THE STATE OF OLDER ADULTS IN THE DISTRICT OF COLUMBIA

Pubic Benefit Programs Available to Seniors in the District of Columbia

RESEARCH REPORT

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The Office of the Budget Director
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This is the second report of a multi-part series entitled **The State of Older Adults in the District of Columbia**. This report provides an overview and high-level summary of the many publicly provided benefit programs available to D.C. seniors and the associated eligibility requirements.* The previous report, "Getting to Know D.C. Older Adults," discusses who are District of Columbia (D.C. or the District) seniors, where they live in the District, and how they make ends meet.

Seniors living in the District have a wide array of benefit programs available to help meet their needs. As of October 2020, there were at least 90 publicly provided programs available to the District's approximately 83,600 older adults.[1] These programs help provide a source of income for and minimize financial pressures on older adults. They also work to improve seniors' health, assist older adults in maintaining or finding housing, and help seniors build and sustain community ties, among other benefits.

The challenges facing seniors have become even more relevant due to the coronavirus (COVID-19), which was of particular risk to older adults, especially those in group living situations. As of October 7, 2020, the U.S. had more than 7.5 million reported cases and 212,000 deaths.[2] Senior Americans have had the highest rate of death of any age group, making up about 80 percent of both national and D.C. deaths, but only 15 percent of cases.[3] The virus has not only had a significant health impact, but a financial one. Both individual residents and

* Publicly provided benefit programs are those that are publicly funded and overseen, either completely or in part, by the District government or the federal government, or both.

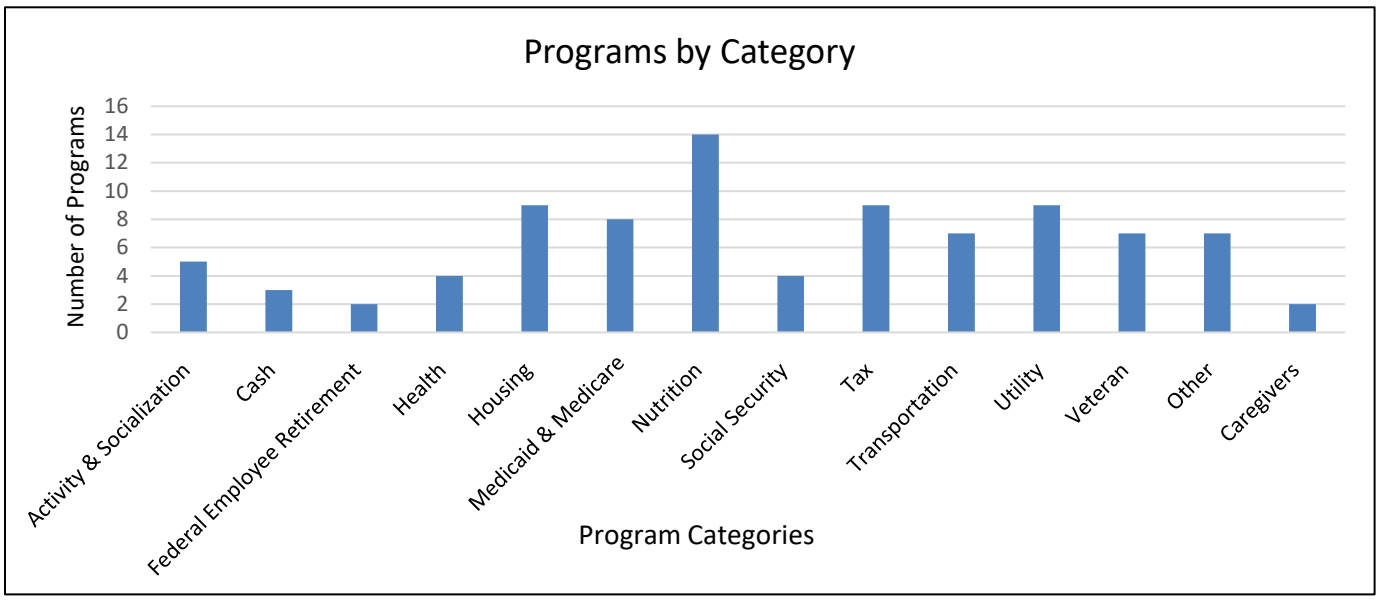
government bodies continue to address the challenges of the ongoing health and financial crisis. It is important to note that the financial and health impacts of the coronavirus have led to a change in funding or service levels for current programs and could inspire the creation of new programs in the future. Eligibility requirements could also be altered, either permanently or temporarily. Those seeking eligibility information should contact the program directly.

The terms "senior" and "older adult" both refer to individuals who are age 65 and older, unless otherwise noted. It is also important to note that while the federal government has established "senior" to include only individuals age 65 and older, many programs provided by the District define "senior" as individuals age 60, and at times age 62, and older.

A directory of all 90 benefit programs, as well as a list of acronyms, is provided as an appendix to this report. The directory is divided into the same 14 categories, with a brief explanation of each program and the associated eligibility requirements, benefit value (if applicable), the most recent number of enrollees (if available), and the associated administering agency or agencies and contact information.

OVERVIEW

The benefit programs have been divided into 14 categories, including: activity and socialization, cash benefits, federal employee benefits, health, housing, Medicaid and Medicare, nutrition, Social Security, taxes, transportation, utilities, veterans, and other. Two programs that are also discussed provide services to those who care for seniors and individuals with disabilities.



Of the 90 programs identified in this report, 67 include an individual's age when considering eligibility, with most programs requiring applicants to be at least either 60 or 65 years old. Fifty-three programs are means tested. Means testing is when an individual's or a household's financial state is considered for an eligibility determination. Only seven of the 53 means tested programs use area median income percentages to determine eligibility, while 11 use the federal poverty level percentages. Both the area median income and federal poverty percentages are adjusted each year to account for inflation and other changes. The other 27 programs use specific income amounts for eligibility criteria that are not adjusted each year for inflation. Of these 27 programs, 13 are programs established by the federal government and 14 are programs created by the District government. Since Medicaid and the Supplemental Nutrition Assistance Program (SNAP) use a combination of federal poverty level percentages and specific income or asset caps, the six programs that require applicants to either be enrolled in or eligible for these two programs, also use this qualification criteria.

Eighteen programs take medical needs into consideration when evaluating eligibility. The majority, or 12, of these programs do not require applicants to be diagnosed with a specific illness, while six programs do. Enrollees must suffer

from dementia or memory-loss to participate in four of these programs. Four programs are ward specific, meaning the program is only available to residents of a particular ward or wards. Also, some benefit categories have more programs available to seniors than others. For example, the nutrition benefit category has 14 programs, while the federal employee retirement benefits category has two.

Several benefit programs are considered entitlements, which means that if an applicant meets all eligibility requirements, they are entitled to receive the benefit.[4] Examples of entitlement programs include federal employee and veteran pensions, Medicaid, Medicare, Social Security, Social Security Income, SNAP, and some tax credits and deductions. Programs that are not entitlements are limited by their budgets as to how many applicants can be served.

BENEFIT PROGRAMS

ACTIVITY & SOCIALIZATION BENEFIT PROGRAMS

It can be harder for older adults to stay active, but the associated health benefits show just how important it is. About 31.0 million adults, age 50 and older, are considered physically inactive.[5] In an effort to limit the spread of COVID-19, many states, including D.C., issued stay-at-home orders, reducing many individuals' average physical activity. This increased inactivity could exacerbate health concerns and costs.[6] Four of the five most costly chronic conditions among adults 50 years or older can be prevented or managed with physical activity.[7] These chronic conditions include arthritis, cancer, dementia, heart disease, and type 2 diabetes.[8] Maintaining an active lifestyle could help seniors maintain a higher quality of health and potentially increase their longevity.

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
ADULT DAY HEALTH PROGRAM (ADULT DAY CARE CENTERS)	Yes	Yes	No	Yes
DEPARTMENT OF PARKS AND RECREATION SENIOR SERVICE PROGRAMS	Yes	No	Yes	No
UNIVERSITY OF THE DISTRICT OF COLUMBIA (UDC) BODYWISE AND HEALTH PROMOTION PROGRAM	Yes	No	Yes	No
UDC RESPITE AIDE PROGRAM	Yes	No	Yes	No
UDC SENIOR COMPANION PROGRAM	Yes	Yes	Yes	Yes

Mental health and levels of socialization are also incredibly important to help seniors age with dignity. An estimated 20 percent of people age 55 and older experience some type of mental health concern.[9] The most common conditions include anxiety, mood disorders, and severe cognitive impairment. Approximately 43 percent of American seniors report feeling lonely on a regular basis.[10] Social isolation and loneliness is associated with a higher risk of high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.[11] However, individuals who are able to participate in meaningful and productive activities with others tend to maintain or even improve their well-being and cognitive function.[12]

To help combat these risks, older adults in D.C. can access five different locally administered programs that provide physical and mental stimulation as well as socialization. Services include adult daycare; team sports; enrichment, fitness, and wellness classes; and supports to help older adults live independently. Fiscal Year (FY) 2019 enrollment for these programs varied between 28 participants in the University of the District of Columbia (UDC) Respite Aide Program to nearly 3,000 participants in the Department of Parks and Recreation (DPR) Senior Service Program. Three of the

programs require applicants to be at least 60 years of age and two require participants to be at least 55 years old. Two programs are means tested. An enrollee's health is taken into consideration by two programs when determining eligibility. The three UDC programs are operated by UDC, but the Bodywise and Health Promotion Program and Respite Aide Program receive funding from the D.C. Department of Aging and Community Living (DACL), while the Senior Companion Program receives funding from the Corporation for National and Community Service.[13] The Adult Day Health Program is administered by DACL and the DPR Senior Service Program is managed by DPR. Funding for FY 2019 for these programs ranged from $39,200 for the UDC Respite Aide Program to $1.7 million for the Adult Day Health Program.[14]

CASH BENEFIT PROGRAMS

Of the estimated 63 million Americans age 65 and over, less than 11 million were employed in 2019.[15] This means that the vast majority of seniors rely on Social Security, pension plans, and savings for their income. The median annual income of senior-headed households in the District is $65,855, compared to seniors nationwide, who earn a median of $52,020 per year.[16] However, incomes tend to decrease as older adults age. The youngest senior-headed households in D.C., those ages 65 to 69, have a median annual income of $70,531; while the oldest senior-headed households, ages 90 and 94, have a median annual income of $42,875. [17] Even though D.C. has higher than average incomes for senior households, they still need to be concerned about their income stability.

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
GRANDPARENT CAREGIVERS PROGRAM (GCP OR GRANDPARENT SUBSIDY)	No	Yes	Yes	No
OPTIONAL STATE SUPPLEMENT PAYMENT (OSP)	Yes	Yes	Yes	Yes
SUPPLEMENTAL SECURITY INCOME (SSI)	Yes	Yes	No	No

The economic downturn resulting from COVID-19 has affected nearly everyone. However, it has hit lower income individuals, including seniors, harder than higher income individuals.[18] While payments from Social Security or pensions have not change, other financial assets have been more unstable. Although the financial impacts of COVID-19 have yet to be fully realized, the Great Recession offers some insight. During that time, the lowest income, retired seniors age 60 to 74 saw the value of their financial assets decrease by 2,373 percent on average during the Great Recession compared to 14 percent for the highest income, retired seniors. Black and Hispanic seniors also saw larger decreases in the value of their financial assets, at 15 and 22 percent respectively, than their white counterparts, at 12 percent.[19]

The District offers three programs that provide cash benefits to help older adults make ends meet. The Grandparent Caregivers Program (GCP) offers a subsidy for grandparents who are responsible for the care of their grandchildren and is overseen by the D.C. Department of Child and Family Services. The Department of Health Care Finance (DCHF), Department of Behavioral Health, and the United States Social Security Administration (SSA) jointly manage the Optional State Supplement Payment (OSP), which provides an income supplement to individuals who live in adult foster care homes. Supplemental Security Income (SSI), which is administered by SSA, is intended to help low-income seniors and disabled individuals make ends meet via a monthly cash benefit. All three programs have income restrictions, while age requirements are only used in one program. People who qualify for the maximum benefits for all three programs could receive up to $2,107 a month. Average FY 2018 and FY 2019 enrollment in these cash benefit programs ranged from 512 participants in the GCP to almost 26,000 SSI beneficiaries in 2018.[20] SSI had the highest level of funding in 2018, with $184.5 million allocated to D.C., of which just under $10.0 million was for aged beneficiaries.[21] GCP and OSP had similar 2018 funding levels of $5.9 million and $5.2 million, respectively.[22] Due to its high enrollment and various survivor benefits, Social Security is addressed in its own section later in the report.

FEDERAL EMPLOYEE RETIREMENT BENEFIT PROGRAMS

Pensions are a retirement benefit that provides retirees with monthly income, which is typically based on the contributions from the employee and employer or the duration of employment and employee salary, depending on the type of plan. As of March 2019, 91 percent of state and local government workers and 77 percent of private sector workers were enrolled in some form of employer provided pension plan.[23] The way pensions are provided by both public and private employers has changed over the decades. In 1978 two-thirds of dedicated retirement assets were held in traditional pensions, while today only one-third are held in this type of plan.[†] [24] Most current pension plans rely on workers contributing to a 401(k)-style account on a voluntary basis.[‡] The vast majority of individuals in defined-contribution plans choose to receive their retirement benefit as a lump sum rather than a monthly payment.[25] Receiving a lump payment means that retirees must plan their finances carefully so they can continue to have financial resources as they age.

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
CIVIL SERVICE RETIREMENT SYSTEM (CSRS)	Yes	No	No	No
FEDERAL EMPLOYEES RETIREMENT SYSTEM (FERS)	Yes	No	No	No

However, many District retirees have been sheltered from the change in pension plans since a number of them worked for the federal government, which continues to offer defined-benefit plans. Almost 61,400 D.C. residents worked for the federal government in 2018.[26] Current and retired federal employees can qualify for one of two pension plans: the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS). Both plans are administered by the U.S. Office of Personnel Management.[27] Approximately 44,000 District residents received a pension from either plan in FY 2018.[28] District government employees who were hired prior to October 1987 could also potentially qualify for CSRS.[29] Depending on which pension program an individual selected, they could have received an average FY 2018 monthly pension benefit between $1,714 and $4,755.[30] Both plans offer a defined benefit, base the benefit amount on employment duration and salary, have a minimum qualifying age when someone can receive the benefit (50 for CSRS and 55 for FERS). They also both have a required length of employment, which varies depending on the specific pension category, and allow spouses and children to receive the benefit in the event of the retiree's death.

HEALTH BENEFIT PROGRAMS

Staying healthy is one of the most important concerns as individuals age. This includes both the status and cost of maintaining good health. The majority of senior Americans feel positive about their health. In 2018, 62 percent of U.S. older adults considered their health either good or very good.[31] Only 5.9 percent felt that their health was poor. However, as people age, they tend to need more care, and this can become expensive. As previously mentioned, seniors are at particular risk for contracting and dying from COVID-19. District seniors have accounted for 15 percent of positive cases and 80 percent of deaths, as of October 2020.[32] Adults, 50 years and older who live in a residential setting, spend $860 billion annually on health care.[33] Since cost is such a large factor in healthcare access, income can have an impact on how older adults perceive their health. About 26 percent of those with annual family incomes of less than $35,000 rated their health as excellent, compared to 44.2 percent of those with family incomes of $100,000 or more.[34] Also, those with under $35,000 in family income are about ten times more likely to rate their health as poor as those who have family incomes of $100,000 or more, at 5.3 percent versus 0.5 percent.[35]

[†] A traditional pension is a defined-benefit plan where an employee receives a set monthly retirement benefit amount, and this amount is typically based on duration of employment and salary. The benefit amounts are not based on investment performance and are set amounts.

[‡] A 401(k) plan is a defined-contribution retirement plan, where workers make contributions to the account through payroll withholdings, and employers can match some or all of the employee contributions. The benefit amounts in this type of plan are typically based on investment performance.

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
DEPARTMENT OF AGING AND COMMUNITY LIVING SENIOR WELLNESS CENTERS	Yes	No	Yes	No
ELDERLY AND PERSONS WITH PHYSICAL DISABILITIES (EPD) WAIVER PROGRAM	Yes	Yes	Yes	Yes
MEDICAID SPEND DOWN	Yes	Yes	Yes	No
SENIOR DENTAL SERVICES PROGRAM	Yes	Yes	Yes	No

The District offers health-related services to D.C. seniors through four different programs. The programs promote health and wellbeing, help seniors age in place, defray medical costs, and provide dental services. Three programs have an age restriction and are means tested. One program uses a participant's medical needs when determining eligibility. Both the DACL Senior Wellness Centers and the Elderly Persons with Disabilities (EPD) Waiver programs had over 2,000 enrollees in FY 2018, while the Senior Dental Services Program had 197 participants in FY 2019, the first year it was offered.[36] The Medicaid Spend Down program does not have any enrollment data due to the fact that Medicaid does not track how individuals become eligible.[37] DCHF and the Centers for Medicare and Medicaid administer the EPD Waiver and Medicaid Spend Down programs, while the D.C. Department of Health (DOH) and DACL operate the Senior Dental Services Program and DACL is responsible for the DACL Senior Wellness Centers.

HOUSING BENEFIT PROGRAMS

Living in the District is expensive, especially where housing is concerned. The Economic Policy Institute found that the average one-person household would need about $42,612 a year to make ends meet in D.C., with housing making up the largest portion, at $14,920 a year.[38] Even though the median annual income of D.C. senior-headed households is $65,855, almost 23 percent of their total income is dedicated to housing, on average.[39] Americans' ability to afford rent and mortgage payments has taken a massive hit during the pandemic. The vast majority of states, including D.C., and the federal government issued some form of rental eviction and mortgage foreclosure moratoriums to prevent residents from being forced to vacate their residences.[40] However, these protections either have or will expire in the near future, which could result in a new crisis, mass evictions.[§] Researchers estimate 30 to 40 million Americans could face eviction when these moratoriums end if their financial situations do not improve.[41] In D.C. alone, almost 53,000 renters could face evictions at the end of the moratorium.

Unaffordable housing prices are linked to an increase in homelessness. In January 2019, there were an estimated 6,521 homeless individuals in D.C.[42] The median age of homeless single adults was 51 years old.[43] Homelessness can lead to and exacerbate poor physical and mental health.[44]

There are nine programs that promote affordable and safe housing for senior residents, in addition to the property tax credits discussed later in the report. Six of these programs help seniors afford housing, of which five are for renters and one is for homeowners. The District also has two programs that address safety and code-related renovations; one program is only available for homeowners, while the other is available to both renters and homeowners. One program provides cleaning services. Eight of the programs are means tested and had an age requirement. Of these seven, three require applicants to be at least 60 years old, while the other five require them to be at least age 62. Participation in the six housing affordability programs differs greatly from program to program. In 2019, there were just 17 applicants for the

[§] As of October 2020, the eviction moratorium will expire on December 31, 2020 and new eviction filings can begin 60 days after the moratorium expires. (Mayor's Order 2020-045, 2020-046, 2020-079, and 2020-103)(D.C. Act 23-247, D.C. Act 23-286, and D.C. Act 23-299)

Reverse Mortgage Foreclosure Program compared to nearly 4,000 for the Emergency Rental Assistance Program (ERAP).[45] The same year, the budgets of these programs ranged from $325,000 for Local Rent Supplement Program (LRSP) vouchers reserved for seniors to $7.4 million for ERAP.[46] Of the renovation programs, Safe At Home, provided over 1,100 District residents with adaptations, while the Single Family Residential Rehabilitation Program (SFRRP) had 132 applicants in 2019.[47] The Safe At Home FY 2018 budget was $6.4 million compared to $1.1 million for SFRRP for the first two quarters of FY 2018.[48]

TYPE OF BENEFIT	PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
RENTER PROGRAMS	Elderly Tenants and Tenants with Disabilities Protection Amendment Act	Yes	No	Yes	No
	Emergency Rental Assistance Program (ERAP)	Yes	Yes	Yes	No
	Grandfamilies Housing (Plaza West)	No	Yes	Yes	No
	Rental Assistance for Unsubsidized Seniors Program (Senior Citizen Shallow Subsidy)	Yes	Yes	Yes	No
	Senior Local Rent Supplement Program (LRSP) Set Asides	Yes	Yes	Yes	No
HOMEOWNER PROGRAMS	Reverse Mortgage Foreclosure Prevention Program	Yes	Yes	Yes	No
SAFETY	Heavy House Cleaning Program	Yes	Yes	Yes	No
	Safe At Home	Yes	Yes	Yes	No
	Single Family Residential Rehabilitation Program (SFRRP)	No	Yes	Yes	No

MEDICAID & MEDICARE BENEFIT PROGRAMS

Medicaid

Medicaid provides health care coverage for eligible low-income individuals, including seniors. In 2019, 2,716 District seniors and a total of 7.2 million senior Americans were enrolled in Medicaid.** [49] Medicaid's coverage includes long-term services and supports, services that Medicare does not cover, and reducing qualified enrollees' Medicare premiums, among other things.[50]

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
MEDICAID	Yes	Yes	No	No
MEDICARE PART A	Yes	No	No	No
MEDICARE PART B	Yes	No	No	No
MEDICARE PART C (MEDICARE ADVANTAGE PLANS)	Yes	No	No	No
MEDICARE PART D	Yes	No	No	No
MEDICARE PRESCRIPTION DRUG COVERAGE FOR PEOPLE WITH LIMITED INCOMES AND RESOURCES (EXTRA HELP OR LOW-INCOME SUBSIDY)	Yes	Yes	No	No
QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM	Yes	Yes	No	No
QMB PLUS PROGRAM	Yes	Yes	No	No

D.C. is responsible for paying a set 30 percent share of its Medicaid costs, making it unique from the 50 states.[51] The supports offered by Medicaid help maintain the affordability of healthcare and allow seniors to maintain their financial security.

The financial support provided by Medicaid is even more important now during the pandemic, especially for seniors residing in nursing homes. Medicaid also provides care to over 60 percent of nursing home residents, which is important, since approximately 30 percent of seniors will need nursing home care.[52] Nursing home care can be cost prohibitive for many. According to a 2019 survey, the median cost of both a private and a semi-private room in a District nursing home was over $127,000 a year.[53] Some of the earliest U.S. cases of COVID-19 were identified in a nursing home.[54] Nursing homes are more susceptible to COVID-19 outbreaks due to a mostly senior population, many with underlying health conditions, congregate living, and the close contact between residents and staff.[55] More than 40 percent of COVID-19 deaths have been residents or staff of long-term care facilities.

To participate in Medicaid as a senior, an applicant must be at least 65 years old and meet the income requirements.[56] While many of the standards and requirements for the administration of Medicaid are established by the Centers for Medicare and Medicaid (CMS), states have the flexibility to determine who can receive coverage, the types of services that are covered, health care delivery models, and payment methods. Due to this flexibility, Medicaid plans vary significantly between states. For example, while both Maryland and Virginia require cost-sharing for Medicaid adults, the District does not.[57] Further, Virginia does not cover Medicaid personal care services, which are similar to a home health aide, but both D.C. and Maryland do provide coverage for these services.[58]

Medicare

Medicare is a health insurance program for seniors and some younger individuals with disabilities or certain illnesses.

** This total does not include those enrolled in the Children's Health Insurance Program, only those enrolled in Medicaid.

CMS administers these programs. There are four major components of Medicare, each with its own requirements and benefits.

Healthcare can be very expensive, therefore, having a benefit program that can reduce or eliminate costs is valuable for older adults. CMS reports that about 25 percent of Medicare enrollees have less than $15,000 in total savings and approximately 8.3 percent have no savings or are in debt.[59] Of beneficiaries with an annual income below the Federal Poverty Level[††], almost 40 percent spend a fifth of their income on premiums and out-of-pocket medical expenses.

Nationally there were approximately 61.8 million enrollees in November 2019.[60] In the District, Medicare Part A and Part B had a combined total 2019 enrollment of 75,000 individuals.[61] Medicare Part C and Part D had approximately 19,000 and 39,000 District participants in 2019, respectively.[62] Medicare Part D has a subprogram, Medicare Prescription Drug Coverage for People with Limited Incomes and Resources (Medicare Part D Extra Help or Low-Income Subsidy), that helps Medicare beneficiaries afford their prescriptions. This program had about 10,000 D.C. enrollees in 2019.[63] All four parts of Medicare require enrollees to be at least age 65 and none have income requirements. However, the Medicare Part D Extra Help program does have income requirements.

Certain participants are responsible for some out-of-pocket costs and premiums. This is typically due to an enrollee's income. Applicants can receive Medicare Part A without paying a monthly premium if they or their spouse had Medicare-covered government employment or are eligible for Social Security or Railroad benefits.[64] If an applicant does not meet these requirements, they can still purchase Part A. In 2020, the Medicare Part A premium for workers who paid Federal Insurance Contributions Act (FICA) payroll deductions ranged from $252 to $458 a month, depending on how long they contributed. Most participants pay a Part B premium, which could vary between $144 and $491 depending on income and household make-up.[65] In 2019, Medicare Part C had an average monthly premium of $29.[66] The 2020 national base beneficiary monthly premium was $32 for Medicare Part D.[67] Most Medicare Part D Extra Help enrollees do not pay a monthly premium or yearly deductible.[68] The Medicare Part D Extra Help plan is estimated to be worth about $5,000 per year.[69]
There are also four programs that help enrollees pay various Medicare costs, such as premiums, deductibles, coinsurance, and copayments.[70] Known as Medicare Savings Programs, these four programs are the Qualified Disabled and Working Individuals Program[‡‡], Qualified Medicare Beneficiary (QMB) Program, Qualifying Individual Program, and the Specified Low-Income Medicare Beneficiary Program.[§§] Medicare Savings Programs can help enrollees save around $1,700 a year on Medicare Part B premiums.

While CMS establishes many of the basic guidelines and provides partial funding for these programs, states can determine some eligibility requirements, such as income caps. The QMB and QMB Plus Programs both require participants to be enrolled in either Medicare Part A or B and meet the income requirements. The QMB Plus Program also requires enrollees to qualify for Medicaid. The other Medicare savings programs are moot in D.C. due to the District government increasing the income eligibility from 100 percent FPL to 300 percent FPL. Just over 9,000 D.C. residents were enrolled in the QMB Program and the QMB Plus Program had 17,000 District enrollees in FY 2019.[71] These two programs are operated by CMS, DOH, and DHCF.

NUTRITION BENEFIT PROGRAMS

Consistent access to healthy food promotes health, well-being, and longevity. However, many people are unable to consistently afford healthy options, leading them to purchase less expensive and less healthy foods. Nationally, Americans typically spend over 10 percent of their annual income on food, which can be a substantial amount for low-income individuals and those on fixed incomes.[72] Research has found that lower-income Americans spend a significantly larger percentage of their income on core needs like food, housing, and transportation, than higher income Americans.[73]

[††] The Federal Poverty Level, also called the poverty line, is lowest level of income deemed sufficient to cover essential living costs based on family size. These levels are represented by percentages. The 2020 poverty line for a one-person household is $12,760 and $17,240 for a two-person household. (Romig, 2019)
[‡‡] The Qualified Disabled and Working Individuals Program is not discussed in this report as it is not intended to serve seniors.
[§§] Some programs have subprograms that include more benefits and eligibility requirements.

Around 11.4 percent of D.C. residents were food insecure from 2011 to 2016, and 4 percent were classified as having very low food security.[74] Nationally, those at greatest risk of food insecurity are racial or ethnic minorities, those with lower incomes, those between 60 and 69 years old, and those who rent.[75] Seniors who are food insecure are an estimated 30 percent more likely to have impairment performing daily activities, 50 percent more likely to suffer from diabetes, and 60 percent more likely to have congestive heart failure or a heart attack.[76] They are also three times more likely to suffer from depression.[77]

While there is an obvious negative impact on health associated with food insecurity and malnutrition, there is also an adverse economic and financial effect as well. Malnutrition-associated diseases among seniors cost an estimated $51.3 billion annually.[78] Programs that provide nutritious food options for seniors can help reduce both the health and financial costs related to food insecurity.

Many D.C. residents have access to grocery stores; however, they may not be able to afford healthy foods regularly. The majority of D.C. residents live within one mile of at least one of the District's 45 full-service grocery stores, but six neighborhoods, or 12 percent of the District, do not have access to either a grocery store or convenience store, and only four neighborhoods had 40 to 50 percent of their food retailers considered to be healthy.[79]

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
FOOD & FRIENDS	No	No	No	Yes
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)	Yes	Yes	Yes	No
SENIORS FARMERS' MARKET NUTRITION PROGRAM (SFMNP) (GET FRESH)	Yes	Yes	Yes	No
COMMUNITY DINING MEAL SERVICES (GROUP MEALS)	Yes	No	Yes	No
HOME DELIVERED MEALS	Yes	No	Yes	Yes
HOME DELIVERED NUTRITION SUPPLEMENTS	Yes	No	Yes	Yes
GLEANING TABLES	Yes	Yes	Yes	No
HUNGRY HARVEST	No	No	No	No
SHARE FOOD	Yes	Yes	Yes	No
MOBILE MARKET	No	No	No	No
PRODUCE PLUS	No	Yes	Yes	No
PRODUCE PRESCRIPTION PROGRAM (PRODUCE RX)	Yes	Yes	Yes	Yes
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	No	Yes	No	No
SUPPLEMENTAL FOOD ASSISTANCE	No	Yes	Yes	No

COVID-19 has made accessing healthy food options even more difficult for those who do not live within walking distance of a grocery store or unable to afford or receive grocery deliveries. Seniors without the ability to have groceries delivered must risk going to the store. Additionally, those who do not have private transportation must use public transportation to reach a grocery store, adding to their risk of exposure.

There are 14 nutrition-focused programs available to older adult residents. Five programs provide enrollees with funds to purchase food, while nine provide the food directly to enrollees or offer it for purchase. Half of the programs require applicants to meet income requirements and eight require enrollees to be at least 60 years old. Four programs use an applicant's health as an eligibility criterium. Two programs only operate in specific wards. The average monthly benefits some programs offer ranged from $20 to $121, depending on the program and the applicant's specific situation.

Many programs provide similar services to overlapping sections of the D.C. senior population. For example, five programs, (Food & Friends, Home-Delivered Meals Program, Home-Delivered Nutrition Supplements Program, Hungry Harvest, and Share Food), all provide participants with a box of health foods, either already made or with the ingredients. Six other programs, (Commodity Supplemental Food Program, Senior Farmers' Market Nutrition Program, Produce Plus, Produce Prescription Program, SNAP, and the Supplemental Food Assistance Program), provide enrollees with vouchers that can be used to purchase nutritious foods. Mobile Markets and Gleaning Tables provide residents with a location where they can find fresh fruits and vegetables, among other items. The Community Dining Meal Services is the only program to offer prepared meals in a group setting.

The Supplemental Nutrition Assistance Program (SNAP) has the largest number of FY 2019 enrollees, with 109,000 D.C. residents, of which 15,000 were seniors.[80] The Gleaning Tables program had the fewest, with 75 District senior enrollees in FY 2019.[81] The Gleaning Tables and Share Food programs have a combined FY 2019 budget of $8,250 compared to $4.8 million for the Home Delivered Meals program.[82] The U.S. Department of Agriculture is solely responsible for one program, but also works in coordination with DOH and a private organization on two other programs. Four of the programs are administered by DOH in coordination with private organizations. DACL oversees three nutrition programs exclusively and three in conjunction with private organizations. The D.C. Department of Human Services solely administers one nutrition program.

SOCIAL SECURITY BENEFIT PROGRAMS

Social Security, also known by its formal name of Old-Age, Survivors, and Disability Insurance (OASDI), is a financial benefit provided to retirees, their spouses, widows, children, or parents, as well as to workers who become disabled or families in which a spouse or parent dies.[83] This benefit is intended to partially replace worker's pre-retirement income based on their lifetime earnings and is an important resource for seniors. However, retired federal employees who worked under the Civil Service Retirement System and D.C. government employees who were hired before 1987 do not qualify for Social Security benefits through their federal service.[84] All Social Security benefits are administered by SSA.

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
OLD-AGE, SURVIVORS, AND DISABILITY INSURANCE (OASDI OR SOCIAL SECURITY)	Yes	Yes	No	No
SOCIAL SECURITY RETIREMENT BENEFIT, PARENT BENEFIT	Yes	No	No	No
SOCIAL SECURITY RETIREMENT BENEFIT, SPOUSE SUPPLEMENT	Yes	No	No	No
SOCIAL SECURITY RETIREMENT BENEFIT, WIDOWS AND WIDOWERS' BENEFIT	Yes	No	No	No

Social Security is the most common type of income received by seniors in the District.[85] There were over 83,000 District residents and 62.9 million individuals nationwide receiving a Social Security benefit in 2018, resulting in over $988 billion in benefit payments.[86] The majority of District residents receiving Social Security benefits are seniors, at almost 61,000 or 73.4 percent.[87]

Many seniors delay receiving Social Security benefits to maximize the value of their monthly benefit. The benefits provided by Social Security also help an estimated 15.3 million American seniors, and about 17,000 District seniors, live above the poverty line.[88] About 48 percent of households nationwide were headed by someone aged 55 and over who had no retirement savings beyond Social Security in 2016.[89] The national average monthly benefit across all OASDI categories was $1,358 in November 2019.[90]

A retired worker's benefits are typically dependent on their contributions to the program and whether they choose to take the benefits before reaching full retirement age. Two programs set the age of full retirement at 62 years old, while the other two set it at age 60 and 66.[91] While none of the programs have an income, one reduces benefits based on whether an individual has an income over a certain threshold.[92]

TAX BENEFIT PROGRAMS

TYPE OF BENEFIT	PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
INCOME TAX BENEFITS	Federal Credit for the Elderly or the Disabled (Schedule R)	Yes	Yes	No	No
	Higher Tax Thresholds	Yes	Yes	No	No
	Standard Deduction for Seniors (Additional Standard Deduction)	Yes	No	No	No
PROPERTY TAX BENEFITS	Homeowner/Renter Property Tax Income Tax Credit (Schedule H or Property Tax Circuit Breaker)	No	Yes	Yes	No
	Homestead Deduction	No	No	Yes	No
	Lower Income, Long-Term Homeowners Tax Credit (Schedule L)	No	Yes	Yes	No
	Owner-Occupant Residential Tax Credit (Senior Assessment Cap Credit)	Yes	No	Yes	No
	Senior Citizen or Disabled Property Owner Tax Relief	Yes	Yes	Yes	No
	Tax Deferral for Low-Income Senior Property Owners (Property Tax Deferral for Low-Income Senior Property Owner)	Yes	Yes	Yes	No

The federal government, every state, and some localities provide tax breaks for older adults. Many of these tax breaks and credits were created to help reduce the financial burden on low-income seniors. Even though the percentage of the older adult population living in poverty has decreased over the last few decades from around 15 percent in 1974 to just over 9 percent in 2017, the actual number of seniors living in poverty has increased from 3.1 million in to 4.7 million.[93] The COVID-19 pandemic is expected to substantially increase the number of Americans living in poverty. Additionally, due to the global economic shutdown, many seniors may have experienced significant and possibly permanent financial losses in their investments.[94]

The U.S. Census Bureau expects the senior population to grow to 114.3 million by 2060.[95] The tax breaks offered by states to older adults are estimated to total about $27.0 billion a year.[96] D.C. seniors received approximately $128.5 million in District tax breaks in 2019. The Homestead Deduction ($63.2 million loss), the Senior Citizen or Disabled Property Owner Tax Relief ($32.8 million loss), and the Homeowner/Renter Property Tax Income Tax Credit (Schedule H or Property Tax Circuit Breaker) ($21.4 million loss) result in the largest portion of the tax breaks.[97] The Lower Income, Long-Term Homeowners Tax Credit (Schedule L) had the smallest fiscal impact at $11,000 in FY 2019.[98]

There are nine tax-related benefits available to District older adults; three of the benefits are income-related, while six property tax liability. The federal government provides all three income tax benefits, which all have an age restriction of 65. Only one is means tested. The District provides the six property tax benefits, five of which are intended for homeowners, and one is intended for both homeowners and renters. None are for renters only. Three property tax benefits require applicants to be at least 65 years old and five have income restrictions. Participation in each of the tax benefit ranges from 136 applicants to nearly 85,000 in FY 2019.

TRANSPORTATION BENEFIT PROGRAMS

Transportation can help seniors access healthcare, food, social services, and other essential needs. For example, District Medicaid patients tend to travel for their healthcare; 75 percent have all their services outside of their ward, while only 14 percent have all their services provided in their ward.3[99] With about 47 percent of District seniors living more than a 10-minute walk, or almost 0.4 of a mile, from a Metrorail station, and nearly 29 percent not owning car, many have to find other means of transportation such as buses, rides from friends and family, or cabs and rideshare companies.[100]

The pandemic has made reliable and safe transportation even more important. Seniors without access to a private vehicle must rely on public transportation, ride hailing services, or friends and family with vehicles. Public transportation and ride hailing services present greater health risks, as there are more riders and sanitation cannot always be performed between trips. However, in an effort to reduce COVID-19 transmission, the Washington Metropolitan Area Transit Authority (WMATA) has required the use of face coverings on all public transit and enhanced cleaning of all buses, stations, and trains.[101] The costs of using public transport can also be a hindrance for those with low or fixed incomes. WMATA fares range from $2 to $4.25 for the Metrobus and $6 for the Metrorail.[102] Having reliable, easy to access, and affordable transportation options can help seniors stay healthy and active participants in District life.

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
CIRCULATOR	Yes	No	No	No
METROACCESS	No	No	No	Yes
SEABURY CONNECTOR	Yes	No	Yes	No
SEABURY CONNECTER CARD PROGRAM	Yes	No	Yes	No
SENIOR MEDEXPRESS	Yes	No	Yes	Yes
TRANSPORT D.C.	No	No	Yes	Yes
WMATA REDUCED FARE	Yes	No	No	No

There are seven transportation-focused benefit programs available to D.C. seniors. Three programs allow seniors to travel anywhere in the District or metropolitan region with no restrictions, three programs limit when enrollees may utilize them. A transportation subsidy is provided by one program instead of a transportation service. Three programs require enrollees to be at least age 60, while two require them to be 65 years old. The other two programs have no age requirements. Two programs determine eligibility based on disabilities or medical issues. None of the programs are means tested.

Three programs, the Seabury Connector, Seabury Connector Card, and Senior MedExpress, are operated through coordination between DACL and private organizations. WMATA is responsible for two programs, MetroAccess and the WMATA Reduce Fare program. WMATA, D.C. Department of Transportation, and a private organization provide the Circulator, while Transport D.C. is administered by the D.C. Department of For-Hire Vehicles.
Average enrollment varies greatly between the programs. The Seabury ConnectorCard Program had about 350 senior participants in FY 2019, while the WMATA Reduce Fare program issued an estimated 88,000 senior SmarTrip cards as of January 2020.[103] The Seabury ConnectorCard Program also had the smallest budget of all seven programs, at $370,600 in FY 2019.[104] MetroAccess had the largest budget, at $27.3 million in FY 2019.[105]

UTILITY BENEFIT PROGRAMS

Utility costs can add up quickly, which can have an outsized impact on low-income households. On average Americans paid about $169 a month for energy and water utilities in 2018, compared to the average $200 spent by D.C. residents[106] Programs to help increase the affordability of utilities not only help keep the lights on and the water running, but also help people afford other necessities.

There are nine utility assistance programs available to D.C. seniors. All nine programs have income caps. None of the programs have age restrictions for participants. However, the Low Income Home Energy Assistance Program (LIHEAP) offers further benefits to those age 55 and older and Economy II provides those age 65 and older with a higher discount. Two programs either provide more benefits to or increase the discounts for those who meet certain age requirements. Three programs offer discounts or subsidies on an individual's electricity and heating, while one offers discounts on water bills, and another offers an allowance for all utilities. Phone service discounts are provided through two programs. Services to help increase the efficiency of utilities, either through the installation of new products or renovating a residence are offered by two programs.

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
HOUSING CHOICE VOUCHER PROGRAM (HCVP) UTILITY ALLOWANCE	No	Yes	No	No
LIFELINE	No	Yes	No	No
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)	No	Yes	Yes	No
SOLAR FOR ALL (SFA)	No	Yes	Yes	No
CUSTOMER ASSISTANCE PROGRAM (CAP)	No	Yes	Yes	No
ECONOMY II	No	Yes	Yes	No
RESIDENTIAL AID DISCOUNT (RAD) PROGRAM	No	Yes	Yes	No
RESIDENTIAL ESSENTIAL SERVICES (RES) PROGRAM	No	Yes	Yes	No
WEATHERIZATION FOR ALL PROGRAM (WAP)	No	Yes	Yes	No

Four programs, the Housing Choice Voucher Program Utility Allowance, Lifeline, LIHEAP, and the Weatherization for All Program (WAP), are offered through the cooperation of federal and local agencies. The Customer Assistance Program, Economy II, Residential Aid Discount Program, and Residential Essential Services Program are operated by the D.C. Department of Energy and Environment (DOEE), Public Service Commission of the District of Columbia, and private organizations. Solar For All is administered solely by DOEE. Participation in these programs differs greatly. Lifeline had about 21,300 District subscribers in 2018, while WAP weatherized 170 units.[107]

VETERAN BENEFIT PROGRAMS

As they age, veterans can qualify for a host of service-related benefit programs. Of the 28,000 D.C. veterans, approximately 12,300 are seniors.[108] Many veterans have a service-connected disability.*** Around 25 percent of all veterans, and about 17.1 percent of District veterans have a service-connected disability.[109] Income is another area where veterans differ from the general population, both in D.C. and across the country. The 2017 national median household income for veterans was $40,577, compared to $55,020 in D.C.[110] The District median income for all residents was $77,649.[111]

There are seven veteran-related benefit programs available for D.C. veterans. Four of which provide health care or health related services and supports to veterans. One provides a pension to qualifying veterans, and the other is a transportation service. All programs require veterans to have met certain service requirements. Four programs are means tested and two have an age restriction of 65 years or older. Three programs take an applicant's health and medical needs into consideration to determine eligibility.

*** The U.S. Department of Veterans Affairs defines a "service connected disability" as an injury or illness that was incurred or aggravated during active military service. "Office of Public and Intergovernmental Affairs," VA, 2015, accessed 02/14/2020, https://www.va.gov/opa/publications/benefits_book/benefits_chap02.asp.

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION CONSIDERED
TRICARE FOR LIFE (TFL)	Yes	No	No	No
VETERANS AFFAIRS (VA) HEALTH CARE	No	No	No	No
VA LONG TERM CARE	No	No	No	No
VA PENSION	Yes	Yes	No	Yes
VA AID AND ATTENDANCE (A&A) AND HOUSEBOUND BENEFITS	Yes	No	No	Yes
VA VETERANS TRANSPORTATION SERVICE (VTS)	No	No	No	No
VETSRIDE	No	Yes	Yes	No

Five programs are operated by the U.S. Department of Veterans Affairs (VA), VA Health Care, VA Long Term Care, VA Pension, VA Aid and Attendance and Housebound Benefits, and *VA Veterans Transportation Service.* TRICARE For Life (TFL) is administered by the U.S. Defense Health Agency. VetsRide is the only locally provided program and is overseen by the Mayor's Office of Veterans Affairs and the Department of For-Hire Vehicles.

While there are about 12,300 senior veterans living in D.C., no program covers all District veterans. Approximately 5,000 D.C. veterans qualified for TFL in FY 2019.[112] VA Health Care had almost 4,000 D.C. senior, veteran participants in 2019.[113] Over 600 District residents received a VA Pension and may be eligible for VA Aid and Attendance (A&A) and Housebound Benefits in FY 2018.[114] The VetsRide program provided transportation services to 340 veterans in 2018.[115]

OTHER BENEFIT PROGRAMS

There are seven benefits in the "Other" category, all of which are administered by the District. These programs provide a variety of benefits, such as Alzheimer's and memory-related support, education, employment preparation, financial management, geriatric case management, and house cleaning, among others. The number of enrollees in 2019 varied among programs, ranging from 41 and 728.

Alzheimer's and Memory-Related Supports. The Alzheimer's Association estimates that around 5.6 million American seniors had the disease in 2019.[116] In D.C. alone, there were approximately 8,900 individuals with Alzheimer's disease. It was the fifth leading cause of death among seniors in 2019.[117] Alzheimer's and other forms of dementia can also have a major impact on a person's ability to manage their finances and could leave them susceptible to exploitation. It is estimated that senior victims of financial exploitation lose up to $1.5 billion each year.[118]

Caring for a relative with dementia can be a difficult and costly responsibility for family members. Over 16.0 million people nationwide provide unpaid care for people with dementia.[119] The estimated 18.5 billion hours of care they provide is valued at almost $234.0 billion.

The District has two programs that help those suffering from dementia and their caregivers, Club Memory and Cluster Care. Club Memory is a social club for people with early-stage Alzheimer's, mild cognitive impairment, or other forms of dementia, and their spouses, partners, and caregivers.[120] Cluster Care assists adult day health and wellness center attendees with dementia or memory loss and who need extra help in the morning with personal care, such as dressing, grooming, and light meal preparation.[121] Neither program has income requirements. Only Cluster care requires applicants to be at least 60 years old. Club Memory had 728 participants in 2019 and an FY 2019 budget of $364,000.[122] Enrollment and budget information was not available for Cluster Care. One program is available to help seniors maintain

their financial independence and safety, the *Money Management Program (MMP).* MMP assists low-income older adults experiencing memory loss manage their personal finances and monthly bills.[123] To participate applicants must be at least 60 years old, suffer from dementia or memory loss, meet the income cap, and other requirements. In FY 2019, there were a total of 153 participants each month.[124]

PROGRAM NAME	AGE REQUIREMENT (FOR NONDISABLED INDIVIDUALS)	INCOME REQUIREMENT	DISTRICT RESIDENCY REQUIREMENT	HEALTH CONDITION REQUIREMENT
BACK TO WORK 50+ (BTW50+)	Yes	No	Yes	No
CLUB MEMORY	No	No	No	Yes
CLUSTER CARE	Yes	No	Yes	Yes
D.C. SUBSIDIZED GERIATRIC ASSESSMENT AND CARE MANAGEMENT AGENCIES	Yes	No	Yes	No
MONEY MANAGEMENT PROGRAM	Yes	Yes	Yes	Yes
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)	Yes	Yes	Yes	No
UDC SENIOR TUITION PROGRAM	Yes	No	Yes	No

Education. Many older adults are deciding to go back to school. According to a 2018 survey, 76 percent of undergraduates and 74 percent of graduates were age 45 and older.[125] Financial aid is still a large factor for 77 percent of undergraduates and 71 percent of graduates age 45 and older. The University of the District of Columbia (UDC) charges District residents $786 for one regular semester credit hour in 2019.[126] To make tuition more affordable for senior students, UDC offers a 50 percent discount on tuition and fees to residents who are at least 65 years old. The program also allows seniors to audit two classes for free per year. In FY 2019, there were 150 enrollees.[127]

Employment Preparation. American seniors are actually about 75 percent more likely to be working full time as they were a generation ago[128] For example, about 23 percent of older D.C. adults worked in 2017, compared to 19 percent in 2007.[129] Continued employment has many benefits, such as income, health and retirement benefits, and keeping older adults active and social. However, the job market has changed since most seniors first entered. Today, many jobs require applicants to be familiar with, if not proficient at, using computers and the internet, which can be a challenge for those without this experience. In 2017, approximately 34 percent of seniors age 65 and older reported feeling that they had little to no confidence in their ability to perform online tasks or use electronic devices.[130]

To help seniors feel confident in reentering or continuing in the job market, there are two job training programs available, Back to Work 50+ (BTW50+) and the Senior Community Service Employment Program (SCSEP). BTW50+ only serves those age 50 to 64, while SCSEP requires applicants to be at least 55 years old. Only SCSEP is means tested. Both BTW50+ and SCSEP had similar FY 2019 enrollment, with 62 and 41 participants, respectively.[131]

Geriatric Assessment and Case Management. Geriatric case managers assess, plan, and coordinate the care of older adults. These services could include organizing or supplying meals, finding appropriate health care, providing counseling services, providing onsite or connecting participants to recreation or socialization, or providing transportation. AARP estimated that a geriatric case manager could cost an average of $74 an hour in 2016.[132] In D.C. there are five leading geriatric assessment and case management agencies, which are supported through a combination of federal, District, and private funds: East River Family Strengthening Collaborative, Inc., Family Matters of Greater Washington, Iona Senior Services, Seabury Resources for Aging, and Terrific, Inc.[133] While they provide similar services, and all require applicants to be at least 60 years old, other requirements, such as income caps, may exist for different services and vary between agency.

HELP FOR CAREGIVERS BENEFIT PROGRAMS

The main goal of caregivers is to help a senior safely and independently age in place. But hiring a private home health aide can be over $48,000 a month, making it unaffordable to some families[134] Caring for a senior family member can be a rewarding and meaningful experience for both the caregiver and the senior. However, the responsibility can become an emotional, financial, and physical burden for the caregiver. Approximately 15 percent of American adults provide unpaid care to another adult.[135] Caregivers are at risk of developing or exacerbating anxiety and depression. For example, the prevalence of depression among caregivers of people with Alzheimer's disease is 34 percent, and 40.2 percent for those caring for stroke survivors.[136] Also around 36 percent of caregivers for adults over the age of 50 reported feeling moderate to high levels of financial strain.[137] AARP found that family caregivers can expect to spend about $7,000 a year of their personal funds on caregiving.[138]

PROGRAM NAME	AGE REQUIREMENT (FOR CAREGIVER)	INCOME REQUIREMENT (FOR CAREGIVER)	DISTRICT RESIDENCY REQUIREMENT (FOR CAREGIVER)	HEALTH CONDITION CONSIDERED (FOR PATIENT)
D.C. CAREGIVERS' INSTITUTE (DCCI)	No	No	Yes	Yes
SATURDAY RESPITE PROGRAM	No	No	Yes	Yes

In D.C., there are two programs available to provide support to caregivers: D.C. Caregivers' Institute (DCCI) and the Saturday Respite Program. DCCI serves as a centralized resource to help caregivers make critical decisions, develop and implement a caregiving support plan, advocate for themselves and the person they are caring for, and provide temporary rest for the caregiver.[139] The Saturday Respite Aid Program provides caregivers of individuals with Alzheimer's or related disorders with a four-hour break on certain Saturdays throughout the year.[140] Both require the patient for which the caregiver is responsible to be at least 60 years old and meet income requirements. DCCI requires that the caregiving responsibilities are causing mental, financial, or physical stress for the caregiver. DCCI had 406 participants and the Saturday Respite Program had 11 in FY 2019.[141]

CONCLUSION

Benefit programs can provide much needed services and supports to seniors in the District so long as they are fairly easy to access, targeted to the correct subset of the population, efficiently administered, and the intended population is aware of them. It is important to regularly evaluate both the programs and needs of the community to look for gaps, either in unserved or underserved groups or in a benefit type. Providing a means through which seniors can age affordably and with dignity will allow them to continue to contribute to life in the District. COVID-19 has exposed areas where federal, state, and local governments can improve outreach and targeting of programs. The pandemic has also potentially increased the number of residents in need and broadened the types of aid communities require. Interruptions or difficulties in the delivery of program benefits due to the nature of the virus and the stay-at-home orders, may force administrators to look at either developing or making permanent new delivery methods. While the pandemic has present numerous challenges to the established ways of addressing the needs of seniors, it has also provided an incentive to reevaluate current programs and potentially new ways to administer future programs.

The next report in this series, entitled "Which District of Columbia Seniors Can Access Public Benefit Programs," will consider the cost of living in the District and how D.C. seniors make ends meet through the lens of four example households. The previous report, "Getting to Know D.C. Older Adults," details the demographic make-up of seniors living in D.C.

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