

# 2020 Policy Priorities

NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING

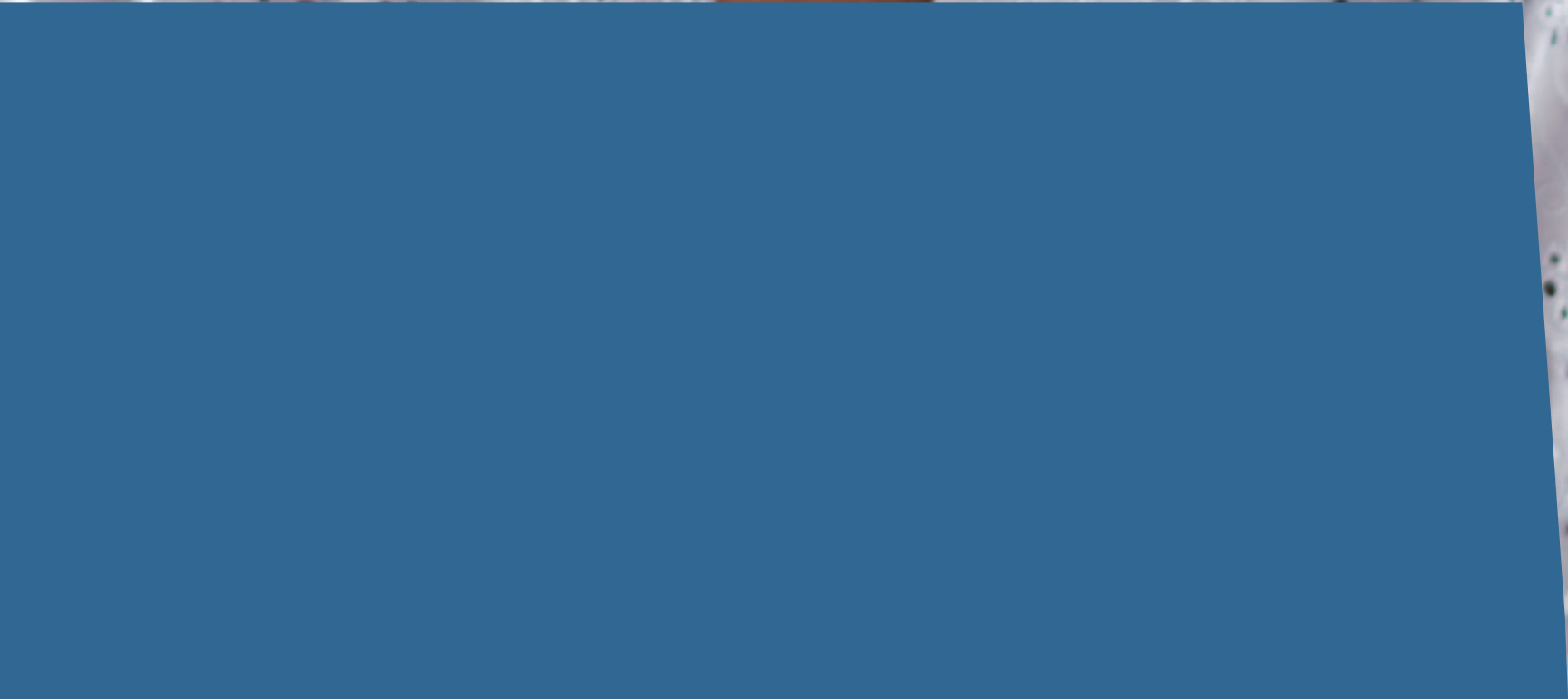


advocacy | action | answers on aging



Promote the health, security  
and well-being of older adults





# The **Future** of Aging Is **Now**

Every year, the National Association of Area Agencies on Aging, which represents America's national network of 622 Area Agencies on Aging and provides a voice in the nation's capital for the more than 250 Title VI Native American aging programs, develops a set of its top policy priorities that guide our legislative and administrative advocacy efforts for the year.

As a nation we are no longer *preparing* for an historic demographic shift—we are, in fact, deeply immersed in the challenges, realities, necessities and opportunities of an aging society. This demographic reality must inform both micro and macro discussions as we embark on policy debates and decisions across a spectrum of critical issues. 2020 marks nearly a decade since the baby boomer generation began turning 65 and every day, 10,000 boomers reach this milestone. By 2030, 73 million—or one in five—people in America will be age 65 or older—the entirety of the baby boomer generation. By mid-century, the number of older adults is expected to reach 85 million.<sup>1</sup>

2020 offers advocates and policymakers alike the opportunity to both focus on the immediate aging and health care policies critical to older adults and caregivers and reflect on big-picture societal and demographic trends that will drive policy in our aging nation. Furthermore, as we move into a new decade and a new demographic normal, we must reconsider our collective construct about the value

of an aging society. We will be unable to address big-picture challenges and capture emerging opportunities that an aging nation presents if we remain mired in outdated stereotypes about aging.

n4a's 2020 Policy Priorities reflect both a comprehensive charge to consider cross-cutting societal issues affecting older Americans throughout the country, and targeted priorities based on input received from our members who are directly supporting older adults and caregivers in their communities.

**But in order for a rapidly growing population to age successfully at home and in the community, many facets of society must provide reliable supports. This cross section of needs includes, but is not limited to, accessible transportation, affordable housing and long-term care options, a well-trained and available caregiving workforce, a person and family-centered approach to providing services, and attainable and effective technology solutions.**

Preparing for our nation's demographic destiny requires solutions that leverage our existing national assets and infrastructure to serve an aging population with innovations in policy and investment that promote access to vital home and community-based services.

It is in this spirit that n4a calls on policymakers and leaders to use the opportunity that 2020 provides to ambitiously consider how each of these broader societal realities affect older adults, caregivers and their ability to age with health, dignity and independence in their homes and communities.



# Drivers for **Aging Well** in America

As lawmakers develop policy proposals to respond to an aging America, they must address five key dynamics that impact the ability of older adults to age well.

**Connection to and engagement in the community is key to ensuring that older adults can age at home and in their communities with vitality and longevity.** Functional changes associated with aging can increase social isolation and loneliness among older adults. For older adults, risk factors associated with social isolation, such as an increased likelihood of dementia and living alone, are tremendously detrimental to health outcomes and increase health care costs. Services and infrastructure—such as accessible and available transportation options as well as employment and volunteer engagement opportunities—are essential to curbing rapidly increasing rates of isolation and loneliness in our aging society.

**Promoting aging at home and in the community requires accessible and affordable housing and long-term care options.** More than 80 percent<sup>2</sup> of people want to age at home and in their communities. However, nearly 70 percent of individuals older than age 65 will ultimately need some long-term care.<sup>3</sup> Affordable, accessible housing located in age-friendly communities with available care supports is in particularly short supply. Ensuring that a growing population of older adults can age well at home requires policy leaders to rethink housing and long-term services and supports options.

**A robust and well-trained caregiving workforce is essential in order for older adults to continue living at home and in the community.** Older adults are expected to outnumber children under 18 for the first time in U.S. history by 2034.<sup>4</sup> Coupled

with this demographic shift, the nation's declining birth rate means that a shortage of family caregivers is poised to be a serious impediment to ensuring that our nation will be able to meet the care needs of our aging society. Exacerbating this reality are complicated workforce shortages and challenges that further strain families and systems. Policy solutions that augment and strengthen both the family caregivers and the professional caregiving workforce are essential to meeting nationwide long-term care needs.

**Technology solutions can support independence and health.** Technological opportunities to address care needs among an aging population are nearly endless and will become increasingly important for older adults, caregivers and aging industry stakeholders. Advancements in technology can assist with a spectrum of challenges facing an aging nation—from individualized solutions to help long-distance caregivers plan transportation for a loved one to enhanced interoperability between community-based services sectors and health care.

**Healthy aging requires a person and family-centered approach to care.** Our aging population is increasingly diverse across many spectrums. Race, socio-economic status, religious and cultural identification and sexual orientation are only a few of the factors that significantly influence an individual's experience as they age. Policymakers must understand that equitably enabling health and independence in later life requires embracing holistic, person and family-centered approaches to developing aging services options.

At the outset of a new decade—well into an unprecedented demographic shift—policymakers and leaders must recognize the realities facing our aging nation.

Together, we must expand existing, critical aging supports and services, but also identify innovative solutions to our current challenges, reject ageist thinking and commit to the value and opportunity that an aging population brings to society.

# 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:<sup>5</sup> an estimated 80 percent of them want to age well in their own homes and communities, and not in institutions such as nursing homes.<sup>6</sup> 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

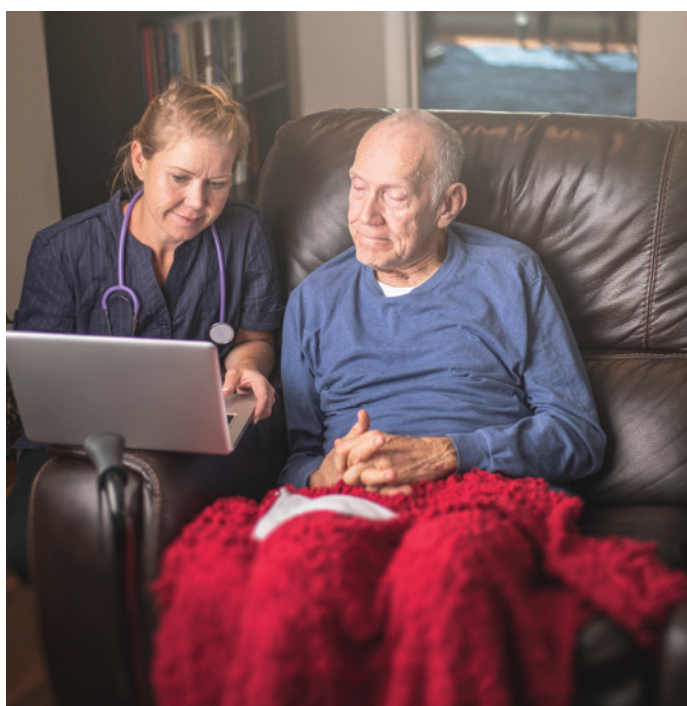
drives the federal-state Medicaid home and community-based services (HCBS) waiver programs. Historically, two-thirds of AAAs play a key role in their state's Medicaid HCBS programs, often performing assessments, leading case management and coordinating services.

## 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.<sup>7</sup> 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.<sup>8</sup>

## 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.<sup>9</sup> 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.<sup>10</sup> 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.<sup>11</sup>

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.<sup>12</sup> The financial value of this unpaid care rivals the entire federal Medicaid budget.<sup>13</sup> 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.<sup>14</sup>

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.<sup>15</sup>

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.)



# Invest

## in Cost-Effective Aging at Home and in the Community



Invest in Older Americans Act and other supportive services that help older adults live successfully and independently in their homes and communities.

As Congress considers FY 2021 federal funding, there are difficult choices ahead for our nation and its leaders. n4a encourages lawmakers and the Administration to have thoughtful conversations about strategies to restore and sustain investments in our nation's most effective federal programs while developing common-sense solutions to address the growing federal debt. The budget-making process should allow for honest, transparent debate over national revenue and spending priorities. We specifically oppose shutdowns of the federal government, as they create unnecessary confusion, inefficiencies and the risk of harm to older adults. Additionally, short-term continuing resolutions create instability at the state and local levels, so we encourage Congress to meet its appropriations process deadlines on a regular basis.

### Older Americans Act (OAA)

*Congress must make critical investments in OAA in FY 2021 by protecting these essential programs and continuing to restore the capacity lost to years of funding erosion.* In recent years Congress has made strides toward restoring and boosting funding for most OAA programs to better address the rapidly rising need of our aging nation. As the population of older adults and caregivers continues to grow, an upward trajectory of these investments must continue. While important, even these recent funding increases do not adequately address the needs of an aging nation. Congress must seize this tremendous opportunity and prioritize the most cost-effective programs that directly address the demographic realities we face as a nation.



While all subtitles of OAA require immediate increases to meet the escalating demand, n4a's members—who administer these programs locally and therefore see firsthand where the pressure points are as the number of older adults rapidly grows—urge Congress to prioritize the following OAA services.

Perpetually overlooked despite being one of the most valued sources of funding at the local program delivery level, **Title III B Supportive Services** provides states and local agencies with flexible funding to provide a wide range of needed supportive services to older Americans.

Years of eroded funding has resulted in local agencies losing ground in their ability to provide critical Title III B supportive services, which include in-home services for frail older adults, senior transportation programs, information and referral/assistance services, case management, home modification and repair, chore services, and emergency/disaster response efforts.

Furthermore, inadequate funding for Title III B supportive services undermines the ability of AAAs to facilitate access to other core OAA programs, such as providing older adults with transportation to congregate meals sites. The critical flexibility of this funding stream gives AAAs greater means to meet the needs of older adults, as identified at the community level, and often is vital to keeping seniors from needing expensive nursing home care—which usually leads to their impoverishment and subsequent need to rely on Medicaid to meet critical health care needs.

*As the demand for and cost of providing services grows significantly each year along with the growth in the population of older adults, we call on Congress to, at a minimum, fund Title III B at the amount authorized in the recent bipartisan OAA reauthorization proposal, \$437 million, which would reflect a 12 percent funding increase in FY 2021.*

**Title VI Native American aging programs** are a primary authority for funding aging services in Indian Country, where elders are the most economically disadvantaged in the nation. We encourage lawmakers to build on their FY 2020 recommendations by increasing Title VI appropriations levels given the current and future needs of American Indian elders and the years of insufficient growth in funding to meet escalating need. Fortunately, it does not require much additional funding to begin this process, given the small size of these programs, *so we urge Congress to boost funding for Title VI Part A (nutrition and supportive services) and Part C (family caregiver support) in FY 2021 by at least 20 percent.*

The **National Family Caregiver Support Program** (NFCSP, Title III E) funds programs offered locally by AAAs that assist older caregivers and family members caring for older loved ones. The NFCSP offers a range of in-demand supports to family caregivers in every community. Unpaid family caregivers annually provide more than \$470 billion in uncompensated care<sup>16</sup>—an amount that rivals the entire federal Medicaid budget.<sup>17</sup>

Steady and sustained increases for these modest federal programs that support the 40 million caregivers for people age 65 and older<sup>18</sup> could prevent billions in more expensive institutional care costs being borne by taxpayers.

*For FY 2021, we encourage Congress to, at a minimum, fund the National Family Caregiver Support Program at the amount authorized in the recent bipartisan OAA reauthorization proposal, \$206 million, which would reflect an 11 percent funding increase for the only national program supporting family caregivers who provide the lion's share of long-term care in this country.*



## Other Appropriations Priorities

n4a also believes the following appropriation actions for FY 2021 are critical to build and sustain a comprehensive home and community-based services system that can meet the needs of the growing older adult population while preventing unnecessary medical expenditures and costly institutionalization.

### Evidence-Based Prevention and Wellness

Community interventions are proven tools that our nation has used to improve health outcomes and reduce costs. These programs have been rigorously evaluated to ensure that they improve the health and well-being of—or reduce the incidence of disease, disability and/or injury among—older adults.<sup>19</sup>

Supporting existing—and developing new—evidence-based prevention and wellness programs for older adults is imperative, given the nation's aging population and growing rates of chronic disease. More than 80 percent of Americans age 65 and older have more than one chronic condition.<sup>20</sup> Costs, both in terms of health care dollars and disability rates, are staggering. For all ages, health care spending on all chronic disease was \$1.1 trillion in 2016, and the total cost to the economy was an estimated \$3.7 trillion (20 percent of GDP).<sup>21</sup> Among older adults,

chronic conditions account for nearly 95 percent of health care expenditures<sup>22</sup> and limit the activities of millions of people, decreasing their productivity and ability to live independently.

Congress and the Administration should protect and expand evidence-based programs, specifically:

**Older Americans Act Title III D:** This subtitle of the OAA delivers evidence-based health promotion and disease prevention programs to prevent or better manage the conditions that most affect quality of life, drive up health care costs and reduce an older adult's ability to live independently. Commonly used interventions address the risk of falls, chronic diseases, mental health and medication management. *However, at less than \$25 million, appropriations for Title III D are woefully inadequate and should be increased significantly in FY 2021—at minimum, a 13 percent increase to reflect authorizers' recent recommendation.*

**Chronic Disease and Falls Programs:** n4a urges Congress to protect funding for the Chronic Disease Self-Management Program (CDSMP) and falls prevention efforts administered through the U.S. Administration for Community Living (ACL) but implemented locally. The Prevention and Public Health Fund currently provides the funding, \$8 million and \$5 million respectively, for these







## National Aging and Disability Transportation Center

Transportation is one of the most pressing needs for older adults who live at home and in the community, and yet it can be extremely difficult for older adults to find reliable, accessible and affordable options to get to the doctor, the grocery store, religious services or social events—all of which are critical to staying healthy, engaged and independent.

Appropriators should ensure that the FY 2021 Department of Transportation appropriations bill includes at least \$5 million from the general fund for the Federal Transit Administration's (FTA) Technical Assistance and Standards Development Program. This program funds the National Aging and Disability Transportation Center (NADTC), a partnership between

successful programs, and we urge Congress to continue to grow these activities and resources. We must invest in preventing the diseases and injuries that are a main driver of health care costs, and Congress should look beyond discretionary appropriations to find other ways to increase investment in these approaches.

## State Health Insurance Assistance Programs

n4a requests that Congress increase funding for SHIPs in FY 2021 to meet the ever-growing need among Medicare beneficiaries for one-on-one unbiased assistance and personalized counseling. Administered by the ACL, and leveraging the work of highly trained volunteers, SHIPs play a critical role in ensuring that older adults and people with disabilities make informed decisions about their Medicare coverage and navigate the complicated and shifting landscape of Medicare choices. SHIP counseling assistance can save individual Medicare beneficiaries hundreds, or even thousands, of dollars every year.

SHIPs, which two-thirds of AAAs operate locally, help individuals whose complicated situations cannot be successfully addressed by 1.800.MEDICARE or [www.medicare.gov](http://www.medicare.gov), an important distinction.

***With 10,000 boomers becoming eligible for Medicare every day, n4a calls on Congress to increase SHIP funding to at least \$70 million to reflect the increasing number of clients and the growing complexity of Medicare.***

n4a and Easterseals that provides technical assistance, education and support to the aging, disability and transit communities to increase the availability and accessibility of transportation options that address the mobility needs of older adults and people with disabilities. (For our recommendations for the surface transportation reauthorization due in 2020, see page 8.)

## Elder Justice

Financial exploitation and elder abuse cost taxpayers and victims billions of dollars annually. (See page 9 for details.) n4a urges Congress to increase the existing funding for the Elder Justice Initiative at ACL, which focuses on Adult Protective Services, to \$17 million. Additionally, **Title VII of the OAA**, which works to prevent elder abuse and provides ombudsmen to residents of long-term care facilities, should be increased by at least 10 percent.

## Gap-Filling Block Grants

Local agencies 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. n4a supports at least sustained funding at FY 2020 levels for the Social Services Block Grant (\$1.7 billion), Community Services Block Grant (\$740 million), Low-Income Home Energy Assistance Program (\$3.74 billion), Community Development Block Grant (\$3.425 billion) and Senior Corps (\$221 million).

# Improve Health Through Community-Based Interventions



Recognize and protect the pivotal role that the Aging Network plays in addressing the social determinants of health and bridging the gap between acute care, behavioral health and long-term services and supports systems to improve health outcomes and reduce health care costs.

For nearly five decades, the Aging Network has developed local systems of coordinated services and supports that provide person and family-centered, home and community-based services (HCBS) for older adults and their caregivers. Services offered through AAAs include meals provided in the home and in community settings, in-home care, transportation, information and referral, evidence-based health and wellness programs, medication management, case management, caregiver supports and more.

The U.S. health care system is in the midst of a dramatic change as focus shifts from delivering volume to improving outcomes and value for patients. This evolution creates opportunities for health care organizations to work with AAAs and the Aging Network

to better meet the health and wellness needs of our nation's aging population.

Both medical and social systems must prioritize partnership and collaboration, however, if we are to be successful. One sign of this increasing connection is that in recent years, as health care costs have continued to grow, the health care sector has taken a closer look at how social issues affect health—particularly individuals who have chronic conditions or other complications making them the most expensive to manage. These **social determinants of health (SDOH)**, also referred to as non-medical risk factors (NMRF), include, but are not limited to, access to housing, employment, nutritious food, community services, transportation and social support. Addressing these factors improves long-term health and



wellness outcomes. However, much work remains to fundamentally integrate historically disparate medical and community-based care systems.

As experts at providing services that address the social determinants of health, AAAs are increasingly partnering with health care entities to improve the health of older adults by engaging in innovative models of service delivery. In fact, AAA respondents to a 2018 n4a survey conducted in partnership with the Scripps Gerontology Center found that 44 percent already had contracts with health care entities.<sup>23</sup> However, there is ample opportunity to expand these efforts.<sup>24</sup> Specifically, Aging Network entities and other community-based organizations (CBOs) are evolving beyond individual partnerships with health care entities and developing regional and statewide networks of CBOs ready to fill any gaps and serve more people, thus enhancing their value as partners for health care organizations by improving the lives of their patients.

Policymakers in the Administration and Congress must prioritize proposals that preserve improvements in care delivery and promote advances toward better integrated, person and family-centered care. Community-based organizations—particularly AAAs—must be key partners in achieving this monumental change. Involving these on-the-ground experts is the best way to address the social determinants of health, provide more coordinated care for the way people live, and, ultimately, drive better health outcomes and save money.

n4a urges federal policymakers to recognize, engage and preserve the full potential of the Aging Network in improving health and reducing costs, particularly in the following areas.

## Medicare

For more than fifty years, Medicare has provided vital acute health care coverage to older adults and people with disabilities. Currently, Medicare covers nearly 60 million beneficiaries—or nearly one out of every six Americans. Medicare is the country's largest health care payer, spending more than \$731 billion in 2018, or roughly 15 percent of total federal expenditures.<sup>25</sup> While the rate of increase in Medicare spending has slowed since the Affordable Care Act and other cost-savings measures were implemented, as the population continues to age and more individuals become eligible for Medicare, costs will inevitably grow. On the current trajectory, annual Medicare spending is expected to top \$1 trillion by 2026.<sup>26</sup> As a result, it is essential that Medicare be a driving factor in pursuing opportunities to provide better care at a lower cost, which includes incorporating access to community-based services that address SDOH.

While Medicare's primary role remains to provide acute health care in doctors' offices and hospitals to older adults and people with disabilities, health care outcomes and costs are driven, in large part, by SDOH, and Medicare must include and pay for opportunities to address these emerging realities.

## Addressing SDOH through Supplemental Benefits in Medicare Advantage

Despite the growing awareness of the inherent value of social services that address SDOH and help older adults and caregivers get and stay healthy and independent, Medicare investments still do not reflect the growing need. Research has shown that non-medical risk factors in the physical environment and individual behaviors account for 80 percent of the factors that influence overall health.<sup>27</sup> Unfortunately, the vast majority of health care funding is directed toward acute care. In order to remedy this imbalance, health care payers and providers are increasingly shifting focus. For example, in April 2018, the American College of Physicians released a set of recommendations to improve patient care by enhancing services addressing SDOH,<sup>28</sup> including increased communication and collaboration with CBOs to treat patients who are at risk of being negatively affected by SDOH.

Historically, a wide gap has existed between social services and medical systems. In bridging this gap, it is imperative that intersections, partnerships, coordination processes and payment systems recognize the value that both bring to the table rather than medicalize social services, which will undoubtedly lead to higher costs and reduced consumer satisfaction.

Since 2018, the Centers for Medicare & Medicaid Services (CMS) began implementing an expanded definition of health-related supplemental benefits through Medicare Advantage (MA). This was an important first step to include critical high-need recipients of HCBS who may not otherwise have access to these services. Additionally, in its implementation of the 2018 Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act, CMS expanded options for MA plans to address these non-medical risk factors for high-cost chronically ill beneficiaries by offering access to Special Supplemental Benefits for the Chronically Ill (SSBCI).

These initiatives are important first steps into a future of improved care integration and promoting access to services that promote health at home and in the community under Medicare, but many barriers continue to discourage widespread adoption of these important benefits. For example, MA plans serving rural areas where access to service providers is limited have been reluctant to include additional benefits in their plan offerings.



Additionally, MA plans report inconsistent and incomplete guidance from CMS on supplemental benefits has been challenging to work around.<sup>29</sup> To address these challenges and to give MA and CBO networks the time necessary to realize these opportunities, we encourage Congress and the Administration to continue promoting efforts to address SDOH through Medicare and accelerate the incorporation of existing social services infrastructures, particularly the Aging Network, into government and industry efforts that improve the health of older adults. Additional recommendations on SSBCI implementation should be considered by CMS and lawmakers, including the *Guiding Principles for New Flexibility Under SSBCI*, which n4a helped develop and has endorsed.<sup>30</sup>

### Preserving and Expanding Care Options in Traditional Medicare

2020 provides an opportunity to develop forward-looking proposals for Medicare to ensure that a growing population of Medicare beneficiaries have access to comprehensive coverage options under original, Fee-for-Service (FFS) Medicare. Historically, FFS Medicare has not covered dental, vision or hearing care, despite the fact that these services are critical to maintaining health.

In 2020, policymakers should consider legislative solutions to remedy this historically myopic view of health care coverage under traditional Medicare and seriously consider opportunities to expand FFS Medicare to provide basic oral, hearing and vision care. Evidence shows that neglecting these medical needs can lead to deterioration in overall health, including an increased risk of dementia, social isolation and falls, resulting in potentially increased health care costs over the lifespan.

Additionally, Administrative and congressional action has primarily focused on expanding access to supplemental

services through Medicare Advantage. However, the case for improving care integration is equally compelling for all Medicare beneficiaries, not just the roughly one-third who enroll in MA plans. We encourage policymakers to explore solutions that level the playing field between traditional FFS Medicare and MA to ensure that effective interventions are equally available to all Medicare beneficiaries.

### Expanding Non-Biased Beneficiary Education and Enrollment Assistance

As Medicare grows more complex, it is essential that robust efforts are made to ensure that new and existing beneficiaries are as educated as possible about their benefits and how to use them. Existing efforts to provide **non-biased, person-centered assistance** through the State Health Insurance Assistance Program (see page 13) should be greatly expanded to ensure that those who need the most help selecting the best plan for themselves are able to do so. This is in the best interest of consumers, plans and the taxpayer. Additionally, further education on how to most effectively use plan benefits drives better health. The need is documented: a recent survey conducted by Anthem with n4a found that 59 percent of older Americans find navigating the health care system difficult, and more than half of non-retired older adults need more help understanding their benefits.<sup>31</sup> Nearly eight in 10 caregivers believe that they would be able to better help the person they care for manage their health if they better understood their benefits.<sup>32</sup> Given AAAs' existing role in providing Medicare education (two-thirds operate the local SHIP and nearly all provide basic education) and longstanding reputation for non-biased counseling, it's essential that any changes reflect this existing strength and resource.

Additionally, we encourage Congress to extend funding for trusted CBOs that provide Medicare outreach and enrollment activities to assist low-income Medicare-eligible beneficiaries in accessing benefits for which they are eligible (i.e., the LIS/Extra Help and Medicare Savings Programs). These bipartisan and longstanding Medicare education and enrollment activities enable AAAs, SHIPs and Aging and Disability Resource Centers (ADRCs) to work directly with beneficiaries to ensure that low-income older adults are provided with the information and support they need to make well-informed and cost-effective choices about their Medicare coverage. Originally funded for three years through the 2008 **Medicare Improvements for Patients and Providers Act (MIPPA)**, funding for these activities was extended in the FY 2020 omnibus legislation through May 22, 2020. n4a calls on Congress to include a MIPPA extension in forthcoming health care extenders legislation, including increases specifically for SHIPs, AAAs and ADRCs to conduct this essential work.



## Tap Into the Value of the Aging Network

n4a appreciates that in recent years, 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 are not only included as longstanding, trusted community sources to bridge the gap between acute

and community-based care settings, but that they are also appropriately and adequately compensated for the services they provide to ensure 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—any reforms will fail beneficiaries, unnecessarily undermine existing successful systems and potentially reduce the quality of care for the older adults who most need these services.

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## The National Association of Area Agencies on Aging

The fundamental mission of Area Agencies on Aging and Title VI Native American aging programs is to develop services that make it possible for older adults to remain in their homes and communities, thereby preserving their independence and dignity.

These agencies coordinate and support a wide range of home and community-based services, including, but not limited to, information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, transportation, evidence-based health and wellness programs, adult day care and long-term care ombudsman programs.



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