



Enable Aging at Home and in the Community

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

THERE MAY BE ONLY ONE near-universal opinion among the nation's 48 million adults who are older than age 65: an estimated 90 percent of them want to age well in their own homes and communities, and not in institutions such as nursing homes.¹ The good news is that this approach is the most cost-effective for consumers and taxpayers!

To help millions of aging Americans meet this goal, state and local aging agencies develop and provide older adults with the local services and supports necessary to age with health, independence and dignity in their homes and communities. A nationwide Aging Network—made up 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 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) to 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.

The Aging Network helps older adults avoid unnecessary and more expensive institutional nursing home care and/or spending down of their resources to become eligible for Medicaid benefits. Delaying or preventing 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

SINCE ITS INCEPTION IN 1965, the Older Americans Act (OAA) has been the cornerstone of the nation's non-Medicaid HCBS system. The OAA provides funding to states for a range of community planning and service programs for older adults age 60 and older who are at risk of losing their independence.

Initially signed into law in 1965 alongside Medicare and Medicaid, the OAA has remained a much smaller program that 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. This makes OAA 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, n4a would argue, helps reduce Medicaid expenditures in the long-run by delaying or preventing individuals from spending down their resources to become eligible for Medicaid.

Through the Aging Network, each year more than 11 million older Americans receive critical support in the form of meals, in-home personal care, transportation, disease prevention/health promotion, legal services, elder abuse prevention, senior employment and other social supports essential to maintaining their independence. Additionally, the OAA funds vital assistance for caregivers of older people under the National Family Caregiver Support Program (NFCSP, Title III E).

Together, these 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 money. Local OAA programs delay or even prevent the need for higher-level or more expensive (i.e., nursing home) care in Medicaid, postponing impoverishment and eligibility for the means-tested Medicaid program. Further, when older adults do live in assisted living or nursing home facilities in our communities, the OAA's long-term care ombudsman program works to protect their rights and well-being.

The wide range of OAA services enables Aging Network entities to direct consumers to service choices that best meet their individual needs. In particular, AAAs/Title VI aging programs play a pivotal role in assessing community needs and developing responsive programs. They often serve as portals to care, assessing multiple service needs, determining eligibility, authorizing or purchasing services, and monitoring the appropriateness and cost-effectiveness of services.

In addition to federal investments, AAAs leverage state, local and private funding to build comprehensive HCBS systems in their communities. Surveys from the U.S. Administration on Aging (AoA) show that every \$1 in



federal OAA funding leverages nearly an additional \$3 in state, local and private funding. Furthermore, the Aging Network engages hundreds of thousands of volunteers and millions of volunteer hours each year.

We encourage Congressional leadership to embrace the commitments made in both parties' 2016 platforms to support opportunities that enable older adults to age at home and in the community. Specifically, we urge lawmakers to consider critically needed increases for OAA and other Administration for Community Living (ACL) programs within the U.S. Department of Health and Human Services' (HHS) FY 2019 budget. For more than a decade, funding for OAA and other discretionary aging programs has lagged behind the growing population, need and costs for these services and supports. (For details, see page 9.)

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 waiver programs, often performing assessments, leading case management and/or coordinating services.

Rebalancing to Save Money

As the largest public funding source for long-term services and supports (LTSS), Medicaid will be indisputably

affected by a rapidly aging population. Rebalancing efforts—designed to correct for Medicaid’s inherent bias toward more expensive, less-desired institutional care—must be supported and expanded in any new administrative and legislative initiatives.

Giving consumers access to the most appropriate services in the least restrictive setting should be the priority. That’s not only what consumers want and need, but also what makes the most financial sense for taxpayers. Studies have shown that HCBS is more affordable and thus more cost-effective than institutional care.² Additionally, remaining in the community means one is economically contributing to the community.

n4a recommends reauthorizing the following rebalancing efforts.

- **Money Follows the Person (MFP)** is the longest-running effort to support people transitioning from a nursing home back to the community; it expired in fall 2016 and should be reauthorized immediately. n4a endorses S. 2227/H.R. 5306, the EMPOWER Act, which would reauthorize MFP for five years.
- **Balancing Incentive Payment Program (BIP)**, part of the ACA’s rebalancing efforts, provided take-up states with enhanced flexibility and new funding to reform and rebalance their LTSS systems. BIP expired in 2016 and should be updated and reauthorized in 2018.
- **Community First Choice (CFC)** offers states a financial incentive to rebalance and an option to reinvest the match into augmenting HCBS for the highest-need consumers, while giving consumers more control over their care. Any ACA replacement legislation should include a continuation of CFC.

Reform Must Not Leave Seniors Stranded

As the 115th Congress and the Administration consider short or long-term policy changes to Medicaid, n4a urges caution. Frequently mentioned proposals that would cap federal spending for state Medicaid programs or convert these programs to block grants raise concerns, given the 16 million vulnerable older adults and people with disabilities who 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 care. Specifically, we urge rejection of any policy 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.

Therefore, we urge policymakers to ensure that any changes to Medicaid:

- **Acknowledge the importance** of this federal-state partnership to our nation’s LTSS system and the 4.4 million people over age 65³ who rely upon Medicaid LTSS programs.
- **Encourage continued rebalancing** of LTSS expenditures from institutions to HCBS, supporting current efforts and considering additional measures to ensure that consumer choice and taxpayer savings are both maximized.
- **Reflect the realities** of older adults and people with disabilities who depend on Medicaid HCBS to live safely at home and in the community.
- **Increase coordination** within Medicaid and with other health and social services systems to reduce duplication, expense and consumer frustration. Care coordination and care transitions work piloted by the Aging Network, health systems and plans (largely in Medicare) should be expanded to include people who receive Medicaid as well.
- **Respect the role** that the Aging Network has played in developing and providing Medicaid HCBS, both in traditional waiver programs and now in managed care initiatives. Innovation must not inadvertently drive duplication or reinvention of existing systems.
- **Encourage consumer access** to services and assistance with planning and decision-making. One model that should receive enhanced federal support is the Aging and Disability Resource Center (ADRC) approach, which was first piloted in the George W. Bush Administration. ADRCs streamline information about public and private LTSS resources for consumers, using technology to better make available a state’s aging and disability resources to ensure older adults benefit from maximum options and efficiencies.

Managed Care Considerations

As a majority of states have moved, or are soon moving, from Medicaid fee-for-service to managed care models, it is critical that the Aging Network be the bridge to integrate acute health care and HCBS so that the quality of HCBS for older adults is not compromised.

With private and federal encouragement and support, n4a is driving change within the Aging Network by equipping trusted local providers with cutting-edge business acumen skills to better work with Managed Care Organizations (MCOs) and other health payers to support person-centered, coordinated and cost-effective care for older adults and people with disabilities.

There is no “one-size-fits-all-consumers” approach to Medicaid HCBS and, as such, mandatory managed care initiatives must be closely monitored to ensure that the older adults and people with disabilities who rely on

these programs do not lose access to services or suffer reduced quality of care. There are important steps that the Administration must take to (1) ensure that the Aging Network can continue to provide services that enable older adults to age at home and in the community; (2) make critical infrastructure investments to support the systems that promote independence as people age; and (3) be a key partner in enabling MCOs to meet their patient care goals.

Promote the Importance of the Aging Network: n4a appreciates that in recent years, the Centers for Medicare & Medicaid Services (CMS) has recognized the value and importance of community-based organizations—in particular, AAAs—in achieving positive patient health outcomes. However, we urge the Administration (specifically CMS) and Congress to more effectively ensure that AAAs and other CBOs are not only included as the long-standing, trusted community sources to bridge the gap between acute and community-based care settings, but that they are also appropriately and adequately compensated for their roles in ensuring that health care providers meet patient care goals. Without fully recognizing and supporting the value provided by existing cost-efficient systems—such as AAAs managing Medicaid HCBS waivers or serving as the link between Medicaid and the nation’s non-Medicaid LTSS system—the result will fail beneficiaries, unnecessarily undermine existing successful systems and potentially reduce the quality of care for older adults who most need these services.

Prevent Disruption of Integrated, Efficient, Patient-Centered Care: AAAs have a long history of providing consumers with independent, conflict-free options counseling. For over 40 years, AAAs have been a trusted resource for older adults and their caregivers and have created well-defined, person-centered, user-friendly systems to develop, coordinate and deliver a wide range of HCBS. In order to ensure that any potential conflict of interest is prevented, AAAs have established sophisticated and transparent firewalls between programs where it is necessary to ensure proper administration of programs and appropriate protection of beneficiaries’ interests.

In the final years of the Obama Administration, there was a CMS push to review and reinforce a regulatory patchwork of conflict-of-interest requirements and subsequent changes in state efforts to ensure that systems are fully compliant. While we appreciate and understand the importance of ensuring that patient assessment and access to care is free of conflicts, we are greatly concerned that well-functioning, appropriately firewalled, efficient systems will be undermined and dismantled, and that patient care will become more fragmented—unless CMS provides clarification and guidance to states about current conflict-of-interest requirements.

As the Administration seeks to develop strategies to streamline service delivery and improve efficiency, we hope CMS will reconsider these rules in light of the barriers to consistent service delivery and innovation they have created.



Supporting Consumers and Families

Shoring Up Caregivers

n4a believes our country must recognize the critically important role caregivers play in the lives of our nation's older adults by building on current caregiver support programs dedicated to helping this essential informal workforce continue their role. Every year nearly 40 million unpaid caregivers provide over \$470 billion worth of support to friends and family.⁴ The financial value of this unpaid care rivals the entire federal Medicaid budget. 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.

More than five million older Americans are living with Alzheimer's or other dementias today, and experts project that number will more than double by 2050 without significant medical breakthroughs.⁵ Caregivers of people with dementia face particularly difficult financial, physical and emotional challenges. In addition to their time and/or lost wages, caregivers spend an average of \$10,000 annually caring for someone with Alzheimer's.⁶

However, 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 do not begin to meet the need for these services due to limited funding. We urge Congress to expand federal support for current caregiver support programs and also to explore policy solutions to ensure that caregivers become a vital and empowered component of state and federal LTSS-delivery reform.

Specifically, we ask that FY 2019 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.)

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 population rapidly ages. According to the Elder Justice Coordinating Council, research demonstrates that elder abuse has significant consequences for the health, well-being and independence of older Americans, and an estimated 10 percent of older adults (5 million) are subjected to abuse, neglect, and/or exploitation each year.⁷ The Coordinating Council has indicated that this tragic and costly problem is further exacerbated by the lack of standardized practice,



public awareness and public policy guidelines at the national level.

The bipartisan Elder Justice Act (EJA) was passed in 2010 to provide federal resources to prevent, detect, treat, understand, intervene in and, where appropriate, prosecute elder abuse, neglect and exploitation. Before EJA was enacted, federal funding for programs and justice regulations was not available. If adequately funded, EJA would enhance training, recruitment and staffing in LTSS facilities and enhance state adult protective services (APS) systems, long-term care ombudsman programs and law enforcement practices.

Current funding for APS data collection doesn't begin to address the incredible need that exists in APS alone—not to mention the many other elder abuse prevention efforts that were envisioned in EJA, which has an authorization level of \$777 million. (For our appropriations request for FY 2019, see page 12.)

EJA, which expired in 2014, must also be reauthorized by Congress swiftly, to ensure that the rising problem of elder abuse is met with appropriate federal leadership and response.

Transportation Options

Given the anticipated growth in the older population, the need for transportation services will continue to increase rapidly. While it is important to enable older drivers to stay safely on the road for as long as possible, the functional and

health issues that can affect people as they age will result in many older adults losing their ability to drive.

Family caregivers, friends and neighbors help transport their older loved ones, but cannot meet all their needs. Many older adults find it difficult to access essential transportation services. This is particularly true for older adults in rural and many suburban communities where destinations are too far to walk and public transit is inadequate or non-existent. Private transportation is prohibitively expensive for many, but it must be noted that the need for transportation does not always reflect a lack of means to pay for services, but rather a lack of available service options.

We look forward to working with Congress and the Administration on bold but responsible policy changes that expand accessible transportation options and reflect current and future demographics and demand. The National Aging and Disability Transportation Center, co-administered by n4a and Easterseals, was created in 2016 to ensure that transportation professionals and communities have ready access to information as well as one-on-one assistance to aid them in maximizing existing resources and finding creative solutions for meeting the ever-growing demand for transportation.

Veteran-Directed HCBS

In 2015, nearly 50 percent of veterans were age 65 or older. We encourage lawmakers to prioritize this cohort of veterans, which has similar, or even more intensive, care needs than the general population of older adults, while also addressing the critical HCBS needs of

veterans of all ages. Current successful programs such as Veteran-Directed Home and Community-Based Services (VD-HCBS), supported by the Veterans Administration and often administered in communities by AAAs, can help meet the needs of veterans of all ages while preserving their independence and dignity. The VD-HCBS program has received nearly universal endorsement from veterans who are able to manage their own care in their homes and communities. The newer Veterans Choice Program also has the potential to connect veterans to AAA services.

Congress must preserve and build upon the commitment to ensure that the country's veterans are adequately supported as they live and age where they want to be, in their homes and communities.

An Aging Workforce

An aging population is also a powerful economic driver and, if properly directed, this economic force can create new jobs and spur innovation opportunities.

One especially urgent opportunity to support aging and expand an economic sector is the emerging in-home and direct care workforce, which must grow considerably over the next decade in order to meet the needs of the growing number of older adults. Workforce development and training is needed to develop the workers to handle this demographic shift. Now, the industry is plagued by low wages and incredibly high turnover as the work itself is physically and mentally taxing. Our country must create opportunities to expand, train and value this workforce in order to realize the other economic benefits of aging in place.

In addition to expanding the workforce responsible for providing care to older adults, our nation's demographics also demand new approaches to successfully keep older adults in the workforce. Policies should encourage older workers' continued employment to prevent intellectual and resource reduction for America's employers, as well as support the economic security of older adults. With people living longer, it's essential that our economy provides opportunities for older workers to find jobs that meet their economic and social needs. These strategies can include working part-time, phased retirement or other creative approaches that maximize human capital in the face of a dramatic population shift.



National Aging and Disability Transportation Center photo contest winner.
The Center for Volunteer Caregiving, Cary, NC