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**National Association of
Area Agencies on Aging**

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March 20, 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 that are on the front lines responding to the needs of older adults and caregivers who are especially vulnerable during the coronavirus pandemic. n4a and our members appreciate Congress' support of older adults' safety and independence through the recent reauthorization of the Older Americans Act (OAA) and the emergency funding for home-delivered, congregate and supplemental nutrition services included in the Families First Coronavirus Response Act, H.R. 6201. Both of these pieces of legislation represent an excellent first step in meeting the needs of vulnerable adults during this crisis, but to truly ensure that homebound older adults can maintain their health and survive this pandemic, more must be done.

If we, as a nation, are to ensure homebound older adults receive the assistance they will need to remain safely in the community, to shore up their family caregivers, and to do so while minimizing their exposure to the coronavirus to preserve their health and prevent needless deaths among this most vulnerable population, we need to expand supports to the national Aging Network.

To that end, n4a fully supports the additional funding and flexibilities for several core OAA programs and services proposed by Senator Bob Casey (D-PA) and 22 Senate colleagues in the **Coronavirus Relief for Seniors and People with Disabilities Act, S. 3544**. At a

minimum, we urge lawmakers to incorporate the \$2.9 billion for Administration for Community Living (ACL) and Administration on Aging (AOA) programs into subsequent emergency funding bills. In particular, we believe funding requests for \$1 billion for OAA Title III B Supportive Services, \$185 million for Title III E National Family Caregiver Support Program and \$16 million for Title VII Long-Term Care Ombudsman Program are especially important to ensuring that older Americans can access wrap-around, caregiver and institutional ombudsman services they need to stay healthy during this crisis.

Funding OAA Title III B Supportive Services—in addition to the meals programs—are essential in this time of crisis. Title III B is the most flexible source of funding in the Act, enabling states and Area Agencies on Aging to be agile in responding to immediate local needs of their older citizens. Supportive Services funds in-home services, transportation, case management and dozens of other critical activities that enable the Aging Network to assist older adults and family caregivers. Title III B Supportive Services are also key to ensuring that AAAs, which use this funding stream for administrative functions, can continue to operate even in the face of declining volunteers, ill staff or other complicating limitations during the pandemic. ***As Senate and House Leaders consider other necessary next steps to respond to the national health and economic crisis, we urge you to continue elevating funding and policy priorities that will enable older Americans, who are especially vulnerable to the adverse consequences of the virus, and their caregivers receive the vital supports they need to stay healthy at home.***

Specifically, we urge lawmakers to consider the following priorities that will enhance the capacity of the Aging Network to respond to the COVID-19 pandemic and keep older Americans safe at home:

- **Incorporate funding recommendations and flexibilities for OAA programs included in the Coronavirus Relief for Seniors and People with Disabilities Act, S. 3544**, to invest in a broad range of critical OAA services and supports at a level that will enable AAAs and local providers to respond to the current health crisis.
- **Implement funding increases and policy changes for Medicaid waiver home and community-based services (HCBS)** 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.
- Consider a national directive urging states to **prioritize access to personal protective equipment (PPE) and other safety supplies** for the Aging Network workforce.
- Ensure that older adults who require an institutional level of care have both **in-person and remote access** to vital long-term care ombudsman services.

- **Increase funding for flexible federal block grants** for important aging, nutrition, home energy and other services for millions of older Americans.
- **Consider additional funding and policy priorities that may be needed in subsequent emergency and supplemental funding bills.** These include, but are not limited to, additional funding and allowances to allow the Aging Network to implement remote access options to existing programs, to innovate new programs to reduce the negative effects of social isolation, to protect older adults' rights and to create whatever else is needed to ensure the health and well-being of older adults in this country.

Incorporate the Coronavirus Relief for Seniors and People with Disabilities Act, S. 3544, into the next round of emergency funding.

More than 105 million Americans—or about 4 in 10 adults—are at heightened medical risk if infected with the novel coronavirus. The Aging Network's front-line workers, volunteers and family caregivers who support these individuals also face increased risks, requiring additional resources and supports to protect their health and well-being. S. 3544 would provide increased, emergency funding for programs that allow older Americans and their caregivers to remain healthy and safe at home—where the Centers for Disease Control and Prevention (CDC) urges they remain during the COVID-19 outbreak. Not only would the bill provide nearly \$3 billion in emergency funding to increase the overall service capacity of OAA-funded Aging Network programs, but it would also provide essential flexibilities for states and AAAs to ensure that service providers are able to meet changing service demands and needs given the widespread social distancing recommended for all Americans—especially older adults and vulnerable populations. *n4a fully supports the funding recommendations included in S. 3544 and urges lawmakers to, at a minimum, incorporate this additional funding into a third round of emergency supplemental funding.*

Implement funding increases and policy changes for Medicaid, in particular, Medicaid waiver home and community-based services.

Nearly two-thirds of AAAs participate in integrated care opportunities in their states including 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 FMAP bump included in H.R. 6201 to support states with COVID-19 tests and treatment, but states and community-based organizations will need much more funding to meet what will be a growing need.

We recommend that Congress, at a minimum, increase the FMAP by 10 percent during this crisis. Additional funding could help states provide services to at-risk older

adults who are currently on HCBS waiting lists. Additionally, to control community spread and avoid putting vulnerable populations at even greater risk of contracting the coronavirus, ***we urge Congress to authorize an enhanced FMAP for states that fully expand their Medicaid program under the Affordable Care Act***, which will ensure that uninsured individuals get access to testing and treatment and reduce uncompensated care costs for strained hospitals—all steps that will mitigate the spread of the disease.

Furthermore, as federal and state policymakers look toward solutions to remove older adults from high-risk institutional settings and avoid situations such as the tragedy in Kirkland, WA, ***we urge Congress to immediately reauthorize the Medicaid Money Follows the Person (MFP) program***, which is the longest-running effort to support people transitioning from a nursing home back to the community. There are currently two bipartisan proposals to continue MFP funding, which expired in 2016—a long-term authorization approach and a permanent reauthorization proposal. The EMPOWER 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.

Lawmakers have another opportunity to bolster the critical 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 make investments in strengthening the HCBS infrastructure by accelerating integration 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 implications of the coronavirus pandemic.

While lawmakers should swiftly implement the above and other proposed policy changes and investments to increase services and supports to older adults receiving Medicaid HCBS, ***we also urge Congress to use this opportunity to ensure that the long-term services and supports workforce is receiving the supports it needs to continue working.*** To meet the dramatically increased need for home and community-based services and given the strains on the medical and institutional care workforces, Congress must ensure that states have what they need to bolster and support the caregiving workforce.

Urge States and Governors to prioritize access to personal protective equipment (PPE) and other safety supplies for the Aging Network.

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 coronavirus pandemic. The critical Aging Network workforce directly and frequently interacts with this vulnerable population. However, as personal protective equipment shortfalls are pervasive across the country in the midst of the pandemic, ***we urge lawmakers to explore options to ensure that Aging Network entities obtain access to emergency stockpiles of PPE.*** 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 this Aging Network workforce is included on all state-level lists granting priority access to this important equipment to safeguard workers and, most importantly, the vulnerable older adults they serve.

Ensure that older adults who require an institutional level of care have both in-person and remote access to vital long-term care ombudsman services.

Additionally, Title VII of the OAA, which works to prevent elder abuse and provides ombudsmen to residents of long-term care facilities is the only national program providing essential oversight and advocacy on behalf of older Americans and people with disabilities who require an institutional level of care. During this health crisis, when long-term facility residents are at an especially heightened risk of contracting and spreading COVID-19, ombudsman services are essential to protecting resident rights and safety in nursing and assisted living facilities. ***We urge lawmakers to increase funding for the Older Americans Act Title VII Long-Term Care Ombudsman Program. n4a supports an additional \$16 million for OAA Title VII services and the guarantee that ombudsmen will have in-person access to residents that is included in S. 3544.***

Increase funding for flexible federal block grants that support important aging, nutrition, home energy other services for millions of older Americans.

States and local Aging Network entities rely upon myriad funding streams to successfully implement aging programs, including several federal block grants that serve older adults at risk of hunger, abuse, unsafe living conditions and unnecessary institutionalization. During this national health and economic crisis, flexible federal block grant programs are essential to ensuring that states can fill budget gaps and maintain service capacity to vulnerable populations. ***Specifically, n4a urges Congress to consider significant funding increases for federal block grant programs including the Social Services Block Grant, Community Services Block Grant, Low-Income Home Energy Assistance Program, Community Development Block Grant and Senior Corps***—all of which are important to helping states and communities develop and deliver the panoply of local services

and supports to older adults.

Consider additional funding and policy priorities that may be needed in subsequent emergency and supplemental funding bills.

While we recognize, commend and appreciate how quickly lawmakers and the Administration have acted to implement the recent rounds of emergency funding to address the ongoing national crisis as a result of the COVID-19 pandemic, ***we urge Congress to continue vigilantly assessing and addressing emerging needs.*** The unprecedented nature of this health and economic crisis undoubtedly means that ongoing federal leadership and swift action will be essential if we are to continue responding to and preventing the most severe consequences of the spread of the coronavirus—especially for the most at-risk population of older adults and caregivers.

Therefore, we are eager to continue to work with congressional champions to identify additional opportunities to ensure that older Americans have the services and supports they need to stay healthy at home and avoid additional health risks resulting from prolonged social isolation. ***For example, we hope policymakers will continue to focus on policy and funding solutions that will enable the Aging Network to implement innovative models of service delivery as this situation continues,*** such as developing remote access options to increase social engagement, to operate OAA Title III D Disease Prevention and Health Promotion and other OAA programs virtually, to onboard new staff and volunteers in efficient ways that protect older adults, and to ensure that older adults' rights are protected and that they are free from abuse, among many other issues that we believe will arise from this altered state of affairs.

We hope Congress will continue to prioritize these and other important policy considerations in the effort to protect and continue to enable older Americans to stay healthy in their homes in the midst of the current pandemic. Thank you for your consideration of our recommendations. Should you have any questions, please feel free to contact me or n4a's policy staff at 202.872.0888.

Sincerely,



Sandy Markwood
Chief Executive Officer

Cc:

Members of the United States Senate

Members of the United States House of Representatives