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**National Association of
Area Agencies on Aging**

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April 12, 2020

The Honorable Mitch McConnell, Majority Leader
The Honorable Charles Schumer, Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi, Speaker
The Honorable Kevin McCarthy, Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi and Leader McCarthy:

I write today on behalf of the National Association of Area Agencies on Aging (n4a), which represents the country's 622 Area Agencies on Aging (AAAs) and the more than 250 Title VI Native American aging programs. Across the country, AAAs and Title VI aging programs are on the front lines responding to the needs of older adults who are not only exceedingly medically vulnerable during the coronavirus pandemic, but are also especially at risk for the negative effects of prolonged social isolation as a result of extended social-distancing policies.

n4a and our members greatly appreciate Congress' support of older adults' safety and independence through the recent reauthorization of the Older Americans Act (OAA) and the emergency funding for nutrition services, supportive services, family caregiver supports, and ombudsman and elder justice activities that was included in the Families First Coronavirus Response Act, P.L. 116-127, and the CARES Act, P.L. 116-136. We commend Congress and the Administration for the expediency with which both of these latter measures were developed and delivered to a country reeling from an unprecedented health and economic crises. The reauthorization and spending measures represent a sincere commitment to meeting the needs of vulnerable older adults during this crisis.

To ensure that homebound older adults can survive this pandemic, however, more needs to be done in a fourth coronavirus relief package.

Specifically, we urge lawmakers to consider the following recommendations that will continue to increase the capacity of the Aging Network to respond to the COVID-19 pandemic and keep older Americans safe:

- **Implement funding increases and policy changes for Medicaid home and community-based services (HCBS) waiver programs** to ensure that state Medicaid beneficiaries and HCBS service providers can sustain and, as needed, increase home and community-based care options during the coronavirus pandemic.
- **Incorporate additional funding for OAA and other vital aging programs administered through the Administration for Community Living.** In particular, Congress should prioritize investments in opportunities to significantly address and alleviate some of the negative health implications of prolonged social isolation.
- **Ensure that national access to personal protective equipment (PPE) and other safety supplies is being expedited, including for the Aging Network workforce.** A lack of access to PPE is an urgent issue for Aging Network professionals who are delivering vital in-home care to medically vulnerable older adults. Congress must weigh in to address this critical shortfall.
- **Provide ongoing financial relief to states, communities, and other vital safety net systems** that have been especially hard hit from the economic fallout of the coronavirus pandemic to ensure that these systems—and the aging programs they support—are not subject to future devastating funding cuts.

Implement funding increases and policy changes for Medicaid home and community-based services (HCBS) waiver programs.

Nearly two-thirds of AAAs participate in Medicaid home and community-based services (HCBS) waiver programs, which are essential to ensuring that, nationally, a majority of older adults and people with disabilities who require an institutional level of care can remain in their homes and communities. As such, n4a appreciates the 6.2 percent Federal Medical Assistance Percentage (FMAP) bump included in recent legislation to support states with COVID-19 testing and treatment, but states and community-based organizations will need much more funding to meet what will be a growing need. Congress must consider providing additional Medicaid funding to states to ensure that the health and economic crises related to COVID-19 do not force states to choose between the health of their populations and other essential investments in state services.

Specifically, we recommend that lawmakers:

- Adopt the [recommendation](#) promoted by the National Governors Association and echoed by dozens of health, aging and disability advocates to **increase the Medicaid FMAP bump during COVID-19 from 6.2 to 12 percent** to ensure that states have

the resources they need to care for older adults and people with disabilities. Additional Medicaid funding could help states provide services to at-risk older adults who had already been on long waiting lists to receive home and community-based services prior to the pandemic. These services are particularly vital during widespread stay-at-home orders that are essential to keeping vulnerable older adults safe during this pandemic.

- **Include in the next relief package provisions from the Coronavirus Relief for Seniors and People with Disabilities Act (S. 3544, H.R. 6305)** that would invest in Medicaid HCBS, reduce waiting lists and protect home care workers.
- **Pass a long-term or permanent reauthorization for the Medicaid Money Follows the Person (MFP) program**, which is the longest-running effort to support people transitioning from institutional facilities back to the community. While we appreciate that Congress extended through November many vital Medicaid and Medicare health programs including MFP, if our nation is truly committed to solutions that support older adults as they move out of high-risk institutional settings, a longer-term solution must be adopted. The EMPOWER Care Act, S. 548, H.R. 1342, would reauthorize MFP for five years. A proposal introduced by Senate Finance Committee leaders would permanently fund this federal program that improves—and in the current crisis can save—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, both in response to the current crisis and as a longer-term solution to enable older Americans to remain in their homes and communities for as long as possible.

Incorporate additional funding for Older Americans Act and other vital aging programs administered through the Administration for Community Living (ACL).

Again, we appreciate the recent investments in core Older Americans Act programs and services, which are the backbone of the nation’s non-Medicaid home and community-based services and supports to older adults. We are diligently working with the Administration for Community Living to ensure that these robust investments are rapidly deployed to the state and local aging agencies that can meet increasing and changing services needs during the pandemic. While we urge Congress to continue monitoring the need for additional investments in core OAA nutrition, supportive services and caregiver support programs, as the health crisis unfolds, there are other urgent needs in communities that should be met now. ***As such, we urge lawmakers to include the following immediate investments in vital ACL programs:***

- **Provide resources to ensure that older adults can stay connected to society while staying safe at home.** Even when the current outbreak resolves, older adults may potentially have to continue to limit their physical exposure to others. As such, we urge Congress to build on existing programs to address social isolation and consider the following potential policy solutions.

- Sec. 304 of the Supporting Older Americans Act of 2020, P.L. 116-131, passed into law in March 2020, provides ACL authority to invest in projects that address the negative health effects associated with social isolation among older adults. Additionally, ACL currently funds a national resource center devoted to the social engagement of older adults ([engAGED](#): The National Resource Center for Engaging Older Adults, which is administered by n4a and its partners). With this built-in expertise and the Aging Network's ability to field test ideas and reach consumers, ACL and its grantee network is the natural location for **enhanced efforts to conduct outreach to older adults at risk of social isolation**, to collect newly emerging best practices and disseminate for replication and adaptation, and to coordinate efforts across the Aging Network and other systems. **We request \$12 million for this purpose.**
- We also urge Congress to provide resources to ensure that the Aging Network has the ability to purchase and implement technological solutions to prevent social isolation. As Area Agencies on Aging and their partners further adapt programs to minimize harm to their clients during the pandemic, the lack of clients' access to technology is proving to be a major hurdle to keeping vulnerable older adults connected, engaged and thus healthy. **We urge Congress to provide \$80 million in targeted funding that would allow the Aging Network to purchase and disseminate technology (e.g., laptops, tablets, assistive devices) that would be used , through creative programming, to help low-income older adults without technology stay connected** to loved ones, friends, doctors, community resources and participate in health and wellness activities online. Funding provided via the OAA Title III B formula with authority from Sec. 321 (a)(25) would ensure swift and equitable deployment of resources nationwide. Furthermore, Congress should not delay in investing in broadband to ensure older adults in rural communities are not left behind, nor are other populations of older adults on the losing side of the digital divide.
- **n4a also requests \$50 million for OAA Title III D evidence-based health promotion and disease prevention programs.** Additional III D funding would allow states and AAAs to adapt existing evidence-based programs to be offered online or telephonically, in order to reach older adults who are abruptly and unexpectedly homebound as a result of the pandemic. These programs will be increasingly important tools that AAAs and other community-based organizations can deploy to promote the overall health and well-being of a vulnerable population, including addressing the prolonged social isolation of older adults.
- **Additional funding for OAA Title VII long-term care ombudsman programs and elder justice activities.** n4a supports the funding recommendations for ombudsman and elder justice efforts included in the Leadership Council of Aging Organizations' (LCAO) recent [letter to Congress](#). We urge lawmakers to include

additional funding for long-term care ombudsman programs that will allow essential staff and volunteers to implement technological solutions to ensure they can monitor and address the ongoing health and well-being of vulnerable institutionalized populations during a particularly dangerous time. We also echo the concerns of adult protective services professionals and other experts concerned about the increasing risk of elder abuse, fraud and exploitation during the coronavirus crisis, and urge Congress to provide additional resources to efforts aimed at mitigating the alarming increased proliferation of elder abuse that has occurred during this pandemic.

- **\$20 million for Senior Medicare Patrol.** Unfortunately, states and local agencies are also witnessing a rise in scams targeting Medicare beneficiaries—many of whom are low-income—during the COVID-19 pandemic. Senior Medicare Patrols (SMPs) provide essential educational and remediation services to older Americans who are at risk of or have experienced Medicare fraud.
- **\$50 million for State Health Insurance Assistance Programs (SHIPs).** Administered by ACL and leveraging the work of highly trained volunteers, SHIPs provide one-on-one, objective assistance and counseling for Medicare beneficiaries. SHIPs are essential to ensuring that older adults and people with disabilities can make informed decisions about their Medicare coverage and navigate the complicated and shifting landscape of Medicare choices. During the pandemic these counseling activities continue remotely, but SHIP programs and volunteers need to make additional investments in technology and infrastructure to ensure that they can continue to assist Medicare beneficiaries—both now and during the fall open enrollment period, when it is likely that most older adults will continue to limit their in-person activities and will need remote assistance. It’s also important to note that SHIPs help individuals with complicated situations who cannot be successfully assisted by 1.800.MEDICARE or www.medicare.gov.

Ensure that national access to personal protective equipment (PPE) and other safety supplies is being expedited, including for the Aging Network workforce.

Aging Network professionals are on the front lines of providing direct in-home and in-community services and supports to more than 11 million older adults and caregivers who are at an enhanced risk of contracting, and experiencing especially adverse consequences from, the coronavirus pandemic. While n4a members are not hosting public gatherings or offering programming in the same way they did five weeks ago, there are still clients who need their support to survive. This support includes access to in-home care workers who must continue to provide personal care, adult protective services workers, and other critical AAA staff members. However, as PPE shortfalls are pervasive across the country in the midst of the pandemic and cost prohibitive even when commercially available, ***we urge lawmakers to explore all possible options to ensure that the supply of PPE is increased nationwide and that Aging Network entities can obtain access to what they need.***

While we are not advocating that Aging Network stakeholders receive access to essential safety equipment—such as gloves, masks, personal sanitizers and cleaners—*before* essential health care workers, we urge policymakers to explore options to ensure that the Aging Network workforce is nationally recognized as an essential workforce requiring access to this important equipment to safeguard workers and, most importantly, the vulnerable older adults they serve.

Provide ongoing financial relief to states, communities, and vital safety net systems.

As federal, state, regional and local governments continue to respond to an unprecedented national and international emergency, significant investments in nearly every sector of the economy will be essential. State budgets are particularly hard-hit during this crisis and will need significant, flexible investments in federal programs that allow them to direct resources to the most at-risk communities and populations, including medically and economically vulnerable older adults. With that in mind, ***we urge Congress to make the following investments to bolster the ability of our nation to mitigate the devastating effects of the coronavirus pandemic.***

- **Increase funding for the Social Services Block Grant (SSBG) to \$4.1 billion**, which echoes the recommendations of LCAO and other national coalitions. This significant additional investment will be essential to helping states and communities respond to critical community needs during this national emergency. SSBG is a major funder of state and local services for vulnerable older adults such as adult protective services, adult day services, in-home supportive services, congregate and home-delivered meals, case management and other programs and is a proven source of support in responding to disasters by quickly aiding states. Emergency funding would support states experiencing surges, prevent virus spread and create economic supports.
- **Provide additional resources for the Supplemental Nutrition Assistance Program (SNAP)**, which is essential in addressing food insecurity for the older adult population. SNAP is the largest federal nutrition program and provides assistance to more than four million older Americans. Specifically, we ask lawmakers to provide additional funding and flexibility to ensure that SNAP can continue to be a critical social safety net for older adults. We also encourage Congress to temporarily broaden eligible SNAP purchases to include delivery fees from grocery stores and some prepared foods, to better address the stay-at-home restrictions on older adults.
- **Bolster the critical HCBS infrastructure that can keep older adults and people with disabilities at home and out of now-riskier institutional settings.** We urge lawmakers to consider immediately authorizing and funding the bipartisan HCBS Infrastructure Improvement Act, S. 3277, which would strengthen states' HCBS infrastructure to better address the social determinants of health through information technology, transportation, housing, workforce and caregiver supports—all of which are critical in responding to the needs driven by the coronavirus pandemic.

- **Make additional investments in housing support for older adults.** During this time when older adults must stay home to stay healthy, we echo the funding recommendations included in the LCAO [letter](#) to Congress to provide additional investments in HUD Section 202 supportive housing for the elderly program and other housing supports for low-income older adults. In particular, additional investments will be critical to implementing technology solutions to continue services in supported housing and mitigate social isolation from prolonged stay-at-home orders.

We hope Congress will continue to prioritize the health and safety of older adults and consider these recommendations and others that help achieve that. Should you have any questions, please feel free to contact me or n4a's policy staff at 202.872.0888.

Sincerely,

A handwritten signature in cursive script that reads "Sandy Markwood".

Sandy Markwood
Chief Executive Officer

cc:
Members of the United States Senate
Members of the United States House of Representatives