for older adults, we also recognize the significant legislative progress already made to combat elder abuse nationwide. Signed into law in December 2020, the Promoting Alzheimer's Awareness to Prevent Elder Abuse Act (P.L. 116-252) is helping people living with Alzheimer's and other dementias by ensuring professionals, such as police officers, medical personnel, and prosecutors, have the dementia-specific training they need to better protect these individuals from elder abuse. This critical law ensures that professionals receive dementia-specific training to better understand and respond to the unique vulnerabilities of people living with dementia. People living with dementia often have difficulty understanding or explaining situations, and their behaviors may be misunderstood as uncooperative, disruptive, or combative. Dementia-specific training materials for these professionals will improve the quality of their interactions with individuals living with Alzheimer's and other dementia, and will also help protect them from elder abuse. We are grateful for the Committee's bipartisan leadership on this important law.

We are also proud to support additional bipartisan legislation aimed at improving seniors' access to legal services and ensuring safer interactions with law enforcement. For example, the Alzheimer's Law Enforcement Education Act (H.R. 3389) would create a new training program for law enforcement officers responding to patients with Alzheimer's disease. In addition, the Linking Seniors to Needed Legal Services Act (H.R. 8588, 118th Congress) would create a grant program for individual states to develop medical-legal partnerships to establish, improve, or maintain linkages between health and social services for vulnerable seniors in healthcare settings. These linkages would help meet vulnerable patients' social and legal needs that can be detrimental to overall health when unmet, such as housing, food, education, and access to care.

#### **Conclusion**

The Alzheimer's Association and AIM appreciate the Committee's steadfast support and commitment to advancing issues important to the millions of individuals living with Alzheimer's and other dementia, as well as their caregivers. We look forward to working with the Committee and other members of Congress in a bipartisan way to advance policies to enhance protections and combat elder abuse and neglect, especially as the population of Americans living with dementia continues to grow.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**Amira D. Fox, Office of the State Attorney, 12th Circuit Statement**

OFFICE OF THE STATE ATTORNEY  
TWENTIETH JUDICIAL CIRCUIT

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AMIRA D. FOX  
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Mailing Address  
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July 25, 2025

United States Senate Special Committee on Aging  
United States Senate  
Washington, DC 20510

IN RE: COMMITTEE HEARING ON AWARENESS TO ACTION: COMBATING ELDER ABUSE & NEGLECT – JULY 30, 2025

Dear Chair Scott and Ranking Member Gillibrand:

I write to you in my capacity as the elected State Attorney for the 20<sup>th</sup> Judicial Circuit of Florida. The jurisdiction of my office encompasses five (5) counties in Southwest Florida – Charlotte, Collier, Glades, Hendry and Lee. A significant portion of our population exceeds age 65 and continues to grow annually as more retirees move to our corner of paradise.

It is my understanding that the Committee is conducting a hearing on elder abuse and neglect on July 30 and that a representative from the National District Attorneys Association was invited to testify and provide an overview of the issues we face as prosecutors in combating this insidious problem.

My office has a well-established Economic Crimes Unit which works cohesively with our local, state, and federal partners in enforcing Florida criminal law where appropriate. Our prosecutors face an ever-changing playing field upon which to enforce those laws. Scammers utilize and consistently adapt to the latest technology, employing Artificial Intelligence (AI) to perfect scripts and messaging to often elderly victims who are unable to differentiate reality from falsity. This is happening all throughout our circuit – from the sophisticated retirees to those who have worked hard to provide a nest egg to get them through the years.

We have a multi-prong approach to the problem. We concentrate on the intersection of criminal, civil, contract, family and domestic relations, guardianship, and probate law, often in conjunction with forensic auditors, clerks and comptrollers, social workers, medical personnel, and other relevant intervenors, to build an investigation. This process is cumbersome and, frequently, crucial time is lost. Unfortunately, much of this fraud is committed within families. Victims find it difficult to prosecute family members – often out of fear or embarrassment. Additionally, real property transfers are often done by ruse or wholly without the knowledge of the “transferor.” Without proper training to identify red flags, financial institutions and assisted living professionals do not recognize issues until it is too late. Often, victims become unavailable to testify – in large part due to their lack of capacity upon the decline of mental ability. In Florida, the Evidence Code was amended to allow an additional exception to hearsay for those victims unavailable by incapacity or death. This was a great help.

*Please visit our website [www.sao20.org](http://www.sao20.org)*

July 25, 2025  
United States Senate Special Committee on Aging  
Page 2

Anecdotally, our office is experiencing a rise in gold bar fraud. Victims are coerced into purchasing gold bars to turn over in parking lots to fraudsters claiming to work for banks, government entities, or authorities as payment to keep grandchildren out of jail. Romance scams continue with victims often too embarrassed to report them, or, perhaps worse, with victims continuing to believe that they were not scammed.

I wish you Godspeed as you face this very difficult problem directly. Good people, who have worked their entire lives to enjoy retirement, are being ruined by fraudsters. My office will continue to prosecute these criminals to the fullest. However, these problems must remain in the sunshine for all to see. Thank you for drawing attention to it.

If you have any questions or need further assistance or information, I would be glad to assist you.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'AMIRA D. FOX'.

AMIRA D. FOX  
STATE ATTORNEY

cc: Senator Ashley Moody

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## STATEMENTS FOR THE RECORD

**California Long-Term Care Ombudsman Association Statement**

1017 L Street, #227  
 Sacramento, CA 95814  
 Admin@CLTCOA.org  
[www.CLTCOA.org](http://www.CLTCOA.org)

July 30, 2025

The Honorable Rick Scott  
 The Honorable Kirsten Gillibrand  
 U.S. Senate Special Committee on Aging  
 G16 Dirksen Senate Office Building  
 Washington, DC 20510-6050

**RE: CLTCOA Written Testimony for July 30, 2025 Hearing**

Dear Chair Scott, Ranking Member Gillibrand, and Members of the Special Committee,

On behalf of the California Long-Term Care Ombudsman Association (CLTCOA), we write to respectfully submit our written testimony for the Special Committee's hearing, *Awareness to Action: Combating Elder Abuse & Neglect*, on July 30, 2025.

CLTCOA represents all 35 local Long-Term Care Ombudsman Programs (LTCOPs) in California and is the largest state association of local LTCOPs in the country. Under the federal Older Americans Act (OAA), our members' 600+ certified staff and volunteer Ombudsmen provide free, resident-centered advocacy to over 300,000 long-term care residents in more than 9,000 facilities across California. Collectively, California's program addresses 30,000 to 40,000 complaints related to resident health, safety, and quality of life annually.<sup>1</sup> Approximately 10-25% of their total caseload consists of investigating reports of elder and dependent adult abuse and neglect originating in facilities. In Federal Fiscal Year (FFY) 2024 alone, California's local programs responded to 27% of all complaints submitted to the LTCOP nationally.<sup>2</sup>

The LTCOP began in 1972 as a small federal demonstration project under President Nixon's 1971 *Eight Point Initiative* to improve nursing home care.<sup>3</sup> Under the former Health Services & Mental Health Administration, a precursor to the federal Health & Human Services Agency (HHS), the role of Ombudsmen was to "respond in a responsible and constructive way to complaints made by or on behalf of individual nursing home patients."<sup>4</sup> In 1975, following an assessment of the project's accomplishments by former U.S. Commissioner on Aging Dr. Arthur S. Flemming, State Agencies on Aging were invited to submit proposals "to enable the State Agencies to develop the capabilities of the Area Agencies on Aging to promote, coordinate, monitor and assess nursing home ombudsman activities within their services areas."<sup>5</sup> Nearly every state applied for funding,<sup>6</sup> and thus the LTCOP was born.

In 1976, Dr. Flemming issued the first official Program Guidelines, which eloquently summarized one of the core purposes of the LTCOP:<sup>7</sup>

<sup>1</sup> California Department of Aging Office of the State Long-Term Care Ombudsman (OSLTCO), *Federal Fiscal Years 2023-24 Annual Advocacy Report* (2025), at 10-12, available at [https://aging.ca.gov/Data\\_and\\_Reports/](https://aging.ca.gov/Data_and_Reports/).

<sup>2</sup> *Id.*; National Long-Term Care Ombudsman Resource Center (NORC), *Two-Year Comparison Report (2023 - 2024)*, available at [https://theconsumervoice.org/wp-content/uploads/2025/04/Two-Year-Comparison-Report-2023\\_2024.xlsx](https://theconsumervoice.org/wp-content/uploads/2025/04/Two-Year-Comparison-Report-2023_2024.xlsx).

<sup>3</sup> NORC, *The Long-Term Care Ombudsman Program Milestones 1972-2016*, at 1, available at <http://lcombsman.org/uploads/files/about/lcop-milestones-to-2016.pdf>.

<sup>4</sup> *Id.* at 1.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Id.* (emphasis added)

*Our nation has been conducting investigations, passing new laws and issuing new regulations relative to nursing homes at a rapid rate during the past few years. All of this activity will be of little avail unless our communities are organized in such a manner that new laws and new regulations are utilized to deal with the individual complaints of older persons who are living in nursing homes. The individual in the nursing home is powerless. If the laws and regulations are not being applied to her or to him, they might just as well not have been passed or issued. (AoA TAM 76-24)*

Over the intervening years, the LTCOP's jurisdiction has grown dramatically to encompass over 78,000 skilled nursing and residential facilities with a combined capacity of 3,171,742 residents on any given day, with the vast majority of these facilities (63,060) being assisted living.<sup>8</sup> California's program now covers 14 different types of care facilities, including residential facilities for adults with disabilities.<sup>9</sup> In total, there are now over 4,200 certified staff and volunteer Ombudsmen working with long-term care residents across the U.S. on any given week.<sup>10</sup>

Ombudsmen perform critical services for residents of long-term care facilities. They not only confidentially and compassionately address complaints surrounding residents' health, safety, and quality of life, but are also tasked with making quarterly, unannounced visits to facilities to consistently monitor residents' care and overall well-being.<sup>11</sup> Ombudsmen perform a number of other lesser-known responsibilities as well, including supporting the development of resident and family councils and providing critical information, assistance, and referrals to residents, facility staff, and families.<sup>12</sup> LTCOPs are even required to engage in systems advocacy – such as through analyzing and commenting on pending federal and state legislation, regulations, and policies – to improve America's long-term care delivery systems with their knowledge and expertise.<sup>13</sup>

However, Ombudsmen are not state surveyors or otherwise involved in the regulation of facilities. They can, on an informal basis, work collaboratively with facility staff, regulatory agencies, and other internal and external stakeholders to try to resolve each resident's complaint with the resident's or their legal representative's consent and direction.<sup>14</sup> However, Ombudsmen generally have no legal authority to issue regulatory deficiencies or financial penalties against facilities for regulatory non-compliance.<sup>15</sup> Furthermore, Ombudsman complaints, witnesses, and case records are strictly confidential.<sup>16</sup> For this reason, facilities often feel more comfortable working with Ombudsmen to resolve issues that otherwise may escalate to more serious (and expensive) licensing infractions they must defend. Consistently, a large portion of the complaints and requests for assistance the LTCOP receives each year come directly from facility staff.<sup>17</sup> In California, 27% of all complaints to the LTCOP come directly from facility staff.<sup>18</sup>

**The fact that Ombudsmen respond to complaints that do not often rise to the level of licensing infractions is one of the most valuable aspects of the program.** Residents have needs and desires that are paramount to their own health, safety, and quality of life. Their wishes are important to them and their families, even if they are not concerning matters explicitly addressed by federal or state statutes or regulations. Ombudsmen support residents' dignity and autonomy by elevating and addressing their concerns in ways that interface directly with facilities' and states' existing systems for managing and delivering care. Ombudsmen are not just resident advocates; they are navigators, educators, mediators, and on-demand problem-solvers in an increasingly complex and regulated ecosystem.

<sup>8</sup> NORC, *supra* Note 2 (under "Program Information").

<sup>9</sup> OS/TCO, *Long-Term Care (LTC) Ombudsman Jurisdiction & Referrals*, OS/TCO S-601 (Jan. 2016), available at [https://cdss.ca.gov/MandatedReporting/story\\_content/external\\_files/Ombudsman\\_Jurisdiction\\_S601\\_01-16%20\(1\).pdf](https://cdss.ca.gov/MandatedReporting/story_content/external_files/Ombudsman_Jurisdiction_S601_01-16%20(1).pdf).

<sup>10</sup> NORC, *supra* Note 2 (under "Program Information").

<sup>11</sup> 45 CFR 1324.13(a).

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> 45 CFR 1324.19(b).

<sup>15</sup> See generally 45 CFR 1324.19.

<sup>16</sup> 45 CFR 1324.19(b); 45 CFR 1324.11(e)(3).

<sup>17</sup> NORC, *supra* Note 2 (under "Complaint Type by Facility Type").

<sup>18</sup> OS/TCO, *NORC/NORS State Data for CA for FY2024* (Mar. 4, 2025), obtained by CA Public Records Act request.

**California’s local LTCOPs witness and respond to egregious cases of resident abuse, neglect, and exploitation occurring in facilities daily.** They talk to nursing home residents who are unwashed and have pressure ulcers (bedsores) because they haven’t been moved in days or even weeks. They see dementia care patients in assisted living facilities who are locked in their bedrooms without court orders, against their will, who are unable to see their families due to overly strict visiting hours. They smell facility kitchens that haven’t been washed or sanitized and are overflowing with garbage, teeming with cockroaches, or infested with rats. These are the conditions in which many Americans find their loved ones in long-term care, near the ends of their once-dignified lives. It is one of the darkest but seemingly most widely known secrets of the United States’ healthcare system that largely continues to go unaddressed because only Ombudsmen and residents they serve who are witnessing, experiencing, or addressing it on a routine basis.

**Physical abuse, psychological abuse, and gross neglect were the most common types of abuse, neglect, and exploitation that Ombudsman programs addressed in 2023 and 2024.**<sup>19</sup> Cases of physical abuse, psychological abuse, and financial abuse were observed to have increased over this same period. While total numbers of reported cases of abuse and neglect across the U.S. trended slightly downwards in recent years, CLTCOA suspects this is largely due to California changing the way its abuse and neglect reports are tracked starting in 2024,<sup>20</sup> not an actual substantial change in behavior by the alleged perpetrators responsible. Abuse and neglect in facilities are likely *more* common now than pre-pandemic according to many studies.<sup>21</sup> California’s own data shows case numbers steadily increased in the years immediately before and after the COVID-19 outbreak,<sup>22</sup> which temporarily limited potential reporters’ and Ombudsmen access to residents and facilities. This data does not even include abuse and neglect occurring in community settings, which is thought to be just as much if not more widespread than abuse in facilities.<sup>23</sup>

	2018	2019	2020	2021	2022	2023
Abuse, Neglect, & Exploitation Reports Submitted to California LTCOPs	9,209	9,328	10,199	10,557	7,325	12,172

In any setting, elder and dependent abuse, neglect, and exploitation are far more common than what the data suggests. One study indicates that as many as 22 cases go unreported for every case that is reported.<sup>24</sup> The World Health Organization (WHO) notes that “a review of recent studies on abuse of older people in institutional settings... indicates that 64.2% of staff reported perpetrating some form of abuse in the past year.”<sup>25</sup> Other studies indicate that rates in the community may have increased by as much as 84% following the COVID-19 outbreak.<sup>26</sup> Nevertheless, because abuse and neglect is something that often happens “behind closed doors” with no one else watching, its exact prevalence may never be fully known to researchers, policymakers, or consumer advocates.

<sup>19</sup> *Id.*  
<sup>20</sup> See generally OSLT/CO Program Memo 24-08 (Sept. 30, 2024), available at <https://oimn.ca.gov/download/ahx/2BrcNU0zYF4njs5ut2e%3D%3D>.  
<sup>21</sup> World Health Organization (WHO), *Abuse of older people* (June 15, 2024), <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people?text=Rates%20of%20abuse%20of%20older,during%20the%20COVID%2019%20pandemic>.  
<sup>22</sup> OSLT/CO, Statewide NORS Data for California (2017-2023); OSLT/CO, California Long-Term Care Ombudsman Annual Report (2022), [https://tcombudsman.org/uploads/files/support/CA\\_LTCO\\_AR22\\_11.15\\_Digital\\_Accessible.pdf](https://tcombudsman.org/uploads/files/support/CA_LTCO_AR22_11.15_Digital_Accessible.pdf).  
<sup>23</sup> WHO, *supra* Note 21.  
<sup>24</sup> Jennifer Storey, *Risk factors for elder abuse and neglect: A review of the literature*, 50(2) AGGRESSION & VIOLENT BEHAVIOR 101339 (Sept. 1, 2019), [https://www.researchgate.net/publication/335783909\\_Risk\\_factors\\_for\\_elder\\_abuse\\_and\\_neglect\\_A\\_review\\_of\\_the\\_literature](https://www.researchgate.net/publication/335783909_Risk_factors_for_elder_abuse_and_neglect_A_review_of_the_literature).  
<sup>25</sup> WHO, *supra* Note 21 (citing Yongjie Yon et al., *The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis*, 29(a) EURO. J. PUB. HEALTH 58-67 (Feb. 2019), <https://doi.org/10.1093/eurpub/ckv093>).  
<sup>26</sup> *Id.* (citing Chang & Levy, *High Prevalence of Elder Abuse During the COVID-19 Pandemic: Risk and Resilience Factors*, 29(11) AM. J. GERIATR. PSYCHIATRY 1152-1159, <https://pubmed.ncbi.nlm.nih.gov/33518464/>).

It is no surprise that older adults and adults with disabilities living in institutional settings are generally more at risk of abuse, neglect, and exploitation.<sup>27</sup> By definition, long-term care residents are reliant on facility staff to attend to their daily needs (activities of daily living, or “ADLs”) such as feeding, bathing, and taking medications. Similarly, elder “neglect” is defined under federal law, in part, as “the failure of a caregiver...to provide the goods or services that are necessary to maintain the health or safety of an older individual.”<sup>28</sup> Residents, either through their own means or their health insurance providers, are quite literally paying for care they are not receiving to their continued physical and emotional detriment.

With the median annual costs of nursing home care in the U.S. in 2025 being \$114,665 for a semi-private room and \$131,583 for a private room,<sup>29</sup> facilities have no excuse. The average nursing home profit margin in 2023 approached 9%, with nursing homes in total bringing in \$730 million in profit alone in 2019.<sup>30</sup> In some of the most expensive parts of California, a private room in a nursing home can cost upwards of \$21,292 per month or \$255,504 annually.<sup>31</sup> Medicare and Medicaid are paying the majority of these costs for most nursing home residents.<sup>32</sup> Yet, of the \$126 billion in revenues nursing homes received in 2019, for example, only 66% was spent on direct patient care.<sup>33</sup> Facilities routinely inflate their costs to hide profits through related party transactions, shifting more of the burden to health insurance providers and payors, including the federal government,<sup>34</sup> as well as struggling American families.

**LTC Ombudsmen and other aging and disability advocates have long pointed to understaffing as one of the main drivers of abuse, neglect, and exploitation in facilities.**<sup>35</sup> Residents will not be fed, bathed, or medicated unless the facility employs and assigns staff to do so. Facilities consistently point to a chronic nationwide staffing shortage as their primary reason for understaffing.<sup>36</sup> Yet, more recent studies show that many nursing homes “staff up” by employing more staff or scheduling more shifts in response to regulators finding citable deficiencies.<sup>37</sup> If these facilities were able to hire or schedule more staff after it was discovered they were understaffed, what was actually stopping them from adequately staffing in the first instance?

**Poor training resulting from an ongoing turnover of staff also contributes to abuse and neglect in the experience of LTC Ombudsmen.** As of December 2024, the national rate for turnover among direct care staff in nursing homes was nearly 50%.<sup>38</sup> In California in 2023, the rate was 46% despite our state Department of Health Care Services financially incentivizing nursing homes to both reduce turnover and

<sup>27</sup> Catherine Hawes, *Elder Abuse in Residential Long-Term Care Settings: What Is Known and What Information Is Needed?*, in National Research Council (US) Panel to Review Risk and Prevalence of Elder Abuse and Neglect (Bonnie & Wallace, eds), *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America*, National Academies Press (2003), at Ch. 14, available at <https://www.ncbi.nlm.nih.gov/books/NBK98786/>.

<sup>28</sup> 42 U.S.C. § 3002(38)(a).

<sup>29</sup> Brown & Clem, *Skilled Nursing Costs in 2025* (July 11, 2025), <https://www.seniorliving.org/skilled-nursing-cost/>; see also Elaine K. Howley, *Nursing Home Costs and How to Pay*, U.S. WORLD NEWS & REVIEW (June 12, 2025), <https://health.usnews.com/best-nursing-homes/articles/how-to-pay-for-nursing-home-costs>.

<sup>30</sup> Harrington et al., *United States' Nursing Home Finances: Spending, Profitability, and Capital Structure*, 54(2) INT'L. J. SOCIAL DET. HEALTH & HEALTH SERV. 131-142 (Dec. 19, 2023), <https://doi.org/10.1177/27551938231221509>.

<sup>31</sup> Howley, *supra* Note 29.

<sup>32</sup> Bowblis et al., *Assessing Medicaid Payment Rates and Costs of Caring for the Medicaid Population Residing in Nursing Homes*, Office of the Assistant Secretary for Planning and Evaluation (ASPE) U.S. Department of Health & Human Services (June 2024), <https://aspe.hhs.gov/sites/default/files/documents/ac19163e70b544d878a9bf4d374c614-assessing-medicaid-payment-rates-costs.pdf>.

<sup>33</sup> Harrington, *supra* Note 30.

<sup>34</sup> *Id.*

<sup>35</sup> See e.g., Julie Rivers, *Understaffing in Nursing Homes*, Nursing Home Abuse Center (Sept. 5, 2024), <https://www.nursinghomeabusecenter.com/nursing-home-neglect/understaffing/>; see generally Long-Term Care Community Coalition (LTCCC), *Addressing the Nation's Chronic Nursing Home Understaffing Crisis* (2023), <https://nursinghome411.org/wp-content/uploads/2023/09/LTCCC-Policy-Brief-Chronic-Understaffing-2023.pdf>.

<sup>36</sup> American Health Care Association (AHC), *State Of The Sector: Nursing Home Labor Staffing Shortages Persist Despite Unprecedented Efforts To Attract More Staff* (Mar. 5, 2024), <https://www.ahcancal.org/News-and-Communications/Press-Releases/Pages/State-Of-The-Sector-Nursing-Home-Staffing-Shortages-Persist-Despite-Unprecedented-Efforts-To-Attract-More-Staff.aspx>.

<sup>37</sup> Chen & Dillender, *Government Monitoring Of Health Care Quality: Evidence From The Nursing Home Sector* (Working Paper), NAT'L BUREAU OF ECON. RES. (July 2025), <https://www.nber.org/papers/w34037>; see also Bedsores Law, *Using a Nursing Home's Own Data to Prove Understaffing* (2024), <https://www.bedsores.law/news/usine-a-nursing-homes-own-data-to-prove-understaffing/>.

<sup>38</sup> LTCCC, *Nursing Home Staffing Q2 2024*, <https://nursinghome411.org/data/staffing-staffing-q2-2024>.

increase staffing through that same period.<sup>39</sup> To increase staffing levels, many states relaxed nurse aid training requirements in recent years.<sup>40</sup> Yet there has not been a corresponding demonstrated increase in staffing levels as a result as of 2025.<sup>41</sup>

Even when understaffing is identified, CMS and state regulators are doing little to enforce existing standards. The Long-Term Care Community Coalition (LTCCC), which studies nursing home staffing trends across the U.S., notes:

*Research shows that staffing and quality of care improvements occur when state regulatory agencies adopt stronger enforcement programs. Nevertheless, enforcement of staffing violations at the state level is generally wanting, with low level fines imposed only rarely and generally only after multiple and recurrent instances of understaffing have been cited. For example, in 2020, before New York passed a new staffing law, a nursing home received the maximum fine of \$7,000 after “multiple insufficient staffing deficiencies cited by the department during three unannounced inspections.”<sup>42</sup>*

Since January 1, 2020, the California Department of Public Health (CDPH) issued only 1,237 citations and administrative penalties for understaffing among the state’s nearly 1,200 nursing homes over a 5.5-year period.<sup>43</sup> Only 43 of these were for Class B citations, which resulted in only \$69,000 in total fines.<sup>44</sup> This is less than the average annual salary of a single Registered Nurse (RN) in California. It is no wonder nursing homes in California are not motivated to change their practices as a result.

**While abuse and neglect in nursing homes appears more related to a lack of enforcement of quality standards by state and federal regulators, assisted living residents face a quite different problem: a general lack of regulation in these areas.**<sup>45</sup> There are few federal laws or regulations related to assisted living facilities.<sup>46</sup> For example, there are no federal minimum standards around staffing,<sup>47</sup> and many assisted living facility staff hold no professional qualifications.<sup>48</sup> Far more Americans are relying on assisted living than skilled nursing,<sup>49</sup> especially as dementia and assisted living facilities which specialize in it both become more prevalent. Yet assisted living facilities can get away with grossly overcharging despite not providing adequate care because, outside of federal lawsuits or criminal charges, there are very few established mechanisms by which consumers and their families can hold facilities accountable on the federal level. State law governing assisted living varies quite considerably across the country, which the industry itself recognizes.<sup>50</sup> More policy solutions are needed.

As Dr. Flemming observed, long-term care residents often feel powerless against facilities – which are typically owned and managed by major corporations and investor groups – without a trained advocate by their side. LTCOPs provide free, resident-centered advocates to individuals in institutional settings who

<sup>39</sup> California Department of Health Care Services (DHCS), *Skilled Nursing Facility Workforce & Quality Incentive Program: CY2023 (PY1) Annual Evaluation Report* (May 2025), obtained by request.

<sup>40</sup> Mehboob & Sharma, *Addressing Staffing Shortages in Nursing Homes: Does Relaxing Training and Licensing Requirements Increase Nurse Aide Staffing?*, 60(3) HEALTH SERV. RES. e14455 (Feb. 19, 2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12120521/>.

<sup>41</sup> *Id.*

<sup>42</sup> LTCCC, *supra* Note 38.

<sup>43</sup> California Department of Public Health Center for Health Care Quality, *State Enforcement Actions Dashboard* (2025), <https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/StateEnforcementActionsDashboard.aspx>.

<sup>44</sup> *Id.*

<sup>45</sup> *Assisted Living Facilities: Understanding Long-Term Care Options For Older Adults*, Hearing before the U.S. Senate Special Committee on Aging on January 25, 2024, Washington, D.C., [https://www.aging.senate.gov/download/official-hearing-transcript\\_12520241?download=1](https://www.aging.senate.gov/download/official-hearing-transcript_12520241?download=1).

<sup>46</sup> See e.g., Lexi Pitz, *The Critical Need for State Regulation of Assisted Living Facilities: Defining “Critical Incidents,” Implementing Staff Training, and Requiring Disclosure of Facility Data Note*, MINN. LAW REV. 3219, <https://scholarship.law.umn.edu/mlr/3219/>

<sup>47</sup> *Id.* at 1023-24.

<sup>48</sup> States have professional qualifications for Certified Nursing Assistants (CNAs), but it is not a requirement to be a CNA to work in a facility in another capacity.

<sup>49</sup> NORC, *supra* Note 2 (under “Staff Facility and Funds”).

<sup>50</sup> Rebecca Schier-Akamela, *What Are the State Requirements for Assisted Living Communities? An Overview*, A PLACE FOR MOM (Jan. 8, 2024), <https://www.aplaceformom.com/caregiver-resources/articles/assisted-living-violations>.

often have no one else to look out for them. Ombudsmen are the eyes and ears of the state and the U.S. Administration for Children and Families (ACF), which now oversees the LTCOP, in America's long-term care facilities. They are in the best position of any federally funded government program to recommend changes to how quality of care and life can be improved in skilled nursing and assisted living facilities, beyond the regulatory agencies which directly oversee those facilities.

Unfortunately, the LTCOP itself has experienced several setbacks in recent years that have made it challenging for the program to meet its existing state and federal mandates. In California, for example, our LTCOP lost over 50% of its certified volunteers since 2014, in no small part due to the COVID-19 pandemic.<sup>51</sup> Cases are becoming increasingly complex to resolve, and the cost of doing business has simultaneously increased, leading to an even greater strain on staff who must investigate complaints while also recruiting, training, and supervising volunteers.<sup>52</sup> Federal funding has not kept pace with the demands of the program, requiring states like California to massively subsidize it.

**To combat abuse, neglect, and exploitation of older adults and adults with disabilities living in long-term care facilities, CLTCOA and our member Ombudsmen respectfully urge Congress to take the following courses of action in alignment with and in addition to the recommendations made by our partners at the Consumer Voice for Quality Long-Term Care:**

- Increase federal funding for Long-Term Care Ombudsman Programs;
- Pass [S.2120, the Older Americans Act Reauthorization of 2025](#) at the earliest opportunity;
- Implement the federal Minimum Staffing Rule for nursing homes published by the Center for Medicare & Medicaid Services (CMS) on May 10, 2024 ([89 Fed. Reg. 40876](#));
- Increase federal enforcement of existing staffing and quality standards by CMS;
- Pass legislation to safeguard resident quality of care and life in assisted living facilities;
- Maintain and increase federal funding for CMS and other regulatory agencies that enforce quality standards in nursing homes and/or assisted living facilities; and
- Keep programs like the LTCOP that were previously united under the U.S. Administration on Community Living (ACL) housed together in the newly reformed U.S. Administration for Children and Families (ACF) and funded at or above current levels.

We applaud the U.S. Senate Special Committee on Aging for drawing Congress' attention to these often-overlooked issues and giving organizations like CLTCOA the opportunity to provide much-needed context. We look forward to working with you, our partners, and other stakeholders on making headway in each of these areas in 2025 and beyond. Do not hesitate to reach out to us directly for more local Ombudsman perspectives. CLTCOA would be happy to meet with your offices individually or provide testimony at a future hearing before the Special Committee.

Thank you again on behalf all 600 of California's certified Ombudsmen working across the state, and on behalf of the over 300,000 residents of long-term care facilities they serve daily.

Respectfully,



Rachel Tate, M.S.W.  
President  
CLTCOA



Jason Sullivan-Halpern, J.D.  
Director  
CLTCOA

<sup>51</sup> CLTCOA 2025 State Budget Request, available at <https://www.cltcoa.org/2024-budget-request/>.

<sup>52</sup> *Id.*

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U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**Community Elder Mistreatment and Abuse Prevention Program Statement**



STATEMENT FOR THE RECORD

U.S. SENATE SPECIAL COMMITTEE ON AGING  
On

ELDER JUSTICE AND NEGLECT

05 August 2025  
Washington, DC

For further information contact:  
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The Community Elder Mistreatment & Abuse Prevention Program (CEMAPP) at the Carter Burden Network appreciates the opportunity to submit this statement on the importance of Elder Justice Services to support Older Americans who are living with the various forms of elder abuse across our nation.

The Carter Burden Network (CBN) is a community based organization with the mission of promoting the well-being of older adults 60 and older through a continuum of social services, advocacy, arts and culture, health and wellness and volunteer programs, all oriented to individual, family and community needs. We are dedicated to supporting the efforts of older people to live safely and with dignity (CBN website, 2025). Funded partially through NYC Aging, the city agency focused on supportive services for older adults, our elder justice unit's goal is to empower older adults in identifying and combatting the many forms of elder abuse – psychological/emotional/verbal, physical, sexual, financial exploitation and neglect (active/passive) to allow them to thrive in their communities without fear. Our services are available to all older adults within our catchment area within the borough of Manhattan & Roosevelt Island and we advocate for all communities who are marginalized to have their voices heard.

#### **Elder Abuse: An Underreported Crime**

Elder abuse is a crime that impacts an older adult's life significantly as it erodes the foundation of trust and security within a family system. Elder abuse is pervasive and insidious placing an older adult at serious risk for being displaced from their homes, losing access to their monthly income, benefits and entitlements and in the case of physical violence can lead to death. Elder abuse is an underreported crime that affects approximately 8% of older community dwellers in NYS, with only 1 in 24 cases reported, where 90% of the perpetrators are family members (Under the Radar, 2011). This crime can often bring the older adult in contact with local law enforcement, crime victims advocate programs, adult protective services, hospitals, the District Attorney's office, and the court system to assist with crisis interventions around protective court orders, supportive counseling, emergency housing (shelter), to stabilize the crisis and support the older adult experiencing trauma. This multi-disciplinary approach is necessary to effectively advocate and protect our most vulnerable citizens.

#### **The Older Americans Act**

The Older Americans Act (OAA) plays a vital role on the Federal level by funding the services that address the needs of Older Adults on state and local levels through Area Agencies on Aging. This Act is the foundation that supports nutrition services within older adult centers and Meals on Wheels programs for homebound elders, Health and Wellness programs addressing falls prevention or chronic illness information, supportive services including transportation, caregiver support, information and referrals and lastly, *elder justice prevention services*. This Act allows Carter Burden Network and the myriad of other social services agencies throughout NYC and NYS. It provides a variety of programming to reduce social isolation and loneliness, increase

engagement, investigate allegations of elder abuse and neglect through adult protective services and provide a sense of community for Older Americans to live their lives with dignity and worth; a core social work value.

#### **The Importance of Federal Funding for Elder Justice Services**

This current Administration's proposed cuts to the OAA in the FY26 budget aimed at the potential elimination of key aging services programs, including elder justice services will have a devastating, long-lasting effect on the social safety net that supports Older Americans in communities across America. The OAA is the major financial source for the delivery of these vital services that are the heartbeat of every urban, rural and tribal community. Maintaining this funding validates healthy aging as basic, human right for every Older American today and those of us who are aging in the years to come. With the proposed elimination of elder justice prevention services through in the upcoming budget, more Older Americans will suffer in silence without the support, outreach and education they need to combat the trauma and vulnerability that results from elder abuse.

Reducing this funding will greatly influence the number of social services workers available to support aging services. Having a healthy workforce to address elder abuse and neglect is vital to addressing this crime in a trauma-informed, person centered way, supporting the older adult and the family and community systems they rely upon to age safely.

#### **Conclusion:**

Older adults facing elder abuse and neglect tend not to report due to many factors – fear of retaliation, shame, lack of supports to replace their abusers if they come forward to name a few. However, every older American deserves to receive support when they are facing crisis situations with all of the resources, dignity and respect we can provide. Strengthening the OAA, ACL, Medicare and Medicaid will provide necessary funding and social support Older Americans need to combat elder abuse and neglect. Thank you for your consideration to share our view on this vital issue on behalf of aging Older Americans and we support the Committee's advocacy efforts in strengthening aging services.

#### **Citations:**

Carter Burden Network, 2025, Mission Statement, <https://www.carterburdennetwork.org/>  
Under the Radar: New York State Elder Abuse Prevalence Study, Final Report 2011.  
<https://ocfs.ny.gov/reports/aps/Under-the-Radar-2011May12.pdf>

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## STATEMENTS FOR THE RECORD

**Disability Law Center - New Choice Waiver Removal Statement****New Choice Waiver Renewal  
Public Comment**

March 26, 2025

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*Submitted via email to [jambrena@utah.gov](mailto:jambrena@utah.gov)*

The DLC, established in 1978, is a private and independent nonprofit organization designated by the governor as the federally mandated Protection and Advocacy (P&A) agency for the State of Utah. We engage in high-impact individual and class action legal representation, as well as investigation, outreach, public policy, and other nonlegal advocacy to advance our mission to enforce and strengthen laws that protect the opportunities, choices, and legal rights of people with disabilities in Utah. The DLC advocates for the full inclusion of people with disabilities into the larger community by promoting comprehensive, quality, and community-based services as an alternative to institutional settings. These comments are submitted on behalf of our constituents regarding concerns with Utah's New Choices Waiver.

The Disability Law Center (DLC) appreciates the opportunity to offer feedback on the Utah Department of Health, Division of Medicaid and Health Financing's request to renew their New Choices Waiver (NCW), Utah's Medicaid funded nursing home diversion program. The NCW was designed to help individuals remain in their homes or in assisted living settings, rather than being placed in nursing homes. However, the program is currently facing a crisis. Many assisted living facilities (ALFs) are increasingly unwilling to accept or retain NCW participants. We have received reports of numerous facilities either discharging current NCW residents, refusing to admit new NCW participants, or withdrawing from the NCW program entirely. In some cases, ALFs have even shut down their operations altogether. Furthermore, NCW participants and their families are being burdened with additional fees, including charges for the use of power wheelchairs.

Our understanding is that these issues primarily stem from the extremely low Medicaid reimbursement rates for providers under the NCW. In addition to the inadequate NCW rates, the majority of nursing homes in the state benefit from the Upper Payment Limit (UPL) program, which provides enhanced Medicaid reimbursements. By prioritizing these enhanced payments

*The Disability Law Center (DLC) is a private, non-profit organization, designated by the governor as Utah's Protection and Advocacy agency. The DLC envisions a just society where Utahns with disabilities are free from stigma, discrimination, and abuse. They have the authority to make their own decisions. They have the same rights and opportunities as those without disabilities. Their voices are heard, which inspires discussion and motivates change. Utahns with disabilities have equitable access to supports and resources needed to be as independent as possible and to be full participants in their communities. The DLC works toward this vision by enforcing and advancing the legal rights, opportunities, and choices of Utahns with disabilities. DLC services are available free of charge statewide, regardless of income, legal status, language, or place of residence. Even though our focus is on cases that can help as many people as possible - because time and resources are limited - we at least offer information and/or referral options to everyone who contacts us.*

for nursing homes while failing to properly fund the NCW, the state has created a system that disproportionately favors institutional care over community-based settings. This imbalance is evident in Utah's long-term care data, which shows that 32.8% of adults receiving Medicaid reside in institutions—significantly higher than the national average of 21.3%.

Under Title II of the Americans with Disabilities Act (“ADA”), section 504 of the Rehabilitation Act, and the *Olmstead* Supreme Court decision, government has an obligation to serve people with disabilities in integrated settings appropriate to their needs. It is long held Supreme Court precedent that unnecessary institutionalization is a form of discrimination prohibited by Title II of the ADA. Without significant changes to the NCW, assisted living facilities will continue to discharge and/or refuse to accept NCW participants and the more reliant the state will become on segregated settings—violating Title II of the ADA. The federal Fair Housing Act prohibits state governments from enacting policies or practices that disproportionately impact protected classes, including individuals with disabilities. It also forbids housing providers, such as assisted living facilities, from discriminating against people with disabilities. 42 U.S.C. §§ 3601-19. Additionally, the state Fair Housing Act adds source of income as a protected class, which would include individuals receiving the NCW. See Utah Code 57-21-5.

We are deeply concerned that Utah’s current administration of the New Choices Waiver (NCW) program fails to ensure people with disabilities have access to community-based care, in violation of Title II of the Americans with Disabilities Act (ADA). Furthermore, the state’s current policies and practices may constitute disability discrimination under both the state and federal Fair Housing Acts. We would ask CMS to encourage the state to immediately increase reimbursement rates for the NCW and to also evaluate its system to prevent and address the institutionalization of individuals in nursing homes who could be living in the community.

#### **Settings Rule Compliance**

Additionally, we have concerns that Utah is not compliant with the HCBS Settings Rule. NCW participants are not provided a legally enforceable agreement that has at a minimum the same protections from eviction under landlord tenant law. In Utah, discharge from an assisted living facility is governed by state code R432-270-11. Notice is required 30 days in advance unless a shorter time period is needed to protect other individuals in the facility, urgent medical needs of the resident require it, or the resident has not resided in the facility for 30 days. A resident is given the option to request a conference with the provider regarding the discharge, but a resident is not given this option if the provider contends that the resident poses a safety risk. The provider is required to give the resident the contact for the Ombudsman, and if the resident has a mental health or developmental disability diagnosis, the provider is required to provide the contact for the P&A, however, there is no oversight by a judicial or governmental body and there are no appeal rights in this process. The Ombudsman and the P&A, even if informed of the discharge, have no authority to stop a wrongful discharge from occurring.

Utah Landlord-Tenant law provides that a tenant has the right to remain in place until legally evicted by a court, a three-part eviction process that includes court oversight and an appeals process within the judicial system. For example, under Utah Landlord-Tenant law an individual

who commits a criminal act affecting the health or safety of another tenant would have to be served a 3 day notice to vacate, would have the ability to defend themselves in court and could retain legal counsel, would have the ability to appeal the court's decision and would have the right to stay in their housing until the legal process was complete. In contrast, under Utah code, an assisted living resident accused of being a danger would have no right to stay in place during the discharge process, would have 30 day written notice of the discharge waived, would not be able to engage in any legal process where the resident could present evidence opposing the provider's claims, would have even the right to a "conference" with the provider waived, and would have no appeal rights.

We request that CMS ensures that the state of Utah provides appropriate discharge protections to NCW participants.

**Conclusion**

We appreciate the opportunity to provide comments about the renewal of the NCW. Thank you for your time and consideration of our input. If you have questions or would like more information, please do not hesitate to contact us.

## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## STATEMENTS FOR THE RECORD

**Disability Law Center - Utah's Protection and Advocacy Agency Statement**

Statement for the Record /  
Senate Special Committee on Aging:  
Hearing on Combating Elder Abuse & Neglect  
July 30, 2025  
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The Disability Law Center appreciates the opportunity to submit these comments. They summarize our recent work on behalf of Utahns with disabilities and those who are older living in facilities.

There is a strong connection between older adults and disability. Nearly a third of Utahns aged 65 and older have at least one disability. This increases with age, with about half of those 75 and older reporting a disability. Disability is more prevalent among older adults due to factors such as chronic conditions and age-related decline.

The DLC is a nonprofit organization designated as Utah's Protection and Advocacy agency. There is an agency like ours in every state and territory. The P&A system was created in 1975 by Congress in response to Geraldo Rivera's reporting on horrific conditions at Willowbrook, a New York institution for people with disabilities. Consequently, P&As have authority to monitor for rights or safety violations and investigate abuse or neglect in almost any setting where individuals with disabilities receive services.

In FFY 2024, we answered calls for help from 3,301 Utahns. About 13% of them were over 60 years of age. Of those, around 80 lived in a non-carceral facility of some kind. For example, we are investigating on behalf of a nursing home resident with a public guardian. The person says they have not heard from the guardian for several years. The individual says they are forced to take medication against their will. They want to leave the facility and live elsewhere.

Across the two attached reports, complaint, and public comment, we expose the dangers of inadequate alternatives to facility-based care, reimbursement, oversight, and enforcement for Utahns with disabilities and those who are aging:

- "The Dangers of Institutional Living – COVID-19 In Utah's Long-term Care Facilities" found nursing homes, assisted living facilities, and intermediate care facilities accounted for 22% of Utah's pandemic deaths, even though their residents make up less than 1% of the state's population. Unsurprisingly, staff shortages caused by the challenging work and

*The Disability Law Center (DLC) is a private, non-profit organization, designated by the governor as Utah's Protection and Advocacy agency. The DLC envisions a just society where Utahns with disabilities are free from stigma, discrimination, and abuse. They have the authority to make their own decisions. They have the same rights and opportunities as those without disabilities. Their voices are heard, which inspires discussion and motivates change. Utahns with disabilities have equitable access to supports and resources needed to be as independent as possible and to be full participants in their communities. The DLC works toward this vision by enforcing and advancing the legal rights, opportunities, and choices of Utahns with disabilities. DLC services are available free of charge statewide, regardless of income, legal status, language, or place of residence. Even though our focus is on cases that can help as many people as possible - because time and resources are limited - we at least offer information and/or referral options to everyone who contacts us.*

low pay, as well as insufficient transparency and enforcement by licensing, were identified as significant factors. More surprising was the role played by Utah's upper payment limit program and private equity. The UPL program allows a nursing home owned by a local government to be reimbursed up to Medicare's rate. In return, the facility is supposed to spend a portion of the higher rate improving residents' quality of care. However, 13 of the 15 Utah facilities with the highest COVID-19 death rates participated in the UPL. Similarly, while complicated ownership structures can make it hard to determine accurate profits or losses for individual facilities, 60% of the nursing homes with the highest number of deaths and highest rates of deaths as a percentage of COVID-19 infections during the pandemic reported a profit during 2020.

- “The License to Mismanage: Investigating Utah's Troubled Long Term Care System” highlights the failures of Utah's residential program licensing and enforcement systems through the death of one person. Despite being a contracted Medicaid waiver provider and years of documented concern, there was reluctance to act against an unlicensed “board and care” home because of a lack of alternatives. County public health authorities finally had no choice but to shut it down in 2022 because of bedbugs, raw sewage, and lack of heat in winter. Sadly, officials fears soon came true when a former resident was transferred to a program that had been cited for serious abuse and lack of care planning (with fines of \$200-500), lost access to care, and committed suicide. Fortunately, that facility ultimately shut down, too. Unfortunately, neither licensing nor Medicaid conducted a fatality review.
- Based on these reports, investigation of other incidents, and a Utah DHHS philosophy guided by maintaining facilities, even when obvious health and safety concerns persist, in summer 2024 we filed a complaint asking the federal Department of Health and Human Services' Office of Civil Rights, the Centers for Medicare and Medicaid Services, and DHHS' Office of Inspector General to intervene. The complaint seeks these actions:
  - CMS use its look behind authority to cancel and invalidate contracts with Medicaid facilities that do not meet the regulatory minimum health and safety standards;
  - Utah DHHS receive a revised certification allocation, that Utah be placed under a compliance plan for waiver operations, and that Utah receive supervision and technical assistance from CMS to improve its oversight processes;
  - OIG audit Utah DHHS to ensure that federal monies are spent on (1) administrative activities that adequately perform their contracted and expected functions, and (2) services that meet minimum standards for health and safety;
  - OIG review the UPL demonstration to ensure that the structure and reimbursements comply with federal regulation, and that if not, OIG require repayment of funds as has occurred in other states utilizing the UPL;
  - the relevant entities investigate DHHS' failure to communicate with individuals with disabilities and to provide equitable access to effective oversight and investigations by HHS-funded state agencies. While some of the facilities discussed have been closed, new facilities have opened and intervention is needed to stop ongoing and future harm; and

- any other actions necessary to remediate the problems identified.
- Finally, in the spring of 2025 we submitted comments in response to Utah's New Choices Waiver renewal request. Just under a third of Utahns on Medicaid reside in facilities, compared to just over a fifth nationally. The NCW is designed to help older Utahns remain in their home or an assisted living facility rather than a nursing home. Unfortunately, it appears some ALFs are charging fees for things such as using a power wheelchair, discharging or not taking NCW residents, or closing completely because of low Medicaid reimbursement rates. Additionally, NCW participants are not provided, as required by the home and community-based services settings rule, a legally enforceable agreement that has at a minimum the same protections from eviction under landlord tenant law. There is also no formal oversight of or appeal rights in the discharge process. Taken together, we worry this will exacerbate Utah's history of favoring institutions over community.

Under Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Olmstead Supreme Court decision, government has an obligation to serve people with disabilities in integrated settings appropriate to their needs. If Utah continues along the current path, it risks further violation by segregating and isolating Utahns with disabilities and those who are aging even more.

Thank you for your time and consideration of our input. We hope you find the detail in the attached documents helpful. If you have questions or would like more information, please do not hesitate to contact us.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**Disability Rights Florida Statement**

Statement for the Record From  
Disability Rights Florida  
For  
Senate Aging Committee Hearing on  
Awareness to Action: Combating Elder Abuse and Neglect  
July 30, 2025

Thank you for holding this hearing on this critical topic and the opportunity to submit this written statement for the Record regarding how funding of the nationwide network of Protection and Advocacy (P&A) agencies, including Disability Rights Florida, can raise awareness and combat abuse and neglect of older individuals.

Disability Rights Florida (DRF) is the state's authorized P&A benefiting Floridians with disabilities through the provision of legal and advocacy services as specified in federal law. Since 1977, our agency has worked to combat abuse, neglect, exploitation, and rights violations across a range of residential and non-residential settings, including on behalf of seniors with disabilities.

The P&A System originated with a single program dedicated to individuals with developmental disabilities, providing legally based advocacy to combat the rampant abuse, neglect, discrimination, and financial exploitation of people with disabilities. It also works to ensure access to services and supports so that people with disabilities can live full and sustainable lives in the community. Over time, with bipartisan support from both Republican and Democratic Congresses and Presidents, the system has expanded. The most recent change to the P&A System, signed into law by President Trump, focused on addressing concerns about waste, fraud, and abuse in the Representative Payee program. This bipartisan-supported growth has created a robust system that advocates for individuals with disabilities, irrespective of their disability, throughout their entire lifespan.

There is a strong connection between older adults and disability. Approximately 40% of people aged 65 and older in the United States have at least one disability. This percentage increases with age, with about 46% of those 75 and older reporting a disability. Disability is more prevalent among older adults due to factors like chronic conditions and age-related decline.

Disability Rights Florida is deeply concerned about the negative impact that one specific proposed cut in the President's Fiscal Year (FY) 2026 budget will have on people with disabilities and directly and indirectly older individuals whether they have a disability or not. The proposal eliminates funding for the Protection and Advocacy for Individual Rights (PAIR) program, administered by the Department of Education. The elimination of this program will create a significant void in ensuring that people with disabilities, and by extension others that are older without a disability, are protected from abuse and neglect. This program has positively impacted millions of individuals with disabilities each year with the impact of this work spreading to older adults that may not currently have a disability.

The PAIR program allows Disability Rights Florida to protect and advocate for the legal and human rights of people with disabilities who are not eligible for other P&A advocacy services under the programs for persons with developmental and mental health disabilities or who are seeking vocational rehabilitation services. Disability Rights Florida often uses PAIR funds to assist persons with sensory disabilities or physical disabilities unrelated to a developmental disability.

Mobility, vision and disability are disabilities most prevalent in older individuals, and this fact is borne out in the annual statistics regarding individuals served by the PAIR program. In FY 2024 – older adults (ages 60 and over) made up a total of 34% served by the P&A through this authority, with 12% aged 60-64 and 22% aged 65+.

Under the PAIR statute, Disability Rights Florida has the authority to monitor for rights and safety violations and conduct abuse and neglect investigations in nearly any setting where individuals with disabilities receive services. This capability serves as a significant independent oversight mechanism to detect abuse, neglect, fraud, and misuse of resources by both public and private service providers for people with disabilities. But the benefits of the changes made because of our advocacy do not just impact people with disabilities. Positive changes like increased staff, ending the unnecessary use of restraint and seclusion, or the addition of critical services and supports positively impact all individuals, whether they have a disability or not, at a facility or in the community.

To give you a feel for the type (and location) of the individual work performed by Disability Rights Florida under the PAIR program, here are some statistics from the last fiscal year. In FY 2024, healthcare and benefits/services were the top problem areas noted by DRF, making up 16% of all cases. Advocacy to combat abuse and neglect represented 9% of issues overall. As for the location of these individual cases, nursing homes and other institutional living arrangements accounted for 4% of all reported living arrangements, showing a need for continued support among institutionalized populations.

While the above discussion focused on the individual cases Disability Rights Florida has done (more than 2,500 in 2024) Disability Rights Florida also does other types of advocacy work. In FY 2024 we provided information and referrals or technical assistance to more than 2,700 people, conducted training sessions for just over 2,100 individuals, and had a significant impact on nearly 25.1 million individuals through group advocacy efforts. Like the benefits from individual advocacy, the benefits from these other activities will impact the disabled and non-disabled older adult populations.

Here are some example(s) of how Disability Rights Florida's work has benefited the older adult population in Florida.

**IA is a 68-year-old** individual with mobility impairments caused by Parkinson's Disease. As a result of their disabilities, IA has difficulty walking on even surfaces

and making turns while walking. IA requested that they be permitted to install a walkway behind their condominium unit as a reasonable accommodation/modification. The condominium association denied this request and IA sought assistance from Disability Rights Florida. An attorney for the organization reiterated IA's request for reasonable accommodation or modification and engaged in extensive discussions and written communication with the condominium association's attorney. Unfortunately, these efforts were not successful, and DRF filed an administrative complaint on IA's behalf. The administrative complaint was investigated by the county's Office of Equal Opportunity (the Office), and the parties engaged in unsuccessful conciliation discussions prior to the Office issued a determination of reasonable cause. The parties then engaged in post-cause conciliation and were able to settle the matter prior to an administrative hearing. The settlement agreement included the following relief: the condominium agreed to pay \$15,000 to client, approve client's request for reasonable accommodation or modification, restore the area where the accessible walkway was to be installed, remove the walkway at the condominium's expense when no longer needed, adopt a fair housing policy, post fair housing material in conspicuous locations around the condominium, and inform all agents and employees of the settlement. Moreover, the condominium agreed to be responsible for maintenance of the area behind IA's home.

**MB is a 62-year-old** person with blindness who relies on a service animal to navigate their community. MB sought assistance from Disability Rights Florida after MB's service animal was attacked by another dog. MB's service animal was injured, requiring stitches and MB was also thrown to the ground during the ordeal. MB called 9-1-1 for assistance but was told that law enforcement would not be dispatched because it was a dog-on-dog attack. MB later discovered that any potential legal action that could be taken under relevant state law would require a police report. An assigned advocate for the organization investigated the matter, concluding that the county's sheriff's office, animal control services office, local municipal police department, and 9-1-1 dispatch officers were all in need of training and education on relevant service animal laws and related responsibilities and obligations created—as state law requires that injuries to a service animal involve a report and findings being made by a responding officer or deputy. DRF successfully advocated on MB's behalf and eventually received confirmation from each agency that they will ensure staff are trained to send law enforcement to the scene when a service animal is injured under any circumstances.

**WT is a 66-year-old** individual with physical disabilities who has been issued a disabled parking placard by the state. WT contacted Disability Rights Florida to report that a local supermarket allegedly had no accessible parking spaces for individuals with disabilities. WT noted that the pavement had a faded outline of what used to be disabled parking (six spaces in total); however, they were replaced with "specialty needs" parking spaces with signage that reserved these spaces for either expectant mothers or electric cars. An assigned advocate

investigated and confirmed there used to be accessible parking spaces that no longer existed. Disability Rights Florida contacted the supermarket's property management to request they replace the disabled parking spaces once again to where they once were. The management hired a paving company and six fresh accessible parking spaces with access aisles were reinstalled in front of supermarket. The current spaces are usable and have proper above-ground signage to identify them as spaces that are reserved for use by persons with disabilities under relevant federal and state law.

While the PAIR program significantly benefits individuals with disabilities in Florida with a large impact on older individuals with disabilities, the positive impacts from this advocacy also benefit non-disabled older adults. Any elimination or reduction in funding for this vital program will leave older adults in Florida without the critical advocacy needed to protect them from abuse, neglect, or financial exploitation.

Thank you for the opportunity to provide this statement on how funding of Disability Rights Florida (specifically the PAIR program) can raise awareness and combat abuse and neglect of older individuals. Should you have questions or need more information, please be in touch with Cherie Hall, Disability Rights Florida's Executive Director, at [cherieh@disabilityrightsflorida.org](mailto:cherieh@disabilityrightsflorida.org).

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**Disability Rights Mississippi Statement**

Statement for the Record From  
Disability Rights Mississippi  
For  
Senate Aging Committee Hearing on  
Awareness to Action: Combatting Elder Abuse and Neglect

Thank you for holding this hearing on this critical topic and the opportunity to submit this written statement for the Record regarding how funding of the nationwide network of Protection and Advocacy (P&A) agencies, Disability Rights Mississippi (DRMS) can raise awareness and combat abuse and neglect of older individuals.

The P&A System originated with a single program dedicated to individuals with developmental disabilities, providing legally based advocacy to combat the rampant abuse, neglect, discrimination, and financial exploitation of people with disabilities. It also works to ensure access to services and supports so that people with disabilities can live full and sustainable lives in the community. Over time, with bipartisan support from both Republican and Democratic Congresses and Presidents, the system has expanded. The most recent change to the P&A System, signed into law by President Trump, focused on addressing concerns about waste, fraud, and abuse in the Representative Payee program. This bipartisan-supported growth has created a robust system that advocates for individuals with disabilities, irrespective of their disability, throughout their entire lifespan.

There is a strong connection between older adults and disability. Approximately 40% of people aged 65 and older in the United States have at least one disability. This percentage increases with age, with about 46% of those 75 and older reporting a disability. Disability is more prevalent among older adults due to factors like chronic conditions and age-related decline.

DRMS is deeply concerned about the negative impact that one specific proposed cut in the President's Fiscal Year (FY) 2026 budget will have on people with disabilities and directly and indirectly older individuals whether they have a disability or not. The proposal eliminates funding for the Protection and Advocacy for Individual Rights (PAIR) program, administered by the Department of Education. The elimination of this program will create a significant void in ensuring that people with disabilities, and by extension others that are older without a disability, are protected from abuse and neglect. This program has positively impacted millions of individuals with disabilities each year with the impact of this work spreading to older adults that may not currently have a disability.

The PAIR program allows DRMS to protect and advocate for the legal and human rights of people with disabilities who are not eligible for other P&A advocacy services under the programs for persons with developmental and mental health disabilities or who are seeking vocational rehabilitation services. DRMS often uses PAIR funds to assist persons with sensory disabilities or physical disabilities unrelated to a developmental disability.

Under the PAIR statute, DRMS has the authority to monitor for rights and safety violations and conduct abuse and neglect investigations in nearly any setting where individuals with disabilities receive services. This capability serves as a significant independent oversight mechanism to detect abuse, neglect, fraud, and misuse of resources by both public and private service providers for people with disabilities. But the benefits of the changes made because of our advocacy do not just impact people with disabilities. Positive changes like increased staff, ending the unnecessary use of restraint and seclusion, or addition of critical services and supports positively impact all individuals, whether they have a disability or not, at a facility or in the community.

While the above discussion focused on the individual cases, DRMS does other types of advocacy work. In FY 2024 we provided information and referrals or technical assistance, conducted training sessions, and had a significant impact on thousands of individuals through group advocacy efforts. Like the benefits from individual advocacy, the benefits from these other activities will impact the disabled and non-disabled older adult populations.

Here are some example(s) of how DRMS work has benefited the older adult population in Mississippi.

DRMS monitors nursing homes in Mississippi when the agency receives complaints. In FY 2024 DRMS received a call from a woman whose mother was in the nursing home in usual Mississippi. She had attempted to work with the nursing home administrator, but nothing seemed to be working. Her mother had not received medication because the home said she was "noncompliant" and had refused it. Our investigation revealed that the mother did not know what they were giving her and was distrustful of them. She had been refusing to eat because of similar reasons. We worked with this mother and staff for them to understand each other and to work together to make her feel protected and safe.

Nursing homes throughout Mississippi will notify DRMS when one of their residents is being evicted from the home. The reasons can be non-compliant or non-payment. DRMS monitors those notices and makes contact with families as necessary. Often times, the MS Ombudsman program will contact DRMS when they need assistance with a case that is difficult for them to navigate.

While PAIR significantly benefits individuals with disabilities in Mississippi with a large impact on older individuals with disabilities, the positive impacts from this advocacy also benefit non-disabled older adults. Any elimination or reduction in funding for this vital program will leave older adults Mississippi without the critical advocacy needed to protect them from abuse, neglect, or financial exploitation.

Thank you for the opportunity to provide this statement on how funding of DRMS (specifically the PAIR program) can raise awareness and combat abuse and neglect of older individuals. Should you have questions or need more information, please be in touch with Jane Carroll at [jcarroll@dms.ms](mailto:jcarroll@dms.ms) or 601-968-0600.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**Disability Rights New Jersey Statement**

**DISABILITY RIGHTS  NEW JERSEY**

ADVANCING JUSTICE. ADVOCATING INCLUSION.

*GWEN ORLOWSKI, EXECUTIVE DIRECTOR*

Statement for the Record From  
Disability Rights New Jersey  
For  
Senate Aging Committee Hearing on  
Awareness to Action: Combating Elder Abuse and Neglect  
July 30, 2025

Thank you for holding this hearing on this critical topic and the opportunity to submit this written statement for the Record regarding how funding of the nationwide network of Protection and Advocacy (P&A) agencies, including Disability Rights New Jersey, can raise awareness and combat abuse and neglect of older individuals.

Disability Rights New Jersey is New Jersey's designated Protection and Advocacy system. We advance the human, civil, and legal rights of people with disabilities and promote their self-determination, independence, productivity, and integration into all facets of community life. In addition, we seek to protect individuals with disabilities from abuse and neglect in whatever setting they reside, including nursing homes.

The P&A System originated with a single program dedicated to individuals with developmental disabilities, providing legally based advocacy to combat the rampant abuse, neglect, discrimination, and financial exploitation of people with disabilities. It also works to ensure access to services and supports so that people with disabilities can live full and sustainable lives in the community. Over time, with bipartisan support from both Republican and Democratic Congresses and Presidents, the system has expanded. The most recent change to the P&A System, signed into law by President Trump, focused on addressing concerns about waste, fraud, and abuse in the Representative Payee program. This bipartisan-supported growth has created a robust system that advocates for individuals with disabilities, irrespective of their disability, throughout their entire lifespan.

There is a strong connection between older adults and disability. Approximately 40% of people aged 65 and older in the United States have at least one disability. This percentage increases with age, with about 46% of those 75 and older reporting a disability. Disability is more prevalent among older adults due to factors like chronic conditions and age-related decline.

Disability Rights NJ is deeply concerned about the negative impact that one specific proposed cut in the President's Fiscal Year (FY) 2026 budget will have on people with disabilities and directly and indirectly older individuals whether they have a disability or not. The proposal eliminates funding for the Protection and Advocacy for Individual Rights (PAIR) program, administered by the Department of Education. The elimination

NEW JERSEY'S DESIGNATED PROTECTION AND ADVOCACY AGENCY.

of this program will create a significant void in ensuring that people with disabilities, and by extension others that are older without a disability, are protected from abuse and neglect. This program has positively impacted millions of individuals with disabilities each year with the impact of this work spreading to older adults that may not currently have a disability.

The PAIR program allows Disability Rights NJ to protect and advocate for the legal and human rights of people with disabilities who are not eligible for other P&A advocacy services under the programs for persons with developmental and mental health disabilities or who are seeking vocational rehabilitation services. Disability Rights NJ often uses PAIR funds to assist persons with sensory disabilities or physical disabilities unrelated to a developmental disability.

Mobility, vision and hearing are disabilities most prevalent in older individuals, and this fact is borne out in the annual statistics regarding individuals served by the PAIR program. In FY 2024 - Older Adults (ages 60 and over) made up 32% of individuals served by Disability Rights NJ, with 12% aged 60–64 and 20% aged 65+.

Under the PAIR statute, Disability Rights NJ has the authority to monitor for rights and safety violations and conduct abuse and neglect investigations in nearly any setting where individuals with disabilities receive services. This capability serves as a significant independent oversight mechanism to detect abuse, neglect, fraud, and misuse of resources by both public and private service providers for people with disabilities. But the benefits of the changes made because of our advocacy do not just impact people with disabilities. Positive changes like increased staff, ending the unnecessary use of restraint and seclusion, or addition of critical services and supports positively impact all individuals, whether they have a disability or not, at a facility or in the community.

To give you a feel for the type (and location) of the individual work performed by Disability Rights NJ under the PAIR program, here are some statistics from the last fiscal year. In FY 2024, health care and benefits/services were the top problem areas, making up 20% of all cases. Abuse and neglect represented 15% of issues overall, with a slightly higher proportion of neglect (12%) than abuse (3%). These percentages do not include the hundreds of individuals in nursing homes and other facilities that we monitor for issues of abuse, neglect and exploitation. As for the location of these individual cases, nursing homes and institutional living arrangements accounted for 32% of living arrangements which shows a need for support among institutionalized populations.

While the above discussion focused on the individual cases Disability Rights NJ has done (131 in 2024), Disability Rights NJ also does other types of advocacy work. In FY 2024 we provided information and referrals or technical assistance to 585 people, conducted training sessions for just over 7,600 individuals, and had a significant impact on nearly 238,000 individuals through group advocacy efforts. Like the benefits from

individual advocacy, the benefits from these other activities will impact the disabled and non-disabled older adult populations.

Here are some example(s) of how Disability Rights NJ's work has benefited the older adult population in New Jersey.

Disability Rights NJ began our investigation of Woodland Behavioral and Nursing Center in April 2020 after the NY Times published an article that bodies were allegedly being stored in an outdoor shed being used as a makeshift morgue at the beginning of the COVID pandemic. In February 2022, after the NJ Department of Health issued violations, and the Center for Medicare and Medicaid Services issued a notice of immediate jeopardy, Disability Rights NJ launched a seven-month intensive investigation which ended after the state, at our urging and other advocates, moved for receivership and transferred all the residents to new settings (primarily other nursing homes). Throughout that time, Disability Rights NJ's Investigation and Monitoring team reviewed records, met with residents to advocate for their current needs and transfer rights, and met with the Department of Health and Department of Human Services to ensure resident's rights were protected and residents were free from abuse and neglect.

Disability Rights NJ developed a nursing home resident's rights bingo game to educate nursing home residents about their rights. Providing rights-based information in an interactive format to residents, through a fun and familiar exercise that benefits cognitive function, mental health, and socialization, created an opportunity to engage with a large group of residents about their rights. Disability Rights NJ has engaged with over 100 nursing facility residents through its bingo program. Many of these residents reported being unaware of their rights as a nursing home resident, mentioning that they believed that they had no rights. Disability Rights NJ believes that these presentations are an important part of empowering nursing facility residents with knowledge about their rights to increase their quality of life and foster a culture of respect within these facilities.

While PAIR significantly benefits individuals with disabilities in New Jersey with a large impact on older individuals with disabilities, the positive impacts from this advocacy also benefit non-disabled older adults. Any elimination or reduction in funding for this vital program will leave older adults in New Jersey without the critical advocacy needed to protect them from abuse, neglect, or financial exploitation.

Thank you for the opportunity to provide this statement on how funding of Disability Rights NJ (specifically the PAIR program) can raise awareness and combat abuse and neglect of older individuals. Should you have questions or need more information, please be in touch with Mary Ciccone, [mciccone@disabilityrightsni.org](mailto:mciccone@disabilityrightsni.org) or (609) 777-0955).

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**Disability Rights Ohio Statement**



Statement for the Record From  
Disability Rights Ohio  
For  
Senate Aging Committee Hearing on  
Awareness to Action: Combatting Elder Abuse and Neglect  
July 30, 2025

Thank you for the opportunity to provide this statement on how funding for the nationwide network of Protection and Advocacy (P&A) agencies, including Disability Rights Ohio (DRO), is essential to raising awareness and combating abuse and neglect of older individuals.

Disability Rights Ohio (DRO) is the designated P&A system for Ohio, with a mission to advocate for the rights of people with disabilities. Since our founding in 1975, DRO has worked to investigate abuse and neglect, support students with disabilities, ensure access to employment services, protect civil rights, and expand home and community-based services.

The P&A system was created to combat the abuse, neglect, and exploitation of individuals with developmental disabilities and has grown with bipartisan support to protect individuals with all types of disabilities. Most recently, the Representative Payee program, signed into law by President Trump, expanded our oversight capacity. Today, the P&A system protects individuals with disabilities across their lifespan and in all settings.

This mission is deeply connected to the needs of older adults. An estimated 40% of people age 65+ and 46% of those 75+ have at least one disability. Disability is more prevalent among older adults due to factors like chronic conditions and age-related decline. Protection and Advocacy of Individual Rights (PAIR) funding allows DRO to advocate on behalf of older adults, investigate abuse and neglect, and protect against exploitation.

DRO is concerned by the President's Fiscal Year 2026 budget proposal to eliminate PAIR, which allows us to serve people not covered under other P&A programs. Without PAIR, there would be a major gap in protections for older adults with disabilities and those indirectly impacted by our advocacy.

The PAIR program allows DRO to protect and advocate for the legal and human rights of people with disabilities who are not eligible for other P&A advocacy services under the programs for persons with developmental and mental health disabilities or who are seeking vocational rehabilitation services. DRO often uses PAIR funds to assist persons with sensory disabilities or physical disabilities unrelated to a developmental disability.

Under the PAIR statute, DRO has the authority to monitor for rights and safety violations and conduct abuse and neglect investigations in nearly any setting where individuals with disabilities receive services. This capability serves as a significant independent oversight mechanism to detect abuse, neglect, fraud, and misuse of resources by both public and private service providers for people with disabilities. But the benefits of the changes made because of our advocacy do not just impact people with disabilities. Positive changes like increased staff, ending the unnecessary use of restraint and seclusion, or addition of critical services and supports positively impact all individuals, whether they have a disability or not, at a facility or in the community.

**Examples of DRO's Impact:**

1. **Improving Conditions in a Nursing Facility:** DRO investigated a facility with widespread issues—poor wound care, lack of behavioral health services, unsanitary conditions, and failure to meet diabetic dietary needs. After multiple attempts to engage the administrator failed, we escalated the issue to the Ohio Department of Health. The resulting complaint survey led to citations, compliance measures, and ultimately improved care and safety for residents.
2. **Addressing Abuse in a Locked-Unit Facility:** In a Cincinnati facility, we uncovered serious concerns including lack of rights education, environmental hazards, pest infestations, and untrained staff. Following two monitoring visits and written recommendations, the facility implemented staff retraining, infrastructure repairs, improved infection control, and more frequent treatment plan reviews leading to significantly better care for residents with severe mental illness.

While PAIR significantly benefits individuals with disabilities in Ohio with a large impact on older individuals with disabilities, the positive impacts from this advocacy also benefit non-disabled older adults. Any elimination or reduction in funding for this vital program will leave older adults in Ohio without the critical advocacy needed to protect them from abuse, neglect, or financial exploitation.

Thank you for the opportunity to provide this statement on how P&A funding can raise awareness and combat abuse and neglect of older individuals. Should you have questions or need more information, please be in touch with Jordan Ballinger, Policy Director, [jballinger@disabilityrightsohio.org](mailto:jballinger@disabilityrightsohio.org).

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JULY 30, 2025

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**Long-Term Care Community Coalition Statement**

# **LONG TERM CARE COMMUNITY COALITION**

*Advancing Quality, Dignity & Justice*

UNITED STATES SENATE SPECIAL COMMITTEE ON AGING

HEARING ON

"AWARENESS TO ACTION: COMBATING ELDER ABUSE & NEGLECT"

JULY 30, 2025

WRITTEN TESTIMONY SUBMITTED BY

LONG TERM CARE COMMUNITY COALITION

[WWW.NURSINGHOME411.ORG](http://WWW.NURSINGHOME411.ORG)

AUGUST 4, 2025

LTCCC Testimony on Elder Abuse: U.S. Senate Special Committee on Aging

## I. Introduction

The Long Term Care Community Coalition (LTCCC)<sup>1</sup> is a national non-profit, non-partisan organization dedicated to improving care and quality of life for residents in nursing homes and assisted living. Through vigorous research, we assess long-term care policies and evaluate whether essential standards of care are effectively upheld for residents, who are often elderly and frail.

LTCCC educates and empowers residents, families, and caregivers by equipping them with knowledge of their rights and the tools needed to navigate the challenges of long-term care. Our work is driven by the fundamental belief that every senior deserves safe, dignified, and high-quality care.

Abuse, neglect, and exploitation remain disturbingly common in long-term care settings where residents depend on others for even the most basic human needs. Incidents of physical, emotional, and sexual abuse are routinely documented in state inspection reports, and yet, far too often, these violations go unreported, unpunished, and uncorrected. Residents suffer in silence while systemic enforcement failures allow harm to persist, and in some cases, worsen.

Furthermore, despite the growing complexity of resident care needs, programs designed to protect vulnerable older adults, such as the Long-Term Care Ombudsman Program (LTCOP) and Adult Protective Services (APS), have long been under-resourced, limiting their ability to identify and address abuse in a timely and consistent way.

LTCCC commends the Special Committee on Aging for holding this hearing to examine the persistent and devastating issue of elder abuse in the United States.

## II. Federal Reporting Requirements Under the Elder Justice Act

The Elder Justice Act, enacted as part of the Affordable Care Act in 2010, established a clear and powerful mandate to protect nursing home residents from crimes. Under these provisions, all individuals who work in a federally certified nursing home, including direct care staff, administrators, and contractors, are legally obligated to report any reasonable suspicion of a crime against a resident to both local law enforcement and the state survey agency.<sup>2</sup> This is one of the most direct and meaningful tools we have to shine a light on abuse and neglect in nursing homes and to ensure appropriate criminal investigation and accountability.

However, more than a decade since its enactment, we are not aware of any meaningful enforcement of this provision. According to publicly available data, no citations for failing to report suspected crimes have been issued at a severity level likely to result in any penalty in at least the last three years. Without consequences for noncompliance, this statutory protection remains effectively unenforced, leaving residents unprotected and abusers unaccountable.

We urge the Committee to call on the Centers for Medicare & Medicaid Services (CMS) and state survey agencies to prioritize enforcement of this vital provision of the Elder Justice Act and to increase transparency around complaint investigations and referrals to law enforcement.

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<sup>1</sup> <https://nursinghome411.org/>.

<sup>2</sup> See <https://nursinghome411.org/ltccc-report-abuse-neglect-crime/>.

LTCCC Testimony on Elder Abuse: U.S. Senate Special Committee on Aging

### III. Failures to Enforce Abuse Prevention Requirements

In addition to the lack of enforcement for crime reporting, we are deeply concerned by the systemic failure to hold facilities accountable for noncompliance with abuse prevention standards. Every federally certified nursing home is required to “develop and implement policies and procedures to prevent abuse, neglect, and theft.” Yet, as with the crime-reporting provision, citations for failure to meet this requirement are rarely, if ever, issued at a level that is likely to result in any penalty whatsoever. The failure to enforce these vital protections enables a dangerous culture of impunity – one in which perpetrators of abuse may go undetected, unreported, and unpunished.

We urge the Committee to examine the extent to which state survey agencies are fulfilling their responsibilities under federal law, and to consider measures that would support stronger, more consistent enforcement nationwide.

### IV. Gaps in Oversight for Assisted Living

While nursing home residents are entitled to federal protections under the Nursing Home Reform Act and the Elder Justice Act, there are no federal regulations that address the safety of residents in assisted living facilities. With over one million residents in assisted living nationally, many of them with moderate to severe dementia and growing care needs, this is a glaring oversight in federal elder justice policy. In most states, safety standards are minimal, reporting requirements are vague, and monitoring and enforcement are even weaker than they are in nursing homes. As a result, abuse and neglect in assisted living facilities often go unnoticed, unreported, and unaddressed. Seniors and their families don’t even have the ability to see if an assisted living they are considering has a history of resident abuse or exploitation.

We respectfully urge the Committee to consider expanding federal standards and data collection in assisted living, with a particular focus on transparency, resident rights, and abuse prevention.

### V. Recommendations

To advance elder justice and strengthen protections against abuse, we respectfully urge the Committee to:

1. **Hold CMS and state survey agencies accountable** for enforcing existing abuse-prevention and crime-reporting regulations in nursing homes.
2. **Require comprehensive and accessible public reporting of citations and enforcement actions** related to abuse, neglect, and crime in all long-term care settings, including assisted living.
3. **Expand federal protections and oversight to assisted living facilities**, with attention to resident safety and dignity, staff qualifications, and transparency.
4. **Support robust funding for the Long-Term Care Ombudsman Program** through the Older Americans Act, to ensure residents have access to independent advocacy and complaint resolution.
5. **Reauthorize and fully fund Elder Justice Act programs**, including Adult Protective Services, the National Center on Elder Abuse, and state-level elder justice coalitions.
6. **Promote access to data and transparency tools** for residents, families, and the public.

LTCCC Testimony on Elder Abuse: U.S. Senate Special Committee on Aging

#### **VI. Conclusion**

Elder abuse is not a series of isolated incidents. It is a systemic crisis enabled by weak oversight, inconsistent enforcement, and dangerous gaps in protections. The ongoing failure to fully fund elder justice initiatives, including ombudsman services, APS, and public education programs, further undermines the protections Congress has worked to establish. These programs serve as lifelines for residents and their families, and they are often the only point of contact when abuse or neglect is suspected. If we are serious about preventing harm, we must invest in the infrastructure that allows oversight and support systems to function.

We applaud the Committee for shining a light on elder abuse and thank you for your ongoing work to uphold the safety, dignity, and rights of older Americans. We hope these comments provide helpful context on the systemic challenges and opportunities for action in the long-term care sector. We are always available to serve as a resource to the Committee on these critical issues.

Thank you for your consideration of our testimony and the issues raised herein. We look forward to supporting the Committee's ongoing efforts to advance elder justice in all care settings.

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## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## STATEMENTS FOR THE RECORD

**Martin J. Solomon Statement**

August 4, 2025

**Statement of Martin J. Solomon, Attorney at Law**  
**Solomon & Relihan Phoenix, Arizona**  
**U.S. Senate Special Committee on Aging Submitted: August 3, 2025**



A PROFESSIONAL CORPORATION

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Chairman Scott, Ranking Member Gillibrand, and distinguished Members of the Committee,

Thank you for the opportunity to submit this written testimony to the U.S. Senate Special Committee on Aging. My name is Martin J. Solomon, and I am an attorney based in Phoenix, Arizona, whose practice is exclusively devoted to representing families who have lost loved ones due to neglect and abuse in nursing homes. Over the past 25 years, I have handled hundreds of cases involving wrongful death claims stemming from substandard care in Arizona's long-term care facilities.

My work has involved litigating against nursing home operators for failures in staffing, oversight, and basic resident protections, resulting in preventable injuries, infections, and deaths. I have seen firsthand the devastating human cost of systemic failures in our elder care system, and I appreciate the Committee's recent hearing on July 30, 2025, where Lori Smetanka of the National Consumer Voice for Quality Long-Term Care highlighted many of these critical issues.

Her testimony underscores the national crisis, and I aim to provide an Arizona-specific perspective informed by my legal experience and the families I represent.

**The Alarming Scope of Nursing Home Abuse and Neglect in Arizona**

Arizona, like the nation, is grappling with a rapidly aging population. By 2024, nearly one in five Arizonans was aged 65 or older, totaling approximately 1.4 million seniors. This demographic shift has amplified the risks of elder abuse and neglect, particularly in nursing homes where vulnerable individuals—often with cognitive impairments or physical dependencies—rely on facilities for their daily needs. Recent data shows a concerning rise in [elder abuse](#) cases, with over [5,000 allegations of abuse in assisted living facilities and nursing homes](#) in 2024, including more than 3,000 in Maricopa County alone.

More than 85% of these cases involved victims with hearing, vision, and physical difficulties, and nearly 70% had cognitive or mental impairments, making them especially susceptible to harm. Arizona's per capita rate of elder abuse exceeds the national average, and under-reporting remains a significant barrier to the actual rate.

This increase mirrors what I observe in my practice: families coming forward after discovering bedsores, dehydration, falls, or unexplained injuries that point to chronic neglect. Nationally, as noted in Ms. Smetanka's testimony, abuse deficiencies in nursing homes more than doubled from 2013 to 2017, with deficiencies increasing in severity.

In Arizona, this translates to tangible failures—36% of the state's 142 CMS-registered nursing homes [\(52 facilities\) hold a 1-star or 2-star quality rating](#), indicating persistent underperformance in care standards. Facilities have been cited for resident-on-resident assaults, failure to prevent pressure sores, falls, over-medication for staff convenience and inadequate investigations of abuse allegations.

Understaffing is a root cause I encounter repeatedly. Overworked staff cannot provide the individualized care required, leading to avoidable tragedies. As Ms. Smetanka referenced, nursing care hours have declined despite rising resident needs, and high turnover—often exceeding 60%—doubles the risk of abuse.

August 4, 2025  
Page 2

In Arizona, about 25% of nursing homes have been found responsible for abuse or neglect, exacerbating these issues. Corporate owners obtain increased dollars from Medicare by seeking high acuity patients requiring intensive nursing care while diverting millions of Medicare dollars to related companies that are intended for patient care.

**Cases from My Practice: Human Stories Behind the Statistics**

In my representation of families, I've witnessed patterns that align with the under-reporting and systemic gaps described by Ms. Smetanka.

For instance, I handled a case involving an 82-year-old woman with dementia in a Phoenix-area nursing home. She suffered severe dehydration and sepsis due to neglected infection and hydration protocols, leading to her death. Our investigation revealed chronic understaffing due to diversion of funds from nursing. The family only learned the full extent through litigation.

Another case involved a 75-year-old man in a Phoenix facility who endured repeated falls due to a lack of supervision. In a final fall he suffered a head injury leading to his death. These are not isolated incidents; they reflect broader failures in oversight, where facilities prioritize profits over care.

As Ms. Smetanka noted, related-party transactions hide up to 68% of profits, diverting funds from direct resident services. In Arizona, this contributes to a high turnover of staff and tragic patient outcomes.

**Recommendations for Federal Action**

Based on my experience litigating these cases, I urge the Committee to prioritize the following reforms to protect Arizona's seniors and align with Ms. Smetanka's calls for action:

1. **Enforce Stronger Nursing Home Standards:** Mandate minimum staffing levels based on resident acuity, with penalties for non-compliance. CMS should receive increased funding for surveys and audits of Medicare cost reports to curb fraud and ensure funds go to care, not hidden profits. Arizona's high rate of low-rated facilities demands federal intervention to remove chronic violators from Special Focus lists more swiftly.
2. **Enhance Legal Accountability and Reporting:** Strengthen mandatory reporting laws with protections against retaliation for staff whistleblowers. Invest in free legal aid for victims and families to pursue civil claims, ensuring facilities face meaningful consequences for neglect leading to death.

**Conclusion**

The crisis of elder abuse and neglect in Arizona's nursing homes is a moral and legal imperative we should no longer ignore. The families I represent seek justice not just for their loved ones, but to prevent future tragedies. I implore the Committee to act decisively—boost funding and enforce accountability—to ensure every senior lives with dignity and safety. Thank you for considering this testimony. I am available for any questions or further discussion.

Respectfully submitted,



Martin J. Solomon, Attorney at Law

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**National Association of Long-Term Care Statement**



National Association of Local Long Term Care Ombudsman  
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July 30, 2025

The Honorable Rick Scott  
The Honorable Kirsten Gillibrand  
U.S. Senate Special Committee On Aging  
G16 Dirksen Senate Office Building  
Washington, DC 20510-6050

Re: Written Testimony for July 30, 2025, Hearing on Elder Abuse, "*Awareness to Action: Combating Elder Abuse and Neglect.*"

Dear Senators Scott and Gillibrand and Members of the committee:

We appreciate the opportunity to submit written testimony for the July 30, 2025, hearing, "*Awareness to Action: Combating Elder Abuse and Neglect.*"

The National Association of Local Long Term Care Ombudsman (NALLTCO) represents over 300 Local and Regional Long Term Care Ombudsman, also known as Ombudsman Representatives, throughout the United States. Our members provide direct services to residents of long term care facilities and bring a wealth of hands-on experience across a variety of program settings, including state agencies, county and local governments, Area Agencies on Aging (AAAs), and nonprofit organizations.

**Who We Serve**

LTC Ombudsman serve residents of skilled nursing facilities and assisted living/residential care settings. The majority of these residents are older adults who live with serious health conditions that impairs their ability to self-advocate or protect themselves from abuse or neglect. Many facility residents are isolated and do not have regular visitors or family support.

**What We Do**

Since 1978, the Ombudsman program has used a blend of volunteers and paid staff to fulfill its federal mandates under the Older Americans Act, which include:

- Resident-centered advocacy
- Routine facility monitoring visits
- Investigation and resolution of complaints, including abuse, neglect, and exploitation
- Systemic advocacy
- Information and assistance
- Community and facility-based education on residents' rights
- Support and organization of resident and family councils

We resolve complaints as reported in the National Ombudsman Reporting System (NORS), addressing concerns such as:

- Abuse, neglect, and exploitation
- Admission, discharge, transfer, and eviction
- Access to information, autonomy, choice, and residents' rights
- Financial exploitation and property loss
- Quality of care
- Activities, social services, dietary and environmental issues
- Facility policies and procedures
- Concerns involving outside agencies, service providers and representatives/family conflict

**Our Unique Role in Preventing Abuse**

While law enforcement, Adult Protective Services (APS), and regulatory agencies respond after abuse has occurred, the LTC Ombudsman program is unique in its proactive, preventive approach. By maintaining a regular presence in facilities, we work to identify and resolve issues early, often before they escalate into serious harm. We also provide vital education to residents, families, staff, and visitors about residents' rights and how to address problems constructively.

Most critically, Ombudsmen are the only professionals whose mandate is to advocate solely for the resident. While others assess legal or regulatory violations, we ensure that the individual experiencing care is safe, respected, and receiving the support they need.

When abuse or neglect occurs, Ombudsmen remain engaged with the resident to ensure long term safety and follow-up. No other agency offers this type of ongoing, person-centered oversight after an incident. Our continued involvement is vital to both immediate recovery and future prevention.

**Cost Savings and Impact**

The preventive efforts of LTC Ombudsman save significant resources for federal and state agencies such as law enforcement, APS, and the Centers for Medicare & Medicaid Services (CMS). More importantly, they protect residents from the pain, trauma, and long term consequences of abuse and neglect.

**Current Challenges**

Despite its value, the LTC Ombudsman program is struggling to meet its mandates. Originally launched with a reliance on volunteers and minimal paid staff, the program now faces the opposite situation: a decline in volunteer availability and the increasing need for skilled, paid professionals.

The complexity of Ombudsman work has grown dramatically. Today's Ombudsman must be well-versed in a broad range of state and federal regulations, skilled in negotiation, and able to document their advocacy at a high level of detail. Recruiting volunteers or retaining staff with the necessary experience and commitment is increasingly difficult, especially without competitive compensation.

**A Call to Action**

Every day, residents and their families share heartfelt appreciation for the work of Ombudsman. Our role is central to ensuring the safety, dignity, and well-being of individuals in long-term care.

We respectfully urge the Committee to support the following actions:

1. **Reauthorize the Older Americans Act**, including support for the Older Americans Act Reauthorization Act (S. 2120).
2. **Increase and stabilize federal funding** for the Long Term Care Ombudsman program, Adult Protective Services, and broader efforts to reduce elder abuse nationwide.
3. **Fund and require a comprehensive national study** to determine an updated, evidence-based Ombudsman-to-resident staffing ratio. The last such study, *Real People, Real Problems*, was conducted by the Institute of Medicine in 1995 and recommended a minimum ratio of 1 Ombudsman per 2,000 residents. Given the increasing complexity of long term care, that ratio needs revised to reduce the number of residents per Ombudsman. [Institute of Medicine Report \(1995\)](#)

Thank you for your time, attention, and commitment to protecting the most vulnerable members of our communities. If you have any questions, please contact us at [nalltco@gmail.com](mailto:nalltco@gmail.com) or our Board Chairperson, Karen Jones, at 805-785-0132.

Sincerely,



Karen Jones, Chair  
NALLTCO Board of Directors

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**National Disability Rights Network Statement**



Statement for the Record From  
National Disability Rights Network (NDRN)  
For  
Senate Aging Committee Hearing on  
Awareness to Action: Combating Elder Abuse and Neglect  
July 30, 2025

Thank you for holding this hearing on this critical topic and the opportunity to submit this written statement for the Record regarding how funding of the nationwide network of Protection and Advocacy (P&A) agencies can raise awareness and combat abuse and neglect of older individuals.

The National Disability Rights Network (NDRN) is a non-profit membership association representing P&A and Client Assistance Program (CAP) agencies located in all 50 States, the District of Columbia, and the U.S. Territories. Additionally, there is a P&A and CAP agency affiliated with the Native American Consortium, which includes the Hopi, Navajo, and San Juan Southern Paiute Nations in the Four Corners region of the Southwest.

The P&A/CAP System originated with a single program dedicated to individuals with developmental disabilities, providing legally based advocacy to combat the rampant abuse, neglect, discrimination, and financial exploitation of people with disabilities. It also works to ensure access to services and supports so that people with disabilities can live full and sustainable lives in the community. Over time, with bipartisan support from both Republican and Democratic Congresses and Presidents, the system has expanded. The most recent change to the P&A/CAP System, signed into law by President Trump, focused on addressing concerns about waste, fraud, and abuse in the Representative Payee program. This bipartisan-supported growth has created a robust system that advocates for individuals with disabilities, irrespective of their disability, throughout their entire lifespan.

There is a strong connection between getting older and disability. Approximately 40% of people aged 65 and older in the United States have at least one disability. This percentage increases with age, with about 46% of those 75 and older reporting a disability. Disability is more prevalent among older adults due to factors like chronic conditions and age-related decline.

NDRN is deeply concerned about the negative impact that one specific proposed cut in the President's Fiscal Year (FY) 2026 budget will have on people with disabilities and directly and indirectly older individuals whether they have a disability or not. The proposal eliminates funding for the Protection and Advocacy for Individual Rights (PAIR) program, administered by the Department of Education. The elimination of this program will create a significant void in ensuring that people with disabilities, and by extension others that are older without a disability, are protected from abuse and neglect. This program has positively impacted millions of individuals with disabilities each year with the impact of this work spreading to older adults that may not currently have a disability.

The PAIR program allows P&A organizations to protect and advocate for the legal and human rights of people with disabilities who are not eligible for other P&A advocacy services under the programs for persons with developmental and mental health disabilities or who are seeking vocational rehabilitation services. P&As often use PAIR funds to assist persons with sensory disabilities or physical disabilities unrelated to a developmental disability.

Mobility, vision and disability are disabilities most prevalent in older individuals, and this fact is borne out in the annual statistics regarding individuals served by the PAIR program. In FY 2024 - Older Adults (ages 60 and over) made up 29% of individuals served, with 11% aged 60-64 and 18% aged 65+. These percentages are stable over the last four fiscal years and is a sizeable percentage of the individuals served each year.

Under the PAIR statute, P&As have the authority to monitor for rights and safety violations and conduct abuse and neglect investigations in nearly any setting where individuals with disabilities receive services. This capability serves as a significant independent oversight mechanism to detect abuse, neglect, fraud, and misuse of resources by both public and private service providers for people with disabilities. But the benefits of the changes made because of P&A advocacy do not just impact people with disabilities. Positive changes like increased staff, ending the unnecessary use of restraint and seclusion, or addition of critical services and supports positively impact all individuals, whether they have a disability or not at a facility or in the community.

To give you a feel for the type (and location) of the individual work performed by P&As under the PAIR program, here are some statistics from the last couple of fiscal years. In FY 2021-2024, health care and benefits/services were the top problem areas, making up 23% of all cases. Abuse and neglect represented 6% of issues overall, with a slightly higher proportion of neglect (3%) than abuse (2%). As for the location of these individual cases, nursing homes and institutional living arrangements accounted for 5% of living arrangements showing consistent need for support among institutionalized populations.

While the above discussion focused on the individual cases the P&As have done (almost 9,000 in 2024) P&As also do other types of advocacy work. In FY 2024 they provided information and referrals or technical assistance to almost 18,500 people,

conducted training sessions for just over 92,700 individuals, and had a significant impact on nearly 30.2 million individuals through group advocacy efforts. Like the benefits from individual advocacy, the benefits from these other activities will impact the disabled and non-disabled older adult populations.

While PAIR significantly benefits individuals with disabilities nationwide with a large impact on older individuals with disabilities, the positive impacts from this advocacy also benefit non-disabled older adults. Any elimination or reduction in funding for this vital program will leave older adults without the critical advocacy needed to protect them from abuse, neglect, or financial exploitation. That is why we call on Congress to reject the President's elimination of this program and ensure continued funding of this important program at least at \$20.2 million.

Thank you for the opportunity to provide this statement on how funding of the nationwide network P&A agencies (specifically the PAIR program) can raise awareness and combat abuse and neglect of older individuals. Should you have questions or need more information, please be in touch with Eric Buehlmann, Deputy Executive Director for Public Policy at [eric.buehlmann@ndrn.org](mailto:eric.buehlmann@ndrn.org).

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

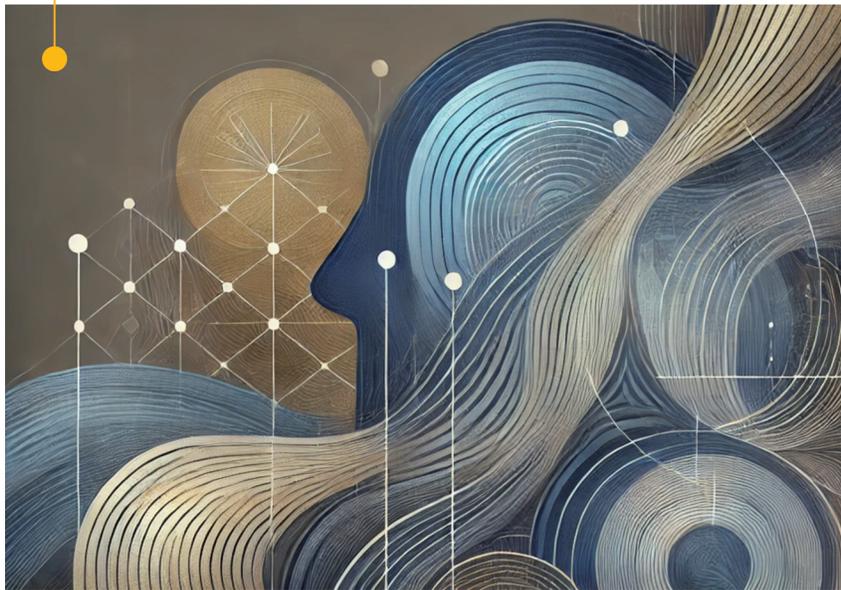
STATEMENTS FOR THE RECORD

**National District Attorneys Association Statement**



## **Prosecutors' Challenges in Elder Abuse Cases: Navigating Decision-Making Capacity and Consent Defenses**

SUMMER 2025



## National District Attorneys Association



NDAA's mission is to be the voice of America's prosecutors and to support their efforts to protect the rights and safety of the people by providing its members with the knowledge, skills, and support they need to ensure justice is attained. NDAA remains committed to serving as the voice of America's prosecutors and ensuring that justice is achieved for the millions of Americans who rely on our members.

As the largest association of prosecutors in the country, NDAA recognizes the vital role that prosecutors play in the safety of local communities. Prosecutors are responsible for ensuring that justice is carried out in a fair and equitable manner, protecting the rights of victims, and holding accountable those who violate the law. NDAA's mission is to support prosecutors in their efforts to fulfill these responsibilities and to promote a criminal justice system that is fair, effective, and accountable.

Through training, technical assistance, and other resources, NDAA provides prosecutors with the tools they need to do their jobs effectively and ethically. We also work to raise public awareness about the important role that prosecutors play in our criminal justice system and to advocate for policies and practices that support the fair and effective administration of justice.

We believe that every American has the right to live in a safe and just society, and we are committed to working with our members and partners to make that vision a reality.

The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the U.S. Department of Justice.

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*Prosecutors' Challenges in Elder Abuse Cases: Navigating Decision-Making Capacity and Consent Defenses*



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*NOTE: The opinions and perspectives shared during the Listening Session and reported here represent those of the participating prosecutors and do not necessarily reflect the official positions or policies of the National District Attorneys Association or the U.S. Department of Justice.*



## Acknowledgements

The Elder Justice Initiative and the National District Attorneys Association sincerely thank the following prosecutors who participated in the September 2024 listening session on decision-making capacity in elder abuse cases. We are grateful for their time, insight, and openness in discussing the challenges they face in the field.

Their thoughtful contributions provided the foundation for this report, which captures the themes and observations shared during the session and offers recommendations for the next steps to support prosecutors handling these cases. We deeply appreciate their dedication to justice and their ongoing efforts to protect older adults.

Vered Adoni  
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## Background and Purpose

To better understand how prosecutors navigate questions of capacity in elder abuse cases, the National District Attorneys Association (NDAA) and the U.S. Department of Justice's Elder Justice Initiative (EJI) convened a two-hour Listening Session in September 2024 with prosecutors from across the country. The session built on insights from EJI's 2022 Decision-Making Capacity Symposium, which identified key challenges in assessing and understanding decision-making capacity in criminal elder abuse cases. This Listening Session focused on the real-world implications for prosecutors, particularly in cases involving financial exploitation, sexual abuse, and caregiver neglect. The perspectives shared reflect the participants' professional experiences and varied approaches, acknowledging differences in training and practice across jurisdictions. The insights in this report are presented as shared by participants and are not intended to reflect formal guidance or authoritative best practices.

The need for this discussion is clear. Research shows that elder abuse prosecutions have increased over the past two decades. Yet despite growing awareness of the issue, many cases still go unreported or are not prosecuted—particularly when questions arise about the victim's ability to make decisions. Uncertainty around capacity and a lack of clear, admissible evidence can prevent cases from moving forward, leaving older victims without justice.

Decision-making capacity intersects with many areas of law and medicine, and uncertainty around capacity can present significant barriers to prosecution. In elder abuse cases, these challenges often arise when consent is raised as a defense. Perpetrators may claim that the older adult agreed to a financial transaction, sexual activity, or care decision—claiming that the individual willingly participated or gave direction. Yet when decision-making capacity is impaired, a person may be unable to fully comprehend or meaningfully participate in decisions, and in some cases, may be entirely unable to engage in the process. Prosecutors must often assess whether there is sufficient evidence that the victim lacked capacity to consent—a determination that can be pivotal in deciding whether to file charges or proceed with a case. At the same time, there is understandable hesitation around limiting or overriding autonomy, as prosecutors aim to respect and support it. These concerns can make prosecutorial decisions about charging especially challenging.

While this session focused on decision-making capacity, the related issue of testimonial capacity—an individual's ability to testify effectively—also affects prosecution decisions but was not included here, as it warrants a separate discussion.

## Key Findings



### Lack of Training & Education

Many justice system professionals—including prosecutors, law enforcement, and judges—lack the specialized training necessary to fully understand and address decision-making capacity in elder abuse cases.



### Resource Barriers

Prosecutors frequently struggle to find clinicians with the expertise to conduct reliable decision-making capacity assessments, especially in rural areas. Cost, limited provider training, and reluctance to participate in trials add additional challenges.



### Gaps in Medical Evidence

Even when medical records are available, they often lack meaningful documentation of the victim's decision-making capacity. The shortage of qualified experts compounds this challenge.



### Legal Complexities

State elder abuse laws vary widely in scope and clarity. In some jurisdictions, statutes are absent, vague, or too narrow—complicating application and enforcement.



### Need for Cross-Sector Collaboration

Effective prosecution depends on stronger collaboration among clinicians, healthcare providers, financial institutions, adult protective services, and law enforcement to support more thorough investigations, informed charging decisions, and more effective interventions.

## Session Overview

### Date

September 20, 2024

### Facilitator

Page Ulrey, Senior Deputy Prosecuting Attorney, King County, Washington

### Participants

Thirty-five prosecutors and one Elder Abuse professional from 27 states voluntarily participated in the listening session, offering insights from a diverse range of jurisdictions:

- The majority represented areas with populations of over 500,000.
- Nearly one-third came from jurisdictions with populations between 100,000 and 500,000.
- Over half of the participants worked in offices with 10–49 staff members, with one-third from offices with 100 or more staff.
- All but five participants had more than 10 years of experience as prosecutors, with most having 1–9 years of experience handling elder abuse cases. See Appendix A for participant statistics.

### Purpose

The listening session focused on three key goals:

- Identifying prosecutorial barriers in elder abuse cases when decision-making capacity is at issue.
- Exploring best practices to strengthen investigations and prosecutions when decision-making capacity is a factor.
- Assessing the training needs of prosecutors and other professionals involved in these cases.

## Key Discussion Areas



### Legal and Systemic Challenges

#### KNOWLEDGE GAPS

Prosecutors, law enforcement officers, adult protective services (APS) workers, and judges are not well-versed in elder abuse, and they are even less familiar with the nuanced issues surrounding decision-making capacity.

- Prosecutors expressed concern that many law enforcement agencies lack personnel or specialized units trained to investigate these cases—particularly those involving decision-making capacity. In some jurisdictions, elder abuse units have been disbanded, further undermining the ability to conduct thorough investigations and pursue prosecutions.
- Interactions with older adults who do not show obvious signs of impairment pose significant challenges for law enforcement, often limiting the recognition of abuse and the identification of cases where a capacity assessment may be necessary. As a result, cases may never reach a prosecutor for consideration or may lack the evidence needed to proceed with charges.
- Law enforcement often categorizes financial exploitation as civil rather than criminal, leading to cases not even reaching the investigation stage.

*"The number of times I heard, 'Oh, it's civil,' and it's not! We heard that all the time. That it was civil. Luckily, we had really good partners in our law enforcement training academy and [we were able to] start training ... a couple years ago. So, we're getting help on the training issue, but I understand everyone else's struggle."*

- Some jurisdictions assign financial exploitation cases to property crime detectives, whose property or financial crime background may leave them unprepared to address the complexities of elder abuse, particularly when cognitive impairment is involved.

*"[P]roperty crime detectives ... don't necessarily have the interpersonal tools to deal with the families of these individuals or our victims, and so they dealt with the financial side—and they do a really good job there—and then we get the case, but we don't have the diagnosis established."*

- Prosecutors emphasized the invaluable role of APS, recognizing their expertise in aging, abuse, and efforts to both ensure client safety and support investigations. However, they noted that when criminal prosecution is pursued, assessments of decision-making capacity often involve legal standards and specialized training beyond what APS typically receives, particularly given the distinction between assessing capacity to consent to services and evaluating capacity in a criminal context.

*"APS workers ... have great care and concern, but they're not really using any current test models for assessing capacity. And they're using their personal judgment or personal opinion ..."*

### Key Discussion Areas

- Judges may misapply legal standards by conflating guardianship laws with criminal proceedings leading to incorrect determinations by the court of capacity and consent.  
*“And the judge said, well, that sounds like consent to me. And yet [the victim] was under a guardianship.”*
- Judges sometimes have difficulty grasping the complexities of decision-making capacity, particularly when dealing with retrospective assessments.  
*“[The judge] doesn’t believe that you can have a doctor’s opinion that is retrospective ... Even if you have three doctors and they all gave opinions ...”*
- Some judges appear to question whether financial exploitation truly constitutes a criminal offense, suggesting that older adults naturally give away money or are simply forgetful—overlooking signs of undue influence and exploitation. Prosecutors also described encountering ageist assumptions in court with judges minimizing concerning evidence by attributing it to aging rather than abuse.  
*“You get into ageist ideology and the judges all of a sudden saying, ‘Oh well, it says this,’ and then you start bringing in [other information] but now they’ve got these bruises ... [and the judge is saying], ‘Well, you know that old people have thin skin ...’ You say, ‘With all due respect, your Honor, that’s an ageist ideology and not necessarily so.’ You’re trying to educate without getting contempt ...”*
- Prosecutors note that the term “dementia” is often used as a catch-all to describe a range of symptoms, particularly memory loss. However, the older adult may not have a formal dementia diagnosis—or any diagnosis at all. This imprecise and casual use of clinical terminology can complicate efforts to identify and prove issues related to decision-making capacity, especially in the absence of clinical findings.

### LACK OF ADEQUATE ELDER ABUSE LEGISLATION

- Many jurisdictions lack specific laws to address capacity-related issues and defenses in elder abuse cases or have laws that are inadequate.
- In some states, the statutory framework for prosecuting financial exploitation is limited or unclear, particularly where decision-making capacity is a central issue.  
*“Our statutes are pretty poor here. Our elder abuse statute is essentially a ... theft statute, only they add another element that you have to have a vulnerable adult, which is generally defined as having a mental defect where you can’t take care of yourself. So often times as a prosecutor you make a decision to charge the ... theft which carries a stricter penalty and has one fewer element [to prove].”*  
*“We also just recently had to revise a law that said if somebody was put on your bank account, you gifted them all of that money. I don’t know who here has had a case where some caregiver got their name put on [the victim’s] bank account and that law ... basically allowed [the caregiver] to clear that account out and there were no consequences. That’s only very recently been fixed.”*
- State elder abuse laws often distinguish between victims based on living arrangements—presuming vulnerability for those in facilities while overlooking the potential vulnerability of older adults living in the community, whether independently or with others.  
*“[I]f you are a resident of a facility, you’re presumed [to be] a vulnerable adult. But somehow if you are living at home, you’re not, even though you may be incapacitated at home [receiving] different services ... [A]nd there is a push now for more people to stay at home than be in facilities.”*

### Key Discussion Areas

- Prosecutors emphasize the challenge of presenting evidence when victims with diminished decision-making capacity are not allowed or are not able to testify in court. Constitutional protections currently limit the admissibility of alternative evidence, leaving prosecutors with few tools to effectively present these cases.

*"The laws have advanced to make exceptions for how the forensic interviews can be used, but the constitutional right to confrontation is a barrier really until our laws make some accommodation. I'm wondering what's the best way to convince our lawmakers to make or carve out some space to give us some tools to work with that. I'm very concerned about that."*

#### HIGH COSTS OF CAPACITY ASSESSMENTS

- The significant expense of clinician-conducted capacity assessments and their reports can limit access and impede or halt case progression, especially when no funding source is available.
- Prosecutors uniformly expressed concern about the financial barriers.

*"I don't have the budget for it ..."*

*"We really find that we don't have the resources or the expertise that we need to get the evaluations that would make these cases so much better."*

- One prosecutor described a case in which confirming the victim's dementia impaired decision-making capacity required multiple assessments. This not only delayed progress, but it also made it harder to justify the associated costs to their office.

*"It's really hard to justify some of the expenses ..."*

- Another prosecutor described how a VOCA grant allowed their office to fund capacity assessments and quickly see the significant positive impact these evaluations can have. However, they emphasized that these funding opportunities are rare, short-term, and not accessible to all who need them.

*"We did get a grant, so I was able to kind of ... measurably see the difference ... when we had funding available and could get an evaluation quickly ..."*

#### CHALLENGES IN PROVING FINANCIAL EXPLOITATION

- Prosecutors frequently encounter difficulties in establishing whether financial exploitation has occurred, particularly when allegations involve consent, caregiving, or compensation. These challenges are compounded when the victim has diminished decision-making capacity, raising the critical question: "Was this exploitation, and, if so, how can it be proven?"

- Prosecutors emphasized the critical role of expert testimony in overcoming common defense strategies that rely on victim memory issues and skepticism from judges and juries.

*"I think a doctor like Doctor Mosqueda or other geriatricians who cannot only testify to the substance of ... our victim's incapacity but also just add something, I think, to the seriousness of the case and get respect from the judge."*

### Key Discussion Areas

- The challenge of proving decision-making capacity after the fact was emphasized, as capacity can fluctuate and is often hard to establish it with certainty at a specific point in time.
 

*"[The judge] doesn't believe that you can have a doctor's opinion that is retrospective."*

*"We've had a judge say, As [to an acquittal motion], cognitive decline is not a linear thing, and it goes up and down and up and down. So, it's your burden, State, to show that when these financial decisions were made that it was on one of the down slopes. And without an expert other than the generalist to say there's general cognitive decline, what is your proof?"*
- Prosecutors explained how transactions within families or other close relationships are often framed as gifts or payments for services, and prior gifting or compensation can make it more difficult to determine whether the current transaction constitutes exploitation.
 

*"[The] defense is claiming it was a gift and you think that your victim had dementia and so didn't have capacity to give a gift ..."*

*"[T]he defendant [is saying], They gave it to me."*

*"[I]n the exploitation realm, where there's diminished capacity but not total incapacity, is this a gift or is this a theft?"*
- Power of attorney, guardianship, and conservatorship issues—rooted in civil law—add additional complexity to criminal financial exploitation cases. Prosecutors described the challenge of applying civil standards that define authorized actions to criminal cases where they must prove that the defendant's conduct exceeded authority and constituted a crime.
 

*"[There is a] civil rule that says [the spending] has to be for the benefit of the principal."*
- Prosecutors also expressed concerns about the fluid nature of decision-making capacity and its impact on their cases. They noted that fluctuating capacity can make it challenging to determine whether the victim was capable of consenting at the time of the alleged offense. This variability complicates efforts to establish a clear timeline pinpointing when the victim either had or lacked capacity to consent to the transaction or action in question.
 

*"[C]apacity is such a moving target."*
- One prosecutor noted that pursuing a case based on undue influence can be simpler than proving a lack of decision-making capacity. Emphasizing the defendant's manipulative behavior allows prosecutors to avoid complex capacity issues and put the focus on wrongful conduct.
 

*"I'm going to go back to undue influence whether they're competent or capable or [not] ..."*



### Defense Strategies

#### CHALLENGING CAPACITY EVIDENCE

Defense attorneys frequently dispute medical or expert evaluations by pointing out gaps or inconsistencies in the records. They challenge the victim's capacity in multiple ways: if a diagnosis exists, they argue the victim does not remember consenting or directing the conduct, undermining the victim's credibility; if no diagnosis is present, they claim the victim was fully aware and knowingly consented to the transaction or action. Both strategies are used to create doubt and potentially weaken the prosecution's case.

## Key Discussion Areas

### CONSENT AS A DEFENSE

Defense attorneys often argue that victims retained capacity to consent, even when cognitive impairment is evident. They point to the victim's ability to manage certain aspects of daily life or finances as evidence of overall capacity. This argument relies on the concept of partial capacity—the idea that a person can have capacity in some areas while lacking it in others—and is used to claim that the victim was capable of consenting to the specific transaction or action in question. Prosecutors face the challenge of carefully distinguishing between decisions the victim could make independently and those where diminished capacity made them vulnerable to exploitation. To navigate these nuances effectively, prosecutors rely on trained clinicians who can assess and clarify which decisions victims can make and which require protection. At the same time, prosecutors strive to respect and uphold the independence and autonomy of victims.

*"The [victim] must have capacity because they knew to write a check to the electric company and they were able to give their grandson \$2000. So maybe they decided to give \$200,000 to their [care] aid."*



## Evidence and Expert Witness Challenges

### ADMISSIBILITY OF SCREENING TESTS AND ASSESSMENTS

Prosecutors highlighted several challenges related to capacity assessments, including the limitations of commonly used screening tools, questions about the required level of expertise for admissibility, and uncertainty over legal standards for introducing assessments in court.

- It was widely acknowledged that screening tools—such as the St. Louis University Mental Status (SLUMS), Montreal Cognitive Assessment (MoCA), Mini-Mental State Exam (MMSE)—are generally inadmissible in court and cannot replace formal decision-making capacity assessments. Prosecutors noted that many primary care providers lack sufficient training in cognitive screening and may rely on tools that inadequately assess domains of cognition, particularly executive function.

*"[Materials like APS screening tools might be helpful for context] but, generally, we want a doctor or somebody else by the time we get to trial."*

*"[S]o many of these primary care providers have no training in screening for dementia and that if they do any kind of screening test, they do the Mini Mental State Exam, which is usually not adequate to screen for decline of cognitive function, certainly not executive function ..."*

- Prosecutors also highlighted confusion among judges about the proper legal standards for admitting capacity assessments, which can complicate cases. In some instances, judges may misapply or fail to apply the appropriate evidentiary standards.

*"[I]n one of the preliminary hearings we applied guardianship law [but the judge] wanted us to apply the standard for admitting expert testimony. ... We're a Daubert state [so] that's not an issue before trial."*

Several prosecutors noted that formal capacity evaluations not only provide critical expert opinions but can also serve to educate judges and juries about the nuances involved in assessing decision-making capacity.


 Key Discussion Areas
**UNRELIABLE MEDICAL RECORDS**

Medical records frequently lack comprehensive capacity assessments, and many healthcare providers are reluctant to testify in these cases.

- Medical records are essential at every step of prosecution, yet they can be difficult to obtain. Prosecutors rely on cooperation from healthcare providers, and current processes often create obstacles that slow or prevent timely access.
- Even when available, information about a victim's cognitive status is often absent from medical records. When such information exists, it may be inaccurate, incomplete, or based on flawed assessments. Several prosecutors noted discomfort relying solely on medical records to establish diminished capacity.

*"Even when I get medical records, either the competency evaluation wasn't done, isn't included, or doesn't have the relevant information I need."*

*"I went back 15 years on her medical records to finally find where ... it was actually referenced as Alzheimer's—that [the victim has] Alzheimer's—and that stuck, and it transferred through everything. And it was inaccurate."*

- Medical records may lack information about cognition because physicians may be reluctant to document cognitive decline, especially when a suspected abuser has access to the records. Although digitization may improve record completeness, prosecutors noted that the absence of a diagnosis in the records does not mean the condition is absent.

*"[Doctors] are hesitant to start putting some of these things in the charting because it goes automatically and [those who may seek to exploit] can see it right away."*

- When family members or others—especially perpetrators—heavily influence the information provided during an assessment, the reliability of that assessment can be compromised. Treating physicians may not fully recognize the potential for manipulation or the possibility that the information they receive has been shaped by someone whose interests conflict with those of the older person. As a result, capacity assessments documented in the medical records may reflect the perpetrator's perspective rather than the patient's true condition.
- Prosecutors also emphasized the importance of ruling out other potential causes of cognitive impairment—such as delusions, medication side effects, or urinary tract infections (UTIs)—before drawing conclusions about capacity.
- They noted that primary care physicians and other providers sometimes overlook or fail to adequately consider these contributing factors.

*"We're bringing somebody from the medical school just on [pharmacology] as one of our speakers about the impact of pharmacology on seniors in terms of prosecuting those cases."*


 Key Discussion Areas

**CLINICIAN SHORTAGES**

Shortages of qualified clinicians create significant obstacles to obtaining decision-making capacity assessments. The demand for qualified clinicians, such as psychologists or physicians, to conduct these assessments far exceeds the supply, particularly in rural areas.

- Prosecutors noted that primary care physicians often lack the specialized training and experience necessary to conduct reliable capacity assessments, which can hinder their ability to obtain clear, authoritative medical evidence crucial for prosecution.
- A major obstacle is the shortage of professionals trained to conduct forensic capacity evaluations, which can delay or even block cases. This shortage is especially pronounced in rural communities, where access to qualified clinicians is severely limited.

*"[I]n a situation where you need to establish incapacity of your victims, most of us, with a few exceptions, just don't have anyone to turn to."*

*"[The gap in access to qualified evaluators [is] causing [us] not to be able to bring cases."*

- Further complicating prosecution, many physicians and clinicians are hesitant to participate in criminal cases. Law enforcement and prosecutors face resistance from experts who are reluctant to testify, cite scheduling conflicts, or require substantial compensation.

*"[T]here is a real resistance I found in the field where you know, there's a significant proportion of experts that we contact just do not want to go anywhere near criminal trials."*

- Prosecutors distinguished between primary care physicians and specialists with expertise in capacity evaluations, such as psychologists and neuropsychologists. While some acknowledged the value of the continuity of care offered by primary care physicians, concerns about the quality and rigor of their capacity assessments were widespread.

*"[G]eneral practitioners ... actually know these victims and they can see the change in them, if you will, from being in a position where they're fairly cognizant to where they're no longer cognizant."*

*"[W]e've had significant issues with primary care providers who are not doing very good capacity assessments."*

*"[The physician] spent a good bit of time with [the victim]. It didn't seem like he had dementia. He had perfect recall. We call the doctor. We were like, 'Well, what's going on? You signed a paper saying that he has dementia. How did you assess this?' And the answer was, basically, 'I didn't.' So that was a disaster."*

*"[We had a] doctor that would say, 'I don't need to be an obstetrician to tell you that you're pregnant, and I don't need to be a gerontologist to tell you that you got cognitive decline,'—which is all nice and folksy."*

*"[We now have] in three different trials [the] defense calling the victim's primary care provider to say [the victim doesn't] have any dementia, because [the physician] never actually even tested for it."*

- To address the shortage, prosecutors described consulting multidisciplinary teams (MDTs) or partnering with APS to identify potential experts when clinical resources are scarce. Some are expanding access using virtual assessments, particularly in rural or underserved communities, though emphasizing the need for safeguards to prevent undue influence during virtual assessments.

*"[M]aking sure that our suspect is not sitting in the room with our victim when [the clinicians] are trying to do those evaluations."*

### Key Discussion Areas

- Other strategies include working with retired professionals to help manage the volume of cases.  
*"I've been working with a retired psychiatrist [who worked for state government] ... on my mental health cases. That has been helpful because of just the volume of cases that that my office is seeing."*
- Many prosecutors expressed a strong need for a centralized resource or directory to help locate qualified professionals willing and able to conduct capacity assessments. They also noted that these assessments are more likely to be completed when strong partnerships exist between APS or social services organizations and clinicians or healthcare providers.

### ALTERNATIVE WITNESSES

Because expert assessments can be difficult to obtain, prosecutors are increasingly turning to other sources of evidence to demonstrate patterns of diminished capacity, such as bank employees, care facility staff, or family and friends. These individuals can provide valuable observations of changes in the victim's behavior, judgment, or spending patterns, offering crucial context for understanding the victim's capacity at the time of the offense. This reliance reflects necessity, not preference.

*"[W]e've really had to rely upon the lay witnesses ..."*

### FEDERAL AGENCY BARRIERS

Prosecutors face significant challenges obtaining cooperation from federal agencies, particularly the Social Security Administration (SSA) and Veterans Affairs (VA) during elder abuse investigations.

- Accessing Social Security records is often slow and cumbersome, hindering investigations—including those involving homicides. Although local jurisdictions handle prosecution, they frequently encounter substantial obstacles in obtaining federal information and records.  
*"I mean if you want Social Security information, it's like getting, you know, an act of God sometimes ..."*  
*"I think if you get the right general counsel, you can get through."*
- Similarly, cases involving VA evaluations are complicated by challenges in obtaining records or contacting clinicians or healthcare professionals who conducted the assessments, sometimes leading to plea agreements rather than trials.
- Prosecutors suggested that the federal government could better support local investigations by streamlining access to essential records and resources. One prosecutor shared an example from their jurisdiction where collaboration between local and federal authorities improved information access: an SSA agent actively participated in the local MDT and facilitated the records request. This prosecutor recommended that this model—federal involvement in local teams—be adopted more broadly to strengthen elder abuse investigations, including greater engagement by federal prosecutors.  
*"[A]s to getting the records, sometimes [we] enlisted the U.S. Attorney's Office [in the SSA's agent's jurisdiction] to assist."*



## Actionable Next Steps



### Develop Training

NDAA and EJI are collaborating to create web-based training and resource materials for prosecutors, focusing on capacity-related issues and best practices in handling elder abuse cases.



### Create and Support an Online Network

The NDAA, in collaboration with EJI, has launched a dedicated webpage and discussion forum where prosecutors can exchange best practices, legal strategies, and resources. EJI is developing complementary online tools and materials to further support this growing network.



### Survey Prosecutors Nationwide

The NDAA, with support from EJI, will conduct a national survey to gather data on both the challenges prosecutors encounter and the resources available within prosecutor offices for handling elder abuse cases.



### Strengthen Expert Networks

The NDAA, in collaboration with EJI, will focus on developing strategies to connect prosecutors with clinicians, addressing the challenges posed by shortages in many communities.



### Promote Legal Clarity

The NDAA and EJI intend to support efforts to clarify capacity-related issues and establish clearer definitions of undue influence.

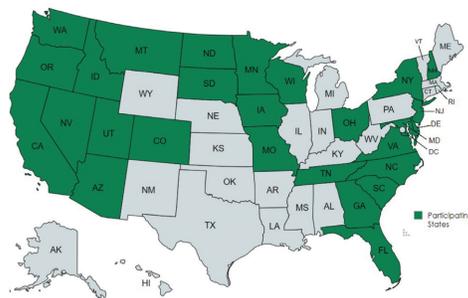


## Conclusion

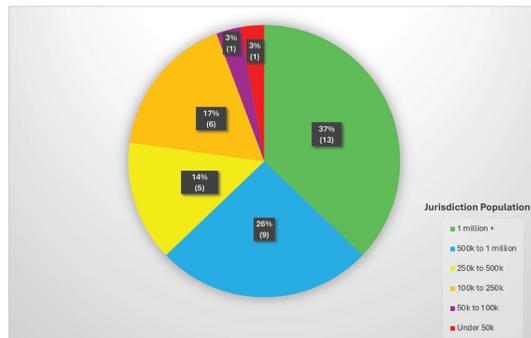
The Listening Session underscored both persistent challenges and meaningful opportunities for progress. Closing training gaps, expanding access to expert evaluations, and strengthening legal frameworks are critical steps toward advancing elder abuse prosecutions with the goal of improving the legal system's responsiveness to the needs of older Americans. The NDAA and EJI remain committed to supporting prosecutors through continued collaboration and the development of practical tools and resources.

## Appendix A. Participant Statistics

### Participant Locations

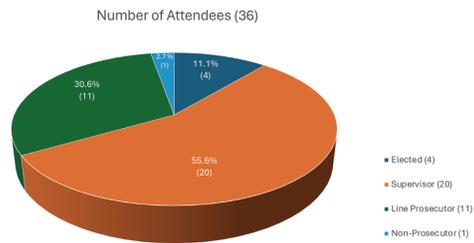


### Attendee by Jurisdiction Size

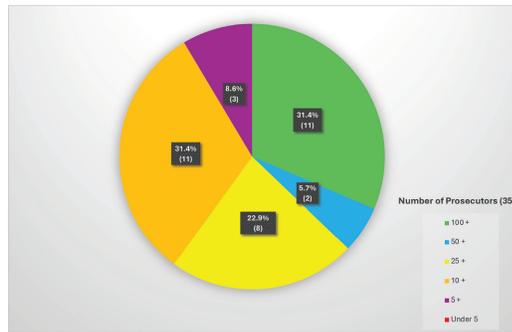


Appendix A. Participant Statistics

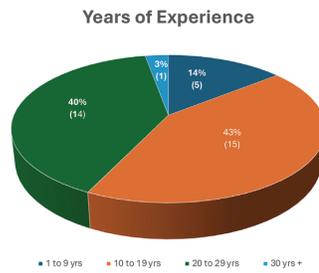
### Attendance by Position



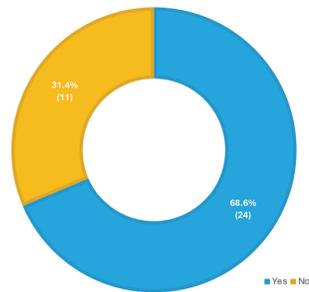
### Size of Office



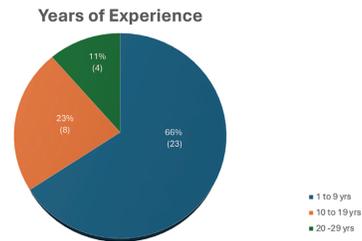
### **Participant's Total Prosecution Experience**



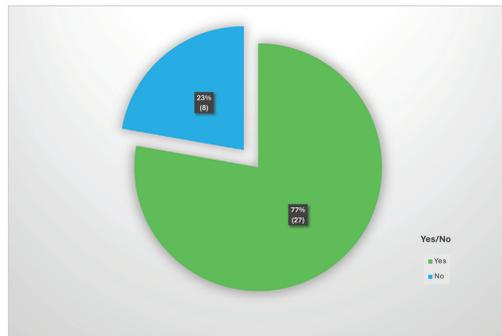
### **Attendance by Supervisory Attorney**



### Participant's Elder Abuse Prosecution Experience



### Office Elder Abuse Unit/Dedicated Prosecutor



## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

## STATEMENTS FOR THE RECORD

**Raymond DiFrancesco Statement**

My name is Raymond DiFrancesco. I have been a resident of Carnegie Post Acute Care in Princeton, NJ for the last three years. I'm a founding member of NJ Nursing Home Residents United and a Leadership Board member of National Consumer Voice.

Thank you for allowing me to submit written testimony to the US Senate Committee on Aging session on July 30, 2025 titled "Awareness to Action: Combating Elder Abuse & Neglect."

After participating in many discussions in my facility and with residents from other facilities across the state, I came to the realization that the biggest abuse problem in nursing homes is that the owners don't think there's a problem. Elder abuse and neglect take place in nursing homes throughout NJ and the country, and it isn't just limited to underperforming one-star facilities.

Nursing homes residents may not be subjected to being beaten but we are subjected to abuse and neglect that can be fatal. Abuse and neglect aren't limited to physical abuse. I'm often reminded of a famous quote from Lady Allen Hurwood, "Better a broken bone than a broken spirit." Nursing home residents are regularly stripped of their sense of control, self-worth, humanity and dignity.

A member of the NJ Nursing Home Residents United said something that really stuck with me: "People care so much for little children but why don't they care as much for elderly people."

For example, let's say you go to pick your child up at daycare and you find your child crying with a black eye, sitting on a chair that has a puddle of urine underneath it. What would you do? Just leave and say nothing? Would you bring your child back the next day? Similar situations like this happen every day in nursing homes. Residents are:

- Not taken to the bathroom because the nursing home is understaffed.
- Told to have their bowel movement in the day room in front of their fellow residents because they are wearing a diaper.
- Hurt by other residents, many with behavioral or mental health issues, with the incident being minimized or covered up by administration.

When people are looking at potential nursing homes, they are told that residents can maintain their independence and quality of life as much as they're physically able. This sense of independence is guaranteed in the "Residents' Rights" legislation. Residents quickly find out that this is not true. The loss of freedom can have a severe impact on residents, leading to isolation and depression. All too frequently, residents are expected to conform to:

- Meal choices and meal times
- Bathing schedules
- Roommate selection
- Limited activities and transportation

- Available doctors

Bed-bound residents often have the worst experiences and not always because of their health conditions. Isolation can devastate people. Through cutbacks in activity staff, caregivers may be the only social interaction they have. Their CNAs are often different each day and can cause them pain during bathing because they don't know the resident's physical condition and issues. If the resident has challenges feeding themselves, they may not eat because of lack of nursing staff.

There is this misconception that nursing homes provide a high level of care. Many residents would disagree with this idea. For example, a woman had been suffering from a stomach virus that had spread through the nursing home. She had been vomiting for several days and was experiencing diarrhea for 12 days before the Director of Nursing authorized the resident be sent to the hospital. The Emergency Room doctors determined that she was severely dehydrated and her organs were beginning to shut down. The good news is that the resident recovered from this episode but her health never fully recovered and she later died.

If you say anything about your treatment or the treatment of others, you are labeled as a "troublemaker." Then, often subject to retaliation such as longer call bell response times, poor care and verbal abuse. When I contacted the state over the treatment of a mentally challenged resident, I was called into the administrator's office and told that the nursing staff may not want to take care of me because I called the state.

Residents are basically told to either "shut up" or "leave," but because of the Older Americans Act and state programs we have other options. Nursing home residents sometimes feel that the administration has all the control. Not true, we have our own voice, possibly an active Resident Council, or maybe a supportive Social Worker.

The NJ Ombudsman's team has been instrumental in helping residents address neglect and abuse. For example, the Ombudsman's team:

- Addressed food quality when the food was so poor that residents couldn't even identify what was served.
- Provided advice and guidance to help resolve an issue where a resident was screaming for help all hours of the day and night. The staff wouldn't (or didn't know how to) address the resident's needs and ignored the stress and sleepless nights for the resident's roommate and other residents on the floor.
- Audited CNA timesheets to determine that weekend CNA staffing was inadequate for months and the facility was later fined and restricted from admitting new residents until the staffing issue was resolved.
- Stepped in when a facility attempted to influence the election of a Resident Council President

- Intervened with the Director of Nursing to remove obstacles that prevented a resident from getting the outside medical care the resident desperately needed.

My ask for today is that you reauthorize the Older Americans Act and support the other priorities included in Lori Smetanka's testimony to this committee, such as enforcement of federal standards in nursing facilities and supporting direct care staff and adequate staffing. National Consumer Voice provides legislators valuable insights into nursing home issues.

Please take into consideration the life of nursing home residents when evaluating legislation. Don't only listen to the nursing home lobby. Come speak to us, the nursing home residents in your district. Remember that we worked, paid taxes and still vote. Residents—not the nursing home lobby—are the constituents you were elected to represent.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**USAgging Statement**

## AREA AGENCIES ON AGING

# Local Leaders in Aging Well at Home



**USAgging**

## USAging



**USAging represents and supports** the national network of Area Agencies on Aging (AAAs) and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities.



**This brochure features** an overview of the latest data gathered from AAAs nationwide to provide a snapshot of the evolving role these vital agencies play in the planning, development, coordination and delivery of a broad range of aging and other home and community-based services in every community in the United States.

All data in this report, unless otherwise noted, is from the 2022 National AAA Survey, which was funded by the U.S. Administration for Community Living. For details, visit [usaging.org/research](https://usaging.org/research).

### An Aging Nation

In 2019, 16 percent—or 54.1 million—Americans were age 65 or older. With an estimated 10,000 people turning 65 each day, by 2040, an estimated 80.8 million—or one in five Americans—will be age 65 or older.<sup>1</sup>



2019—54.1 M

These numbers represent unprecedented demographic change and are driving a corresponding increase in the need and demand for health and social services to support a sound quality of life for millions of older Americans.



2040—80.8 M

We know that the aging of our nation's population will impact federal entitlement programs, such as Social Security, Medicare and Medicaid, but there is less awareness that this shift will also significantly increase demand for home and community-based services (HCBS), like those offered by Area Agencies on Aging (AAAs).

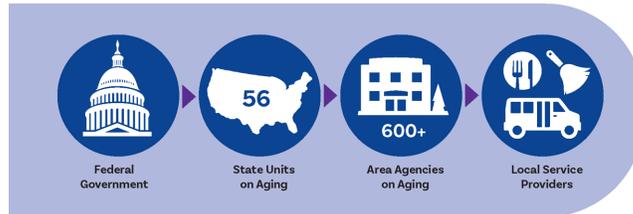
**Because HCBS cost a fraction of the cost of institutional care options** like nursing homes and skilled care facilities, bringing services to people where they live helps them save their own and government resources, making this a more sensible approach from a fiscal and human perspective. AAAs play a critical role in ensuring the development of HCBS options in every community! Here's how they do it...



According to AARP, **most (85 percent) Americans age 65 and older want to age well at home**—and not in institutions such as nursing homes. Yet estimates show that 70 percent of people age 65 and older will eventually need long-term care—and to live successfully in their homes and communities, most people will eventually need some level of service or support.<sup>2</sup>

<sup>1</sup> U.S. Administration for Community Living, 2021 Profile of Older Americans, [https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans\\_508.pdf](https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf).  
<sup>2</sup> Richard Johnson, Urban Institute, What is the Lifetime Risk of Needing and Receiving Long-Term Services and Supports?, <https://aspe.hhs.gov/reports/what-lifetime-risk-needing-receiving-long-term-services-supports-0e---text=our%20results%20show%20that%2070%20percent%20of%20adults%20who%20survive%20to%20care%20over%20their%20lifetime>.

## The AAA Role in the Aging Network



Area Agencies on Aging were formally established in the 1973 Older Americans Act (OAA) as the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. For 50 years, AAAs have served as the local leaders on aging by **planning, developing, funding and implementing local systems** of coordinated aging and other home and community-based services for consumers in their Planning and Service Areas (PSAs).

The OAA was intentionally designed to give AAAs the flexibility to ensure that the **local needs and preferences of older adults** are considered and reflected in the design and implementation of local service delivery systems.

Once AAAs receive input from consumers, service providers and other stakeholders, they develop **Area Plans**, which outline local needs and proposed recommendations for programs and services for older adults and caregivers.

**AAAs provide some services directly and others through contracts with local service providers.** Most AAAs contract with local service providers for meals, transportation and in-home services. However, most AAAs are direct providers of Information and Referral/Assistance, case management, benefits/health insurance counseling and family caregiver support programs.



### AAAs Serve Communities

Building on their designated roles under the OAA, AAAs tap other funding streams and take on other roles to further meet their missions and to serve more older adults and caregivers, as well as people of all ages living with disabilities.

#### Yet All AAAs...

- **Assess** community needs and develop and fund programs to respond
- **Educate** and provide direct assistance to consumers about available resources in their communities
- **Serve** as portals to care via assessments, eligibility determinations, and coordination or monitoring of services
- **Maximize** use of public and private funding to serve as many consumers as possible
- **Develop**, fund and coordinate a wide range of services



### Core AAA Services

One of the OAA's foundational principles is that the programs and services created to help support consumers in their homes and communities are customized to meet their individual needs. While AAAs provide a core set of programs and services via the OAA, there's nothing one-size-fits-all about the way the AAAs offer those services and supports to their clients to ensure that their unique needs are prioritized and met.



A foundational role of AAAs is to create **local information and referral/assistance (I&R/A)** hotlines to help consumers find aging and other home and community-based services. AAAs help clients match services and solutions to their individual needs, enabling consumers to age in place with increased health, safety and independence.

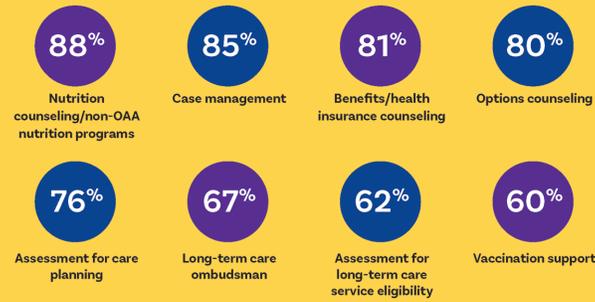
The image shows a woman with dark curly hair looking at a laptop screen. To her right is a blue overlay box with a circular icon of an elderly man on a phone. The text in the box reads: "The national Eldercare Locator hotline and website helps connect consumers to the local resources provided by AAAs. 800.677.1116 www.eldercare.gov".

### AAA Evolution and Innovation

While their fundamental mission has not changed, the scope of services provided by all AAAs has broadened to address growing and evolving client and community needs. Today, AAAs operate complex delivery systems that provide access to a range of community-based, in-home and elder rights services.

**The average AAA offers more than a dozen additional services beyond the core offerings.**

Common non-core services offered by AAAs include:



### Many AAAs serve people younger than age 60

Population	Percent
Consumers under age 60 who qualify for services because of disability	77%
Caregivers of all ages	75%
Consumers with dementia of all ages	49%
Consumers under age 60 who qualify because of chronic or serious illness	45%
Veterans of all ages	33%

**AAAs Provide a Variety of Services Through Health Care Contracts**



Care transitions services



Home care services (including participant-directed care)



Assessment for long-term services and supports eligibility



Care coordination, case management and person-centered planning



Nutrition



Evidence-based programs for chronic disease management, fall prevention and mental health



Transportation

## AAAs Address the Social Drivers of Health

As long-standing, trusted community resources, AAAs are experts at providing programs and care that address social needs that affect health outcomes, such as access to nutritious food, housing, transportation and social support. AAAs increasingly contract with health care entities such as medical providers, health plans and health systems to address these health-related social needs to drive better health outcomes.

In 2021, **47 percent of AAAs** were contracting with health care entities, a number that has risen steadily over the past decade and continues to grow.<sup>3</sup>

Top contracted services include assessment for health-related social needs, care transitions, home care, care coordination/case management, nutrition, evidence-based health promotion/disease prevention programs and transportation.

Growing numbers of AAAs are leading networks of community-based organizations (CBOs) to better support their work with health care entities to address the social drivers of health and meet their missions. This helps streamline the contracting process for their health care partners and increases their own geographic reach. Between 2017 and 2021, the proportion of AAAs that report contracting as part of a network of CBOs doubled from 22 percent to 44 percent.<sup>4</sup>

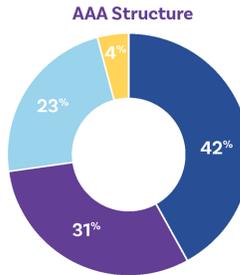
<sup>3</sup> Aging and Disability Business Institute, USAging, *AAAs Address Social Needs Through Contracts with Health Care*, [www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2022/07/Survey-Spotlight-AAAs-508.pdf](https://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2022/07/Survey-Spotlight-AAAs-508.pdf).

<sup>4</sup> Ibid.

### A Nationwide Network Driven by Local Needs

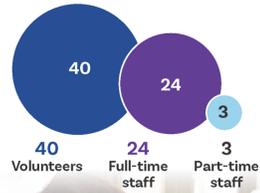
In 2023, 614 AAAs served older adults in virtually every community in the nation. In the few states without a local AAA infrastructure—those with small populations or sparsely populated land areas—the state serves the AAA function.

The OAA is foundational for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support older adults' health and independence. All AAAs share the same mission and a set of core programs and services, however.



- An independent, nonprofit agency
- A part of city/county government
- Part of a council of governments or regional planning and development agency
- Other

#### Median AAA Workforce

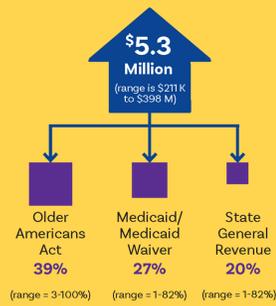


The number and geographic size of AAAs varies by state. State Units on Aging determine the number of service areas, which then drives the number and size of AAAs in that state. While most states have between six and 16 AAAs on average, larger states often have more.





**Median AAA Budget**



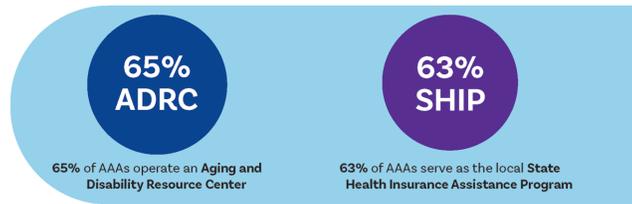
The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

Budget Source	% of AAAs receiving funding
State general revenue	66%
Local government	55%
Medicaid/Medicaid Waiver	41%
Grant funds/fund development	38%
Other federal funding	35%
Other state funding	29%

### Many Names, Many Partners, Many Roles: One Mission

While only designated AAAs can use the Area Agency on Aging title, not all AAAs include “Area Agency on Aging” in their operating names. For example, a nonprofit AAA may be called “Senior Resources” or a county-based AAA may use “ABC County Office on Aging.”

AAAs administer many other well-known programs and services directly or in partnership with other entities. But no matter what program or service a AAA offers, it remains a AAA.



#### Most Common Partnerships

AAAs are the local leaders on aging in the communities they serve, creating a hub for aging services, and they work with a range of partners to meet their missions. These are some of the most common partnerships, by percentage of AAAs.

Adult Protective Services	89%
State Health Insurance Assistance Program (SHIP)	84%
Transportation agencies	83%
Disability service organizations	78%
Medicaid	77%
Federal programs/departments (e.g., Social Security Administration, Veterans Administration Medical Center, Bureau of Indian Affairs)	75%
Department of Health/Public Health	74%
Food banks	74%



### How to Connect with Your Local AAA

Find a AAA by ZIP Code via the Eldercare Locator website ([www.eldercare.acl.gov](http://www.eldercare.acl.gov)) or you can speak with an information specialist by calling **800.677.1116**. The Eldercare Locator is a free national service funded by the U.S. Administration for Community Living and administered by USAging.



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## U.S. SENATE SPECIAL COMMITTEE ON AGING

## "AWARENESS TO ACTION: COMBATING ELDER ABUSE AND NEGLECT"

JULY 30, 2025

STATEMENTS FOR THE RECORD

**Weinberg Center Statement**

Senate Special Committee on Aging

Awareness to Action: Combating Elder Abuse and Neglect

Hearing Testimony

The Weinberg Center for Elder Justice

August 5, 2025

The Weinberg Center for Elder Justice is grateful for the opportunity to address this esteemed Committee and for the Committee's attention to the issue of elder abuse and neglect. As the Committee has noted, elder abuse happens within the context of a relationship of trust, and those who cause harm to older adults are most commonly their family members or trusted caregivers. Therefore, an essential dynamic of elder abuse is that it takes place at home and often makes home, a place generally associated with comfort and safety, into one of danger and fear. Often older adults will stay in these homes, despite ongoing abuse, because they have nowhere to go where their unique and often complex needs can be addressed. Additionally, the increasing prevalence of financial scams targeting older adults can cause housing instability, as older adults often live on a fixed income and even a relatively small financial loss can leave them unable to pay their rent or other housing-related expenses, putting them at risk of homelessness. According to an October 2023 report issued by the US Department of Health and Human Services, older adults are the fastest growing age group of those experiencing homelessness, composing nearly half of the homeless population, with that number expected to triple by 2030. While some older adults may have experienced chronic housing instability for decades, many older adults are facing homelessness for the first time. In 2021, two thirds of the people over age 65 entering homeless shelters were doing so for the first time in their lives. Many of the recognized risk factors for housing instability and homelessness, such as medical, functional or cognitive decline and loss of financial independence or control over finances, are also risk factors for elder abuse. Research suggests that elder abuse itself may be an overlooked risk factor for homelessness among older adults.

The elder justice shelter movement was created in response to these unique problems and resulting gaps in service. The Weinberg Center for Elder Justice, now in its 20<sup>th</sup> year of operation, was founded to provide temporary safe shelter for older adults experiencing mistreatment and financial exploitation, alongside comprehensive support services aimed at addressing the medical, social, financial and legal harms they have experienced. The Weinberg Center is a program of RiverSpring Living, a non-profit continuum-of-care

community, which provides excellent medical, rehabilitation and therapeutic services to clients in our elder justice shelter program, ensuring their medical needs are met simultaneous with their legal and social service needs.

For more than a decade, the Weinberg Center has led the SPRiNG Alliance, a professional community of practice and technical assistance hub for professionals operating or seeking to create elder justice shelters in their communities. Today, there are 30 communities who are members of the SPRiNG Alliance across 19 states. These communities have all adapted the elder justice shelter model to suit the unique needs, resources and landscape of their communities. Some elder justice shelter programs operate entirely within medical facilities with varying levels of clinical care, some use independent housing and still others have hybrid models using multiple housing sites. Some are operated by aging services providers, others by domestic violence service providers and still others by local government agencies like Adult Protective Services. The highly adaptable elder justice shelter model continues to spread because of common service gap it fills in each community and the network of support provided by the SPRiNG Alliance, which offers monthly meetings, a yearly in-person Symposium, shared resources, and technical consultations and assistance.

In April 2024, the New York Academy of Medicine released the first ever multi-site evaluation of the elder justice shelter model, "[Need, Access, Impact and Opportunities: Findings from a Multi-Site Evaluation of Elder Justice shelters in the US.](#)" This evaluation was funded by a two-year Elder Justice Innovation Grant from the Administration for Community Living. Findings from the report suggest that elder justice shelter programs can contribute to greater safety, improved physical and mental health, better social connections, less recurring APS involvement and greater long-term stability for older adults in need of services. However, the report also finds that many older adults in need do not access shelter services due to numerous barriers to entry. Some barriers are client-driven, as many older adults are hesitant to leave their homes, loved ones, or communities behind; accept "charity;" or enter a skilled nursing facility, even for a temporary stay. However, many barriers are systemic, caused by lack of stable funding to these programs, many of which are launched on a grassroots, ad-hoc basis by service providers working to address an ongoing and growing need.

Members of the SPRiNG Alliance were thrilled when, just a few days after approving this final report, ACL released a new funding opportunity for Elder Justice Innovation Grants specifically to create new or enhanced elder justice shelter programs. Six programs from around the country were awarded this two-year grant, which began in September 2024.

This report, and subsequent first ever federal funding specifically for elder justice shelters, represents a paradigm shift for the elder justice shelter movement. For the first time, the need and potential impact of elder justice shelter has been demonstrated and recognized on a national level. However, critical work remains. We call upon national policymakers and thought leaders to incentivize and enable elder justice shelter proliferation nationwide as a critical component of coordinated community responses to both elder mistreatment and older adult housing insecurity. By incorporating federal support for this critical service within the Older Americans Act and the Elder Justice Act, and by supporting the Administration for Community Living in its critical role of incubating innovations in the realm of elder mistreatment and financial exploitation, government can ensure older adults unsafe in their homes in communities throughout the country have access to appropriate housing with supportive services that will allow them to heal, stabilize and thrive.

Thank you for the privilege of addressing this Committee and for all you work in service of older Americans.