Center for Health Care Strategies

The State of Multisector Plans for Aging in 2024

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ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit **www.chcs.org**.

Executive Summary

As the U.S. population gets older and increasingly diverse, state leaders and stakeholders recognize the need to conduct systems-level, cross-sector planning. These efforts aim to ensure that the needs of older adults, people with disabilities, and caregivers are understood and reflected across all programs, policies, and services over the coming decade. A multisector plan for aging (MPA) is one approach that states can use to transform the infrastructure and coordination of services to better serve their rapidly aging populations.

MPAs are state-led, cross-agency, multi-year plans developed through a process that convenes a broad range of public and private stakeholders and community members with a focus on improving the quality and coordination of aging services. These plans collaboratively address the needs of all aging people, including people with disabilities, and plan for aging into the future.

To understand the current state of MPA interest, authorization, development, and implementation across the nation, the Center for Health Care Strategies (CHCS) conducted a nationwide survey of states. Made possible with support from The SCAN Foundation, West Health, and The May & Stanley Smith Charitable Trust, the survey sought to identify common themes across MPA development and implementation strategies, as well as funding and staffing resources across state efforts.

Conducted between March and June 2024, **45 states and the District of Columbia completed the survey — a 90% response rate**. Respondents included aging- and disability-related state officials with knowledge of their state efforts toward authorization, development, or implementation of MPAs.

Key results of the survey show that as of July 2024:

- **15 states have some form of MPA authorization from state leadership** (e.g., executive order, legislation, or decree) to pursue an MPA. Of these states:
  - → 8 are implementing (NC, OK*, PA, VT) or updating existing MPAs (CA, CO, MA, TX); and
  - → 7 are developing MPAs (MD, MO, MN, NY, TN, UT) or actively planning for development (IL).
- **23 states without authorization are taking action toward or are interested in** an MPA. Of these states:
  - → 9 are planning for or exploring authorization for an MPA (CT, IN, IA, ND, NH, NV, OR, RI, WA);
  - → 13 are aware of interest among state leadership (AL, AR, AZ, HI, ID, KS, KY, MS, MT, NE, NJ, OH, WI); and
  - → 19 foresee their state engaging in the MPA process within the next few years (AL, CT, GA, ID, IN, IA, KY, MS, MT, ND, NE, NH, NJ, NV, OH, OR, RI, WA, WI).

* Oklahoma does not yet have legislative or executive authorization for its MPA; however, the state has developed and is implementing its MPA with involvement from state legislative representatives.

- **All 15 states with authorization for an MPA reported working across sectors** to develop and implement their MPAs, including:
  - → 10 that are engaging non-aging and disability agencies to contribute to their MPAs (CA, CO, MD, MO, NY, NC, OK, PA, UT, VT); and
  - → All 15 are engaging community members and stakeholders throughout the MPA process.
- **Other key factors that states reported related to MPA structure and design** included:
  - → **10 have MPA funding** from a variety of sources (CO, IL, MD, MO, NH, NY, OK, PA, UT, VT);
  - → **10 have or plan to have a mechanism to report on** MPA development, implementation, and outcome information to the public (CA, CO, MD, MO, NY, NC, PA, TX, UT, VT);
  - → **10 address or plan to address equity** in their MPA (CA, CO, MA, MD, MO, NY, NC, PA, UT, VT); and
  - → **11 have an explicit focus on addressing aging subpopulations** through their efforts, including people living in rural areas, populations that are racially and ethnically diverse, people who are LGBTQ+, and tribal or indigenous populations, among other populations (CA, CO, MA, MD, MO, NY, NC, TN, TX, UT, VT).

Introduction

A multisector plan for aging (MPA) is a state-led, cross-agency, multi-year planning process that convenes a broad range of public and private stakeholders to collaboratively address the needs of all people aging, including people with disabilities, and plan for aging into the future.

MPAs are distinct from other aging-related plans, such as state plans on aging, state health improvement plans, and Medicaid plans. MPAs often incorporate and elevate these other planning efforts, yet go beyond the scope of these initiatives to bridge programs and resources from a wider range of agencies and stakeholders.

Key components of an MPA include:

State-Led: An MPA can be authorized through legislation, a governor's executive order, or a more informal decree/declaration.

Cross-Agency Development and Accountability: While an MPA is usually led by one agency or department (often the unit on aging) the development of the MPA and its implementation are typically done with input, leadership, and accountability from various departments and agencies across state government. The legislative branch is often also engaged in the process.

Stakeholder and Consumer Engagement: An MPA is developed and implemented with broad stakeholder engagement, including input from aging/disability stakeholders, as well as stakeholders who may not traditionally focus on aging. Including nontraditional partners ensures that the MPA incorporates a range of perspectives and helps partners see themselves reflected in the plan. It also includes direct feedback from consumers.

Broad Focus on Aging Throughout the Lifespan: An MPA is not just for people who are currently older. It addresses all people who are aging, including caregivers, people with disabilities, direct care workers, young people planning for retirement, and employers who are looking to retain and attract older workers. Messaging doesn't "other" older adults; it promotes the message that "we are all aging."

Data Driven: An MPA uses data and evidence in the development phase to identify areas of unmet need and initiatives that the state can consider. It also uses data to demonstrate and measure progress through implementation.

Living Document: An MPA is not "one and done." Once it is developed, the expectation is that it will be refreshed every one or two years, and that the state will continue to be accountable to stakeholders for progress reports and measurement of goals.

Since 2022, the Center for Health Care Strategies (CHCS) has worked in partnership with The SCAN Foundation, West Health, and the May & Stanley Smith Charitable Trust to provide technical assistance to 20 states through the *Multisector Plan for Aging Learning Collaborative*. The initiative is helping states to build MPA buy in, obtain authorization, engage stakeholders, and develop or update their plans.

During this time, interest and engagement in the MPA process has continued to grow across the U.S., and this growth has sparked strong interest at the federal level. In 2022, the Administration for Community Living (ACL) launched the No Wrong Door System Governance grant that included funding for MPAs. In February 2024, Senators Kirsten Gillibrand (D-NY) and Bob Casey (D-PA) introduced the Strategic Plan for Aging Act, which would create a new national grant program under the Older Americans Act to support states, territories, and tribes in the development and implementation of MPAs. ACL's Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities is also leading the development of a National Plan on Aging.

In response to the growing interest in MPAs at both the state and federal levels, CHCS conducted a nationwide survey to understand state interest in and development of MPAs. This report highlights key takeaways from the survey results, including common themes across states' MPA development and implementation strategies, as well as funding and staffing resources. The report can inform MPA policy and planning initiatives across the country at the grassroots, local, state, and federal levels.

Methodology

To collect information about state MPA activities, CHCS conducted an online survey between March and June 2024. CHCS reached out to state representatives, including: (1) participants in CHCS' *MPA Learning Collaborative*; (2) relevant state staff who have relationships with CHCS or its partners; and (3) unit on aging or health and human services agency staff identified via state websites. State contacts were emailed with information about the survey, a link to the survey, and a description of the ideal survey respondent (i.e., state leaders who are involved with or have knowledge of MPA activities or have knowledge about state aging and/or disability initiatives). Respondents represented:

- **45 states and the District of Columbia** — a 90% response rate. One state declined to respond and four states provided no response to outreach. CHCS did not include U.S. territories in survey outreach.
- **Directors, program officers, and other state staff** from: units on aging (21); health and human services agencies/departments (10); public health departments (4); Medicaid agencies (2); governor's office, cabinet, council, or commission members (7); legislative representatives (1); and a caregiver alliance (1).

Some survey responses were updated after submission (with state permission) if noteworthy progress was made in MPA activities after the survey closed (e.g., new authorization or funding obtained) or if activities identified as a state MPA did not meet CHCS' definition of an MPA.

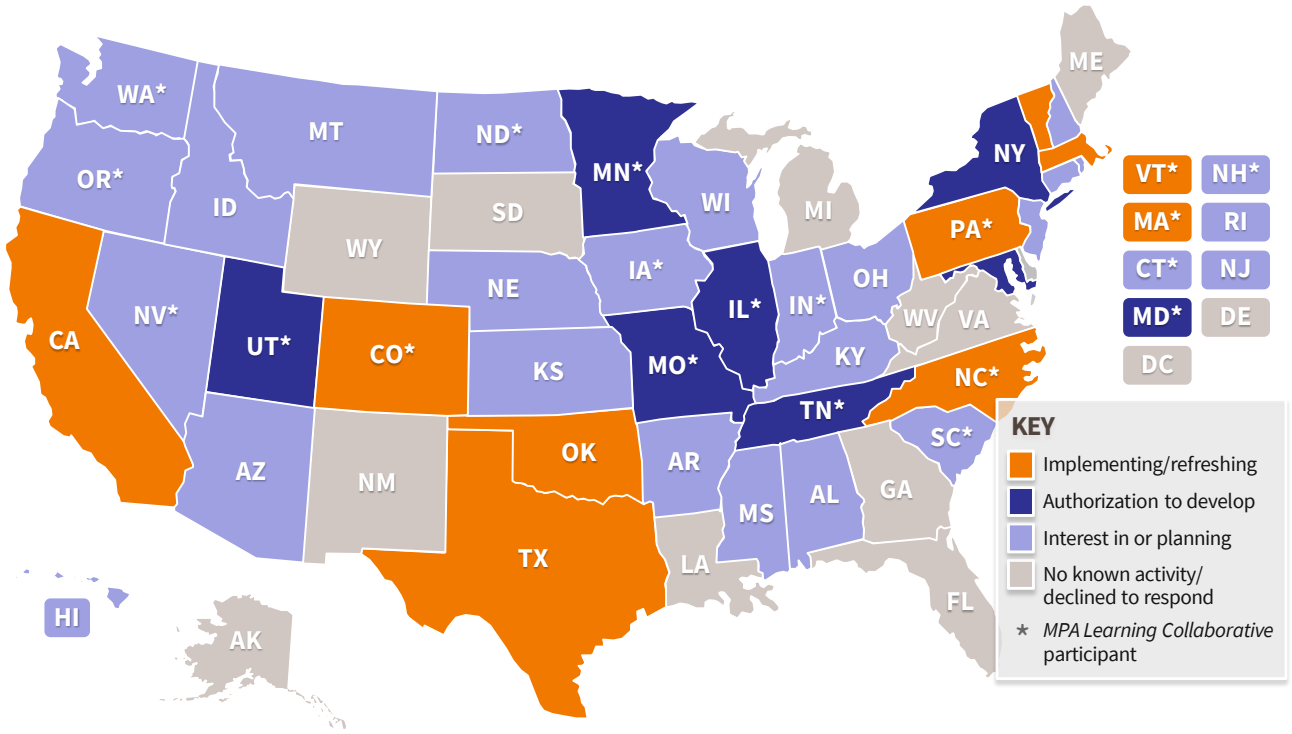
While all respondents self-identified as being knowledgeable and capable of completing the survey on behalf of their state, information contained in this report is self-reported by these volunteer respondents and does not necessarily constitute an "official" response from the state. Additionally, this information reflects the status of MPA efforts at the time of the respondents' completion of the survey (except where otherwise noted); therefore, more recent MPA developments made by states may not be reflected in this report.

Survey Results

MPA Progress Across the Country

As of July 2024, 15 states have some form of leadership authorization to develop and implement an MPA. An additional 23 states are interested in pursuing an MPA or are actively planning to advance an MPA in the near future (see **Exhibit 1**).

Exhibit 1. Summary of MPA Progress Across the U.S.[†‡]



[†] Oklahoma does not yet have legislative or executive authorization for its MPA; however, the state has developed and is implementing its MPA with involvement from state legislative representatives.

[‡] Ohio is not categorized in this report as having an MPA because it does not meet the criteria outlined in the introduction of this report. However, Ohio's 2023–2026 State Plan on Aging (SPA) includes key MPA principles of cross-agency development and stakeholder engagement, including extensive cross-agency strategies, engagement with at least 64 stakeholders, and strong coordination between the SPA and State Health Improvement Plan.

States With MPA Authorization

Of the 15 states with authorization to develop an MPA, most (10) received an executive order to pursue an MPA. States also received authorization through alternative or multipronged leadership approval pathways (see **Exhibit 2**).

Exhibit 2. Authorization for an MPA by State

STATE	EXECUTIVE ORDER (10)	LEGISLATION (7)	OTHER STATEMENT, DECREE, OR PROCLAMATION (4)
California*	✓	✓	
Colorado*		✓	
Illinois*	✓	✓	
Maryland*	✓		
Massachusetts*	✓		
Minnesota*	✓	✓	✓
Missouri*	✓		
New York	✓		
North Carolina*	✓		
Oklahoma†			✓
Pennsylvania*	✓		
Tennessee*		✓	✓
Texas	✓		
Utah*		✓	✓
Vermont*		✓	

Note: Reflects self-reported information as of July 2024.

* States that participated in CHCS' *Multisector Plan for Aging Learning Collaborative*.

† Oklahoma does not yet have legislative or executive authorization for its MPA; however, the state has developed and is implementing its MPA with involvement from state legislative representatives.

Respondents who indicated that their state authorized an MPA were asked in the survey to specify the current stage of their planning or development process (see **Exhibit 3**, next page). States that gained authorization or released an MPA after the survey closed were added by CHCS.

Exhibit 3. Progress on Authorized MPAs by State

STATE	UPDATING/REFRESHING AN EXISTING MPA (4)	IMPLEMENTING AN MPA (4)	DEVELOPING AN MPA (7)
California	✓		
Colorado	✓		
Illinois			✓
Maryland			✓
Massachusetts	✓		
Minnesota			✓
Missouri			✓
New York			✓
North Carolina		✓	
Oklahoma†		✓	
Pennsylvania		✓	
Tennessee			✓
Texas	✓		
Utah			✓
Vermont		✓	

Note: Reflects self-reported information as of July 2024.

† Oklahoma does not yet have legislative or executive authorization for its MPA; however, the state has developed and is implementing its MPA with involvement from state legislative representatives.

States Interested in or Planning for a Future MPA

Twenty-nine respondents indicated that they did not have authorization to advance an MPA, or did not know if authorization existed. However, a majority of these states indicated active MPA planning or exploration (10) or interest in pursuing an MPA (13).

"Many Medicaid providers who support seniors were very interested and liked the multisector approach. Advocacy groups for seniors and people with physical and developmental disabilities were also interested."

- Survey respondent

Notably, 20 of these states indicated that they were aware of interest in an MPA among external stakeholders (see **Exhibit 4**, next page). Common external stakeholders that expressed interest include AARP, Area Agencies on Aging (AAA), state councils or commissions on aging, and other state-specific stakeholders in the aging network. Nineteen states indicated that they foresee their state engaging in an MPA process in the next few years (see **Exhibit 4**, next page).

Exhibit 4. Interest and Planning for a Future MPA by State

STATE	INTEREST AMONG EXTERNAL STAKEHOLDERS	FORESEE ENGAGING IN AN MPA WITHIN THE NEXT FEW YEARS
State leaders are actively planning or exploring authorization (9)		
Connecticut*	✓	✓
Indiana*	✓	✓
Iowa*	✓	✓
Nevada*	✓	✓
New Hampshire*	✓	✓
North Dakota*	✓	✓
Oregon*	✓	✓
Rhode Island		✓
Washington*	✓	✓
State leaders are interested, but not pursuing authorization yet (13)		
Alabama		✓
Arizona	✓	
Arkansas		
Hawaii		
Idaho	✓	✓
Kansas	✓	
Kentucky		✓
Mississippi	✓	✓
Montana	✓	✓
Nebraska	✓	✓
New Jersey	✓	✓
Ohio	✓	✓
Wisconsin	✓	✓
No known authorization or interest among state leadership (6)		
Georgia	✓	✓
Michigan	✓	
Virginia	✓	
Alaska	*Indicated no known interest among external stakeholders or did not foresee engagement in an MPA in the near future.*	
Maine		
Wyoming		

Note: Reflects self-reported information as of July 2024.

* States that participated in CHCS' *Multisector Plan for Aging Learning Collaborative*.

Of state officials who responded that they did not have formal authorization or did not know the status of their MPA development, nine responded that they foresee their state engaging in MPA planning in the next few years.

For respondents who did not foresee engagement in MPA planning, or saw challenges to engaging, common reasons included limitations related to:

- Staffing and resources;
- Funding and budget;
- Competing priorities;
- Legislative support or bipartisanship, and
- Gubernational election cycles.

"It will be a challenge to engage people. Everyone is overwhelmed. We hope to present the MPA as something that does not add work, but streamlines efforts."

- Survey respondent

"Elected officials want to help our aging population, but we have work to do to inform lawmakers on what's needed, why, and the impact they could have."

- Survey respondent

MPA Structure and Design

The remaining sections of this report reflect only the 13 states that indicated having MPA authorization at the time of the survey response period and whose respondents completed questions in the survey related to their states' MPA structure and design (CA, CO, MA, MD, MO, NC, NY, OK, PA, TN, TX, UT, VT).

Lead Agency

While MPAs are by definition cross-agency efforts, there is typically one lead agency. States that have or are developing MPAs identified their lead agency as:

- Unit on aging (8);
- Co-led by unit on aging and department of health (1);
- Co-led by unit on aging and health and human services agency (1);
- Co-led by unit on aging and Medicaid agency (1);
- Department of health (1); and
- Governor's commission on aging (1).

Lead agencies by state are shown in **Exhibit 5**.

Exhibit 5. Agencies Leading MPA Development and Implementation by State *

STATE	LEAD AGENCY
California	Health and Human Services; Department of Aging (co-led)
Colorado	Department of Human Services, Office on Aging and Disability
Maryland	Department of Aging
Massachusetts	Executive Office of Elder Affairs
Missouri	Department of Health & Senior Services
New York	Department of Health
North Carolina	Department of Health and Human Services, Division of Aging; NC Medicaid Division of Health Benefits (co-led)
Oklahoma	Department of Human Services, Aging Services Division
Pennsylvania	Department of Aging
Tennessee	Department of Disability and Aging
Texas	Health and Human Services Commission, Office of Aging Services Coordination
Utah	Commission on Aging
Vermont	Department of Disabilities, Aging and Independent Living; Department of Health (co-led)

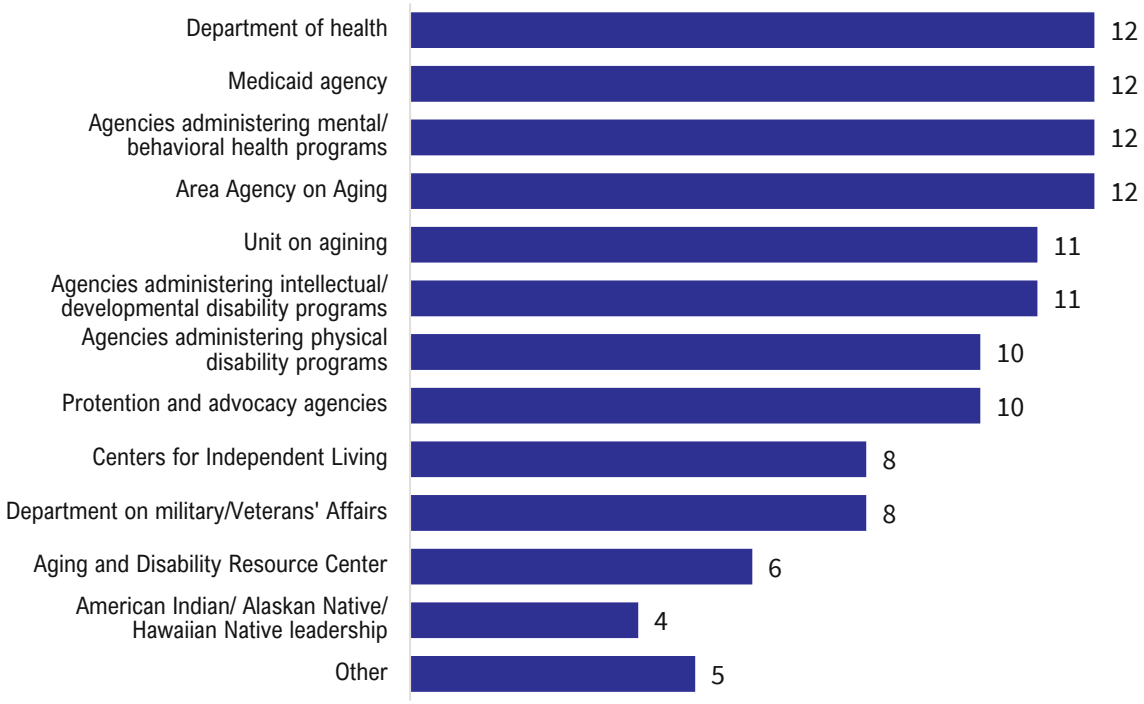
Note: Reflects self-reported information as of July 2024.

*Only includes the 13 states that indicated having MPA authorization at the time of the survey response period and whose respondents completed questions in the survey related to their states' MPA structure and design (does not include IL and MN).

Cross-Agency Involvement

A key component of an MPA is that it is developed by the state with input from multiple agencies, departments, and offices within government. The 13 states responding that they have authorization for an MPA were asked in the survey to identify the agencies, departments, or offices that have been or will be involved in MPA development (see **Exhibit 6**).

Exhibit 6. State Agencies Involved in MPA Development and Implementation*



Note: Reflects self-reported information as of July 2024.

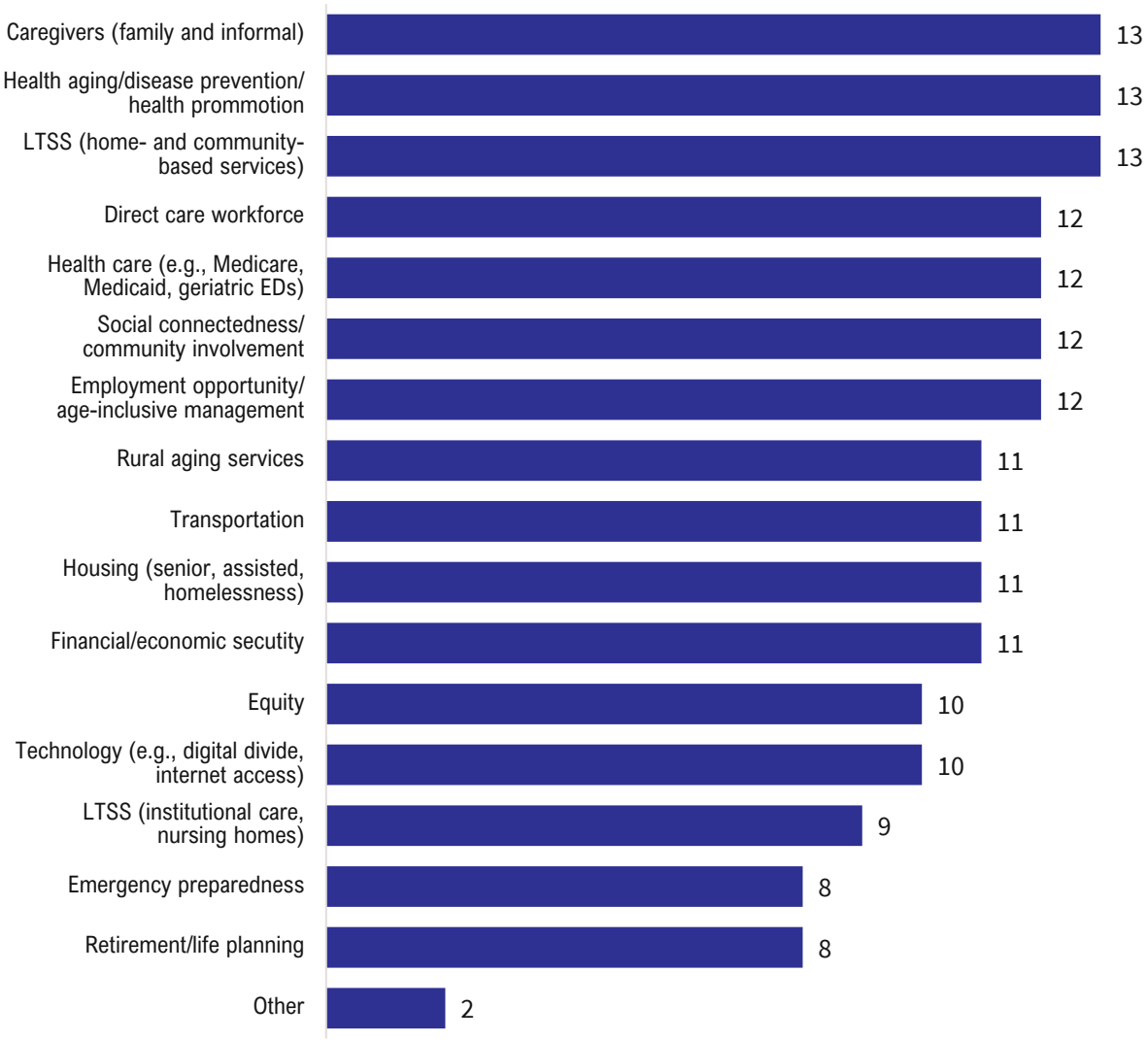
*Massachusetts is not reflected as they had not yet determined which agencies would be involved in their refresh process at the time of the survey; however, their respondent indicated they are working to engage all Executive Offices and hope to engage all state agencies.

Notably, 10 of the 13 states indicated that they are or will include input, leadership, or accountability from other state agencies that do not explicitly focus on health, aging, or disability — such as transportation, housing, commerce, labor, education, agriculture, and the parks department, with some states mandating involvement from every state agency. Twelve of the 13 states also reported involvement from non-state agencies and organizations, such as community-based organizations and academic institutions, which is described in the *Stakeholder and Consumer Engagement* section of this report.

Domains of Focus

A vital component of an MPA is that it outlines broad domains of aging that the plan will address. States were asked in the survey to select all the topics or domains their MPA currently or plans to address (see **Exhibit 7**).

Exhibit 7. MPA Domains of Focus



Note: Reflects self-reported information as of July 2024.

For states that selected "other," additional domains included: mental health, provider collaboration and coordination, funding and staffing of providers, and community choice.

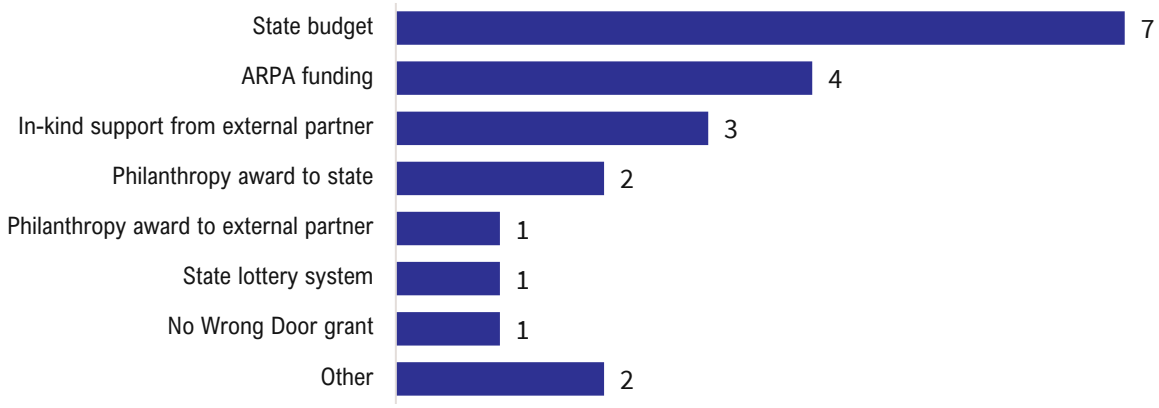
States that selected "caregivers" (13) were asked in the survey if they are incorporating the Administration for Community Living's (ACL) National Strategy to Support Family Caregivers. Ten of the 13 states (CA, MD, MO, NC, NY, PA, TN, TX, UT, VT) indicated incorporating a focus on the ACL strategy into their MPA.

Funding

Nine of the 13 states responded that there is or will be funding in place to support MPA development. States were asked in the survey about the amount of funding and the source(s) of the funding. Funding amounts ranged from $70,000 per year for two years to $1 million for one year, with some correlation between larger population size and higher funding. Some states indicated that their funding is dedicated for a specific use, such as to conduct research or to hire full-time equivalent or contracted MPA staff, while others were given more general-use funding for various MPA development activities.

Details on funding sources are outlined in **Exhibit 8**.

Exhibit 8. MPA Funding Sources*



Note: Reflects self-reported information as of July 2024.

*New Hampshire was awarded MPA funding after the survey closed; while it is not one of the 13 states that have authorization for an MPA, its information was added to Figure 8. This brings the total number of states with funding to 10.

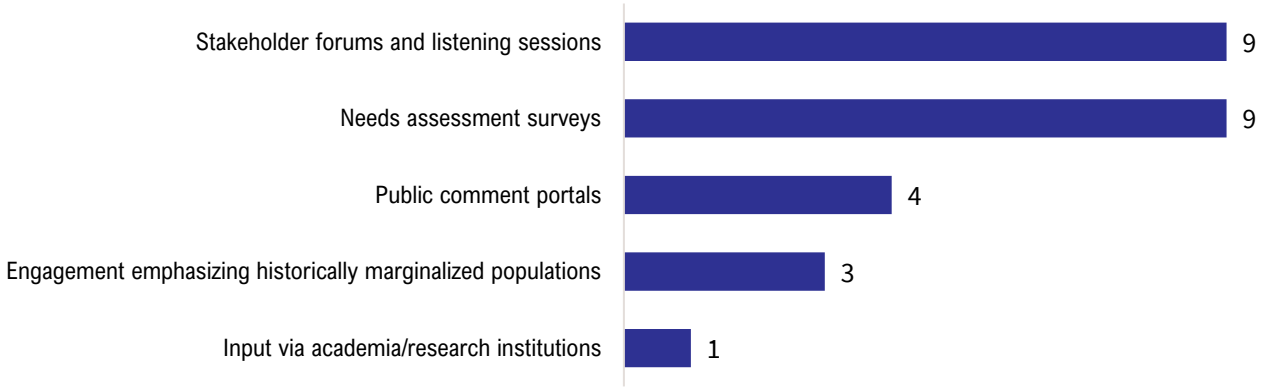
For states that selected "other," sources included: federal funding (e.g., Older Americans Act), internally approved funding, and combined state and federal funding from State Plan on Aging funding.

Stakeholder and Community Engagement

Of the 13 states with authorization for an MPA, 12 include external stakeholder engagement from non-government entities focused on health, aging, or disability. Common external stakeholder groups include AARP, Alzheimer's Association, Leading Age, academic and research partners, health and social service providers, hospital associations, foundations, and coalitions. Eleven states include external stakeholders that do not focus on health, aging, or disability. Examples of these stakeholders include housing groups, transportation groups, technology and broadband groups, arts councils, private sector partners like businesses and banks, LGBTQ+ and multi-cultural groups, religious groups, and legal services.

In addition to stakeholder engagement, states also reported working closely with community members. All 13 states represented in this survey sample reported that they are incorporating direct input from consumers and community members. States reported engaging with community members to assess needs, gather input on MPA priorities, share information about the MPA process, collect feedback on the draft version of the MPA, and hear from specific populations of people. While the type of consumer engagement varied state-by-state, common types of engagement modalities included discussion forums and listening sessions (9 states), surveys (9 states), and public comment portals (4 states). **Exhibit 9** highlights additional engagement strategies with consumers and communities reported by state respondents.

Exhibit 9. State Strategies for Community Engagement



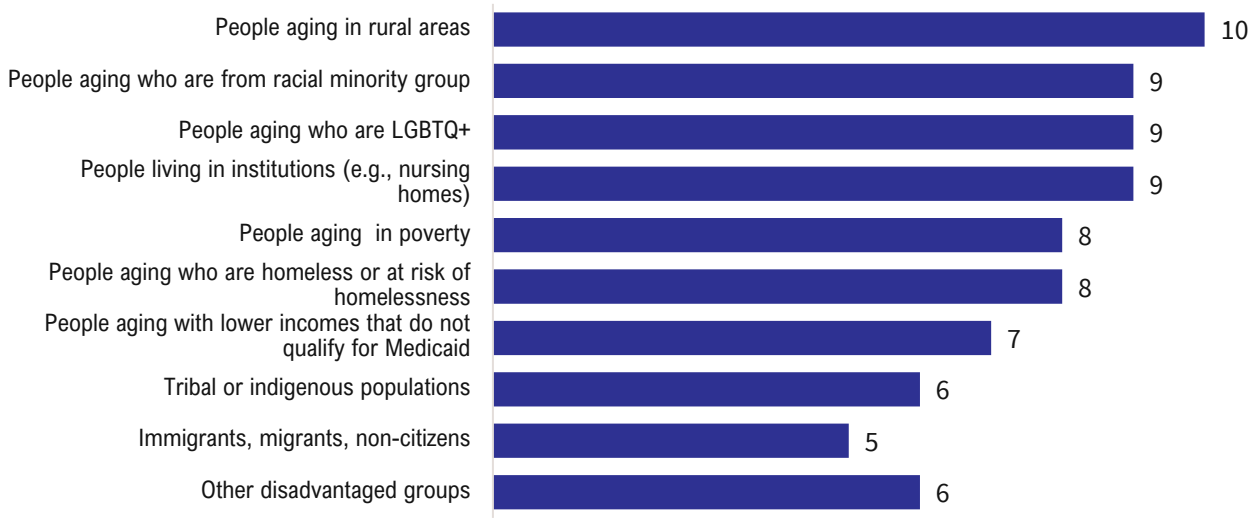
Note: Reflects self-reported information as of July 2024.

Respondents were also asked in the survey to describe any other communities or populations that they have or plan to engage with whose voices are typically underrepresented in state planning processes. States reported engaging non-English speaking immigrant communities; family caregivers of people living with dementia; tribal communities; disability councils/coalitions; people with behavioral health needs; and neighborhoods, organizations, unions, governments, and households in areas of high childhood poverty. They reported reaching these populations throughout MPA development by engaging them in the initial stakeholder and community engagement process, conducting focus groups targeting historically marginalized populations, and including them in MPA workgroups, as well as throughout MPA implementation by developing metrics that measure the progress, impact, and outcomes among these populations.

Equity

Respondents were asked in the survey to indicate subpopulations of older adults, caregivers, or people with disabilities that their MPA focuses on. Eleven of the 13 states indicated an explicit focus on one or more subpopulations (See **Exhibit 10**).

Exhibit 10. MPA Focus on Subpopulations



Note: Reflects self-reported information as of July 2024.

For states that selected "other," subpopulations included: people with disabilities, caregivers, people with behavioral health needs, and people living with dementia.

Data-Informed Development

States can use data throughout the MPA development process in many ways, including to: identify the unmet needs of their populations; identify gaps and opportunities in programs, policies, and services; and prioritize the goals, strategies, and initiatives of the plan. All 13 states represented in this survey sample responded that they are currently using or plan to use data in the development of their MPA. Common data sources that states found to be most helpful included data from other state agencies (e.g., Medicaid), external partners (e.g., AARP, Alzheimer's Association, America's Health Rankings), stakeholder input and needs assessments, demographics (e.g., census, department of finance, research institutes), and the federal government (e.g., the Centers for Disease Control and Prevention).

Implementation Transparency and Accountability

An MPA is a living document that seeks to address the needs of a state's aging population for up to a 10-year period. Accordingly, MPAs should build in implementation-related progress reports and accountability and regularly update their plan to stay aligned with the evolving progress, needs, and priorities of the state. Survey responses included the following key themes around states' commitment to implementation transparency and accountability:

- **Publicly Posted Details**: Eleven states (CA, CO, MA, MD, MO, NY, NC, TN, TX, UT, VT) responded that information about their MPA development and implementation will be available through websites and promotional events to keep stakeholders and community members engaged and informed throughout the MPA process.
- **Metrics and Data Dashboards**: Ten states (CA, CO, MD, MO, NY, NC, PA, TX, UT, VT) responded that they have or plan to have a mechanism to track implementation and monitor the MPA's impact over time.
- **Regular Reporting**: Ten states (CA, MA, MD, MO, NC, NY, OK, PA, TX, UT, VT) responded that they will provide regular reporting to stakeholders, with the frequency and timing of these reports varying (e.g., annually, every other year, quarterly, semi-annually).
- **Update Periods**: Of the seven states that have an active MPA, four are updating or refreshing their plan (CA, CO, MA, TX), while three (OK, PA, VT) are in early stages of implementation and have not yet started a refresh.
- **Local-Level Efforts**: Nine states (CA, CO, MA, MD, MO, NC, PA, UT, VT) responded that there have been efforts in the state to encourage or support communities in developing local MPAs as a way to implement the broader state-level MPA, yet may include nuances related to their specific communities. Examples of efforts to support local plans included grants to local community-based organizations, expanding AAA planning processes to be cross-sector, and starting a governor's initiative that require communities to develop local plans.

Conclusion

State and federal momentum surrounding MPAs is growing and is expected to continue to increase in the years ahead. States that have MPAs are meeting key goals of the process, including: having authorization from state leadership; involving multiple state agencies and external stakeholders in the MPA process; conducting stakeholder and community engagement; focusing on broad domains of aging across the lifespan; using data throughout the development and implementation process; and refreshing the plan regularly. States are also addressing equity and focusing on specific subpopulations of people through their MPA work.

Governments, policymakers, and stakeholders can use these survey data to understand common practices for MPA development and better inform their own MPA-related initiatives. As the number of states engaging in MPAs continues to grow, we can expect to see infrastructures and ecosystems of programs, policies, and services that work in coordination to meet the needs of older adults and people with disabilities, reduce inequities in aging, and promote healthy aging and longevity across the lifespan.