

create

Opportunities for Community Aging



Strengthen community options that make it possible for older adults to age well and safely at home and in the community.

There may be only one near-universal opinion among the nation's 56 million adults who are older than age 65:⁵ an estimated 80 percent of them want to age well in their own homes and communities, and not in institutions such as nursing homes.⁶ This goal transcends generational and political boundaries and is a commitment that both Republicans and Democrats have espoused as an important aim. The good news is that this approach is also the most cost-effective for consumers and taxpayers!

To assist millions of aging Americans in meeting this goal, state and local aging agencies develop and provide older adults with local services and supports that help them to age with health, independence and dignity in their homes and communities. A nationwide Aging Network—consisting of states, 622 Area Agencies on Aging (AAAs), more than 250 Title VI Native American

aging programs, and tens of thousands of local service providers—was founded on the principle of giving states and local governments flexibility to determine, coordinate and deliver the supports and services that they know most effectively and efficiently serve older adults and caregivers in their communities.

AAAs foster the development and coordination of these critical home and community-based services (HCBS) for older adults and their caregivers, then work with local providers and vendors to deliver them. Examples of these vital services include in-home care, homemaker services, transportation, caregiver support, home-delivered meals and so much more.

By assisting older adults on the front end, the Aging Network helps them avoid unnecessary and more expensive institutional nursing home care and reduces the instances in which older adults spend down their

resources to become eligible for Medicaid benefits. Delaying or preventing nursing home institutionalization saves federal and state governments tens of thousands of dollars per person each year. As the population of older adults grows, it is critical that the Administration and Congress place greater emphasis on federal policies and programs that strengthen HCBS, most particularly the following vital programs and services.

Older Americans Act Programs and Services

Signed into law in 1965 alongside Medicare and Medicaid, the Older Americans Act (OAA) is much smaller and depends on discretionary funding streams (and funding leveraged at state and local levels) rather than the mandatory spending used to fund federal health care programs. OAA is especially important to millions of older adults whose incomes are not low enough to make them eligible for Medicaid assistance, but who do not have sufficient financial resources to fully pay for the in-home and community supports they need to remain independent. The OAA not only fills those gaps but helps reduce long-term Medicaid expenditures by delaying or preventing individuals from spending down their resources to become eligible for the long-term care provided by Medicaid.

Each year, through the Aging Network, more than eight million older Americans receive critical support in the form of in-home personal care, home-delivered and congregate meals, transportation, disease prevention/health promotion, legal services, elder abuse prevention and intervention, and other supports essential to maintaining their independence. Additionally, the OAA funds vital assistance for caregivers of older adults through the National Family Caregiver Support Program (NFCSP, Title III E), which provides grants to AAAs and Title VI aging programs to help family members care for their frail, ill or disabled loved ones.

OAA programs and services save taxpayer dollars by enabling older adults to remain independent and healthy in their own homes, where they prefer to be and where they are less likely to need more costly care paid for by Medicare and Medicaid. By supporting the health of older adults with evidence-based wellness programs, nutrition services, medication management and many more in-home and community options, OAA programs and services save Medicare—and the nation—money. Local OAA programs delay and can prevent the need for higher-level or more expensive (i.e., nursing home) care paid for by Medicaid, postponing impoverishment and eligibility for the means-tested Medicaid long-term care program.



In addition to federal investments, AAAs leverage state, local and private funding to build comprehensive systems of HCBS in their communities. Surveys from the U.S. Administration on Aging (AoA) show that every \$1 in federal funding for the OAA leverages nearly an additional \$3 in state, local and private funding. Furthermore, AAAs engage hundreds of thousands of volunteers who donate millions of volunteer hours each year, further leveraging public and private investments.

To support the ability of older adults to age at home and in the community, lawmakers should provide critically needed increases for OAA and other U.S. Administration for Community Living (ACL) programs within the U.S. Department of Health and Human Services' (HHS) FY 2021 budget. The most recent bipartisan reauthorization of the Act includes a recommended funding increase of six percent for FY 2021, but n4a encourages additional investment to meet tremendous national need. For years, funding for OAA and other discretionary aging programs has not kept pace with the realities facing the growing population of older adults—neither their needs nor the costs of aging services and supports. Now is the time to re-invest in these much-needed, cost-saving programs. (For details, see page 10.)

Medicaid Home and Community-Based Services

The OAA philosophy of providing the services and supports needed to maintain the independence of older adults also

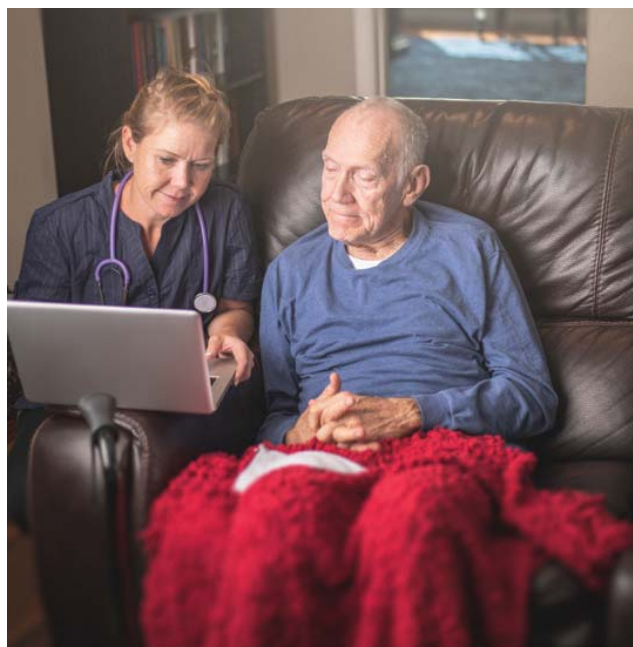
drives the federal-state Medicaid home and community-based services (HCBS) waiver programs. Historically, two-thirds of AAAs play a key role in their state's Medicaid HCBS programs, often performing assessments, leading case management and coordinating services.

Medicaid Is a Lifeline for Older Adults

It's important that Congress and the Administration understand the realities of older adults receiving Medicaid when considering short or long-term policy changes to the program. The federal-state Medicaid partnership is the backbone of our nation's current LTSS (long-term services and supports) system and the 4.1 million people who rely upon Medicaid HCBS/LTSS programs.⁷ National and state-based proposals that would cap spending for Medicaid programs or convert these programs to block grants raise concerns, given that millions of vulnerable older adults and people with disabilities rely upon Medicaid for LTSS, including HCBS, to retain their independence.

Undermining or draining Medicaid of resources will put older adults who most need our nation's support in harm's way. We urge Congress to oppose proposals that would merely shift costs to consumers and states, thus reducing access to critical care. Specifically, we urge rejection of any proposals that would block grant or cap federal Medicaid funding to states, which would erode funding over time, and put state Medicaid programs, such as cost-effective HCBS, at immediate risk.

Additionally, federal and state policymakers must respect the role that the Aging Network has served in developing and providing Medicaid HCBS, both in traditional waiver programs and now in managed care initiatives. n4a



supports innovation in these areas but this innovation must not inadvertently drive duplication or reinvention of existing systems.

Rebalancing to Save Money

As the largest public funding source for LTSS, Medicaid has been and will be further affected by the rapid growth of our nation's aging population. Rebalancing efforts—designed to correct for Medicaid's inherent bias toward more expensive, less-desired institutional care—must be supported and expanded, and at the very least preserved.

n4a recommends reauthorizing the following re-balancing efforts.

Money Follows the Person (MFP) is the longest-running effort to support people transitioning from a nursing home back to the community. To ensure stability in this program, n4a endorses the two forms of bipartisan, long-term and permanent MFP reauthorization proposals that have been introduced in Congress: S. 548/H.R. 1342, the EMPOWER Act, which would reauthorize MFP for five years. And a proposal introduced by Senate Finance Committee leaders would permanently fund this federal program that improves lives and saves money. It is essential that lawmakers ensure stability in this program—preferably through permanent funding—to allow states to properly plan and implement these vital services.

Originally part of the Affordable Care Act's rebalancing efforts, the Balancing Incentive Program (BIP) provided eligible states with enhanced flexibility and new funding to reform and rebalance their LTSS systems. However, because BIP expired in 2016, the next evolution of these rebalancing efforts is long overdue and should be authorized and funded in 2020. One measure, the bipartisan **HCBS Infrastructure Improvement Act** (S. 3277) would make investments in strengthening HCBS infrastructure to accelerate initiatives that improve integration to better address the social determinants of health by addressing information technology, transportation, housing, workforce and caregiver supports.⁸

Supporting Consumers and Families

Transportation Options

The functional and health issues that can affect people as they age result in many older adults losing their ability to drive. While it is important to enable older drivers to stay safe for as long as possible, it is equally important to ensure that transportation alternatives are available in communities nationwide and that older adults and their caregivers are informed of existing transportation services that address their mobility needs. It's no surprise

then that the need for transportation is consistently the number one reason older adults and caregivers contact the national Eldercare Locator for information and assistance. Access to mobility options is critical for connecting older adults not only to health care but also to other destinations that enable them to engage in their community and thus curb risks associated with the growing problems of social isolation and loneliness.

n4a looks forward to working with Congress and the Administration on bold, responsible policy changes to expand accessible transportation options to older adults and people with disabilities, including the following pressing issues.

Non-Emergency Medical Transportation (NEMT):

Because Medicaid covers health care services for low-income Americans—many of whom have chronic diseases, face mobility challenges and lack access to personal transportation—services that ensure transportation to regular medical care are essential to preserving individual health and independence in the community. NEMT often prevents treatable conditions from escalating into more serious and expensive conditions.⁹ Federal rules require states to provide no or low-cost NEMT for most Medicaid beneficiaries, but a few states have received waivers from the Trump Administration to curtail the benefit, and others are considering doing so. n4a members are key partners in coordinating and providing NEMT in communities across the country. We encourage Congress to pass the bipartisan Protecting Patients Transportation to Care Act (H.R. 3935) to ensure that states continue to provide Medicaid coverage for nonemergency transportation to medically necessary services.

Surface Transportation Reauthorization: The National Aging and Disability Transportation Center (NADTC), co-administered by n4a and Easterseals, was funded by the Federal Transit Administration beginning in FY 2016 to work with communities nationwide to increase the availability and accessibility of transportation services for older adults and people with disabilities. NADTC works directly with transportation professionals and other community transportation providers and stakeholders by providing best practices information and one-on-one assistance, as well as funding small community innovation grants. The next reauthorization bill should expand upon current federal efforts to foster mobility options in communities and disseminate best practices through the NADTC, and include funding that adequately addresses the growing need for accessible transportation infrastructure and service options for an aging nation.



Volunteer Driver Reimbursement: Volunteer drivers are an important resource in many communities for filling transportation gaps. Current law has created chilling effects on the ability of aging and transportation programs to recruit and retain volunteer drivers. H.R. 2072 and H.R. 2928/S. 1603 are bipartisan proposals that would both update the volunteer driver reimbursement rate and ensure that there is no tax penalty for volunteer drivers.

Social Engagement and Older Adults

It's widely known that staying engaged and socially connected has tremendous health benefits and conversely, that social isolation and loneliness among older adults causes personal suffering and national expense. Prolonged loneliness for an older adult is as medically detrimental as smoking 15 cigarettes a day.¹⁰ Individuals who are socially isolated have an increased risk of heart disease, dementia, functional impairment and premature death. Federally, social isolation and loneliness cost the Medicare program an estimated \$6.7 billion annually—or an added \$1,600 per socially isolated beneficiary.¹¹

To reduce isolation and avoid these negative health outcomes, we must create communities that support adults as they age—whether that's through an age-friendly or dementia-friendly public initiative, or via intentional consideration of an aging population in all

of a state/local government/community's policies and practices—or both! n4a leads engAGED: The National Resource Center for Engaging Older Adults, which is funded by the U.S. Administration on Aging, and administers a national public-private partnership to create communities that support people living with dementia: Dementia Friendly America. Both efforts are promoting and supporting communities' efforts to engage older adults.

Caregivers in Crisis

Caregivers play a critically important role in the lives of our nation's older adults. Every year more than 40 million unpaid caregivers provide over \$470 billion worth of support to family and friends.¹² The financial value of this unpaid care rivals the entire federal Medicaid budget.¹³ Whether they recognize it or not, communities, states and the federal government depend on the work of unpaid caregivers to meet the HCBS needs of an aging population.

Caregivers of people living with dementia face particularly difficult financial, physical and emotional challenges. More than 5.8 million older Americans are living with Alzheimer's disease or other forms of dementia today, and experts project that, without significant medical breakthroughs, this number will more than double to reach 14 million by 2050.¹⁴

Caregiver programs—such as the OAA's **National Family Caregiver Support Program**—that support (through

training, respite, support groups and other programs) those who care for friends and family members as they age, though extremely valuable, do not begin to meet the need for these services due to limited funding. We urge Congress to expand federal funding for current caregiver support programs and also to explore policy solutions to ensure that caregiver support becomes a vital component of state and federal LTSS-delivery reform.

Specifically, we ask that FY 2021 appropriations for the Older Americans Act National Family Caregiver Support Program (Title III E) are significantly increased to reflect need expressed in communities across the country. (See page 11 for more details.)

n4a also supports an extension of the **National Community Care Corps**, an ACL demonstration program that is exploring models that engage trained volunteers to provide non-medical support to older adults and people with disabilities living in the community, in order to supplement other caregiving options.

Preventing Elder Abuse and Exploitation

Elder abuse, neglect and exploitation are significant and under-recognized public health and human rights issues, and the incidence of abuse is rising as the nation's population of older adults continues to grow. According to the Elder Justice Coordinating Council, elder abuse has significant consequences for the health, well-being and independence of older Americans, with an estimated 10 percent of older adults (five million) subjected to abuse, neglect, and/or exploitation each year.¹⁵

Updates to the bipartisan 2010 Elder Justice Act (EJA) should be made and funding provided to ensure the provision of federal resources to prevent, detect, treat, understand, intervene in and, where appropriate, prosecute elder abuse, neglect and exploitation. If adequately funded, EJA would enhance training, recruitment and staffing in LTSS facilities and enhance state Adult Protective Services (APS) programs, Long-Term Care Ombudsman Programs and law enforcement practices.

(For our appropriations request for FY 2021 for the EJA's APS initiative, see page 13.)

