POLICY PRIORITIES 2016

PROMOTE THE HEALTH, SECURITY AND WELL-BEING OF OLDER ADULTS

n4a

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National Association of Area Agencies on Aging

Our Vision for a Society that Values and Supports People As They Age

Every year, n4a develops a set of top, targeted policy priorities to guide our legislative and administrative advocacy efforts. Due to their targeted nature, these priorities, however, do not encompass the full breadth of policy issues that we believe are critically important to older adults, people with disabilities and their caregivers.

Before diving deep into this year's timely and specific policy recommendations, it's important to share an outline of n4a's vision for a society that values and supports people as they age.

To age in place or in community with adequate health, independence and dignity, we believe older adults and their caregivers need federal, state and local policies that support:

Health. All Americans should have access to basic, affordable, high-quality health care, including prevention services, acute care, chronic disease management, pharmaceutical, mental health, dental care and long-term services and supports options (LTSS). Financing of such systems must be adequate and sustainable, and reflect a balance of responsibility between government, private industry and individuals.

Long-Term Services and Supports. All Americans have the right to receive LTSS that allow them to remain independent for as long as possible in the environment of their choice. Consumers should have access to a broad array of options along a continuum of supports that prioritizes home and community-based services (HCBS). Families should have support for their efforts to provide care. LTSS should be financed by a combination of private funds, private and public insurance and government assistance programs.

Economic Security. All Americans should have adequate income to afford the basics of food, clothing, shelter and access to health care, in order to live as independently as possible, for as long as possible. Social Security has been the cornerstone of the nation's income protection system for 80 years. To ensure that appropriate and responsible changes are made today to secure a sound Social Security for tomorrow, n4a supports efforts to have an open dialogue with all Americans, including the nation's most frail and vulnerable, regarding any reforms to Social Security.

Livable Communities. America's communities should be good places to grow up and grow old. The physical and social infrastructures of livable communities must support the ability of older people to age in their homes and communities. Communities that promote inclusiveness, integrated systems and shared resources to ensure access to housing, goods and services, transportation, health care, community-based long-term services and supports, safe living, lifelong learning, employment, volunteerism and civic engagement will foster a high quality of life for all citizens. Older people can actively shape, envision and help the future of their communities.

Senior Mobility. There is a tremendous and rapidly growing need for more transportation options for older adults. Many older adults drive, and we want to ensure their ability to stay safely on the road for as long as possible, yet the functional and health issues that affect many people as they age will inevitably result in a loss of driving ability for many. Many older adults find it difficult to access essential transportation services in their communities. This is particularly true for older adults who live in suburban or rural communities where destinations are too far to walk, public transit is non-existent or inadequate, and private transportation is prohibitively expensive.

Executive Summary

The well-established system of federal, state and local entities that comprise the National Aging Network is committed to helping older Americans maintain their independence and live successfully at home or in their communities. The Aging Network is well positioned to meet the service demands of our growing aging population *with adequate resources.*

Over the next decade the proportion of the U.S. population over age 60 will dramatically increase, as 77 million baby boomers reach traditional retirement age.

By 2030—in just 14 years—more than 70 million Americans will be 65 or older, twice the number in 2000.[1] At that point, older Americans will comprise nearly 20 percent of the U.S. population, representing one in every five Americans.

Demographic Pressures of an Aging Society

Accompanying this demographic shift will be a corresponding rise in the need and demand for fiscal, health and social supports to ensure a sound quality of life for millions of older Americans. The aging of our nation's population will challenge federal mandatory programs, such as Social Security, Medicare and Medicaid, and substantially increase demand for home and community-based services (HCBS) offered through the Older Americans Act (OAA).

There is no reason to panic, however, just many reasons to plan. Behind the demographics are real people—our family members, neighbors and community leaders—who deserve the chance to age with dignity and independence. To do so successfully, they often need HCBS.

The Aging Network is the Foundation

The well-established system of federal, state and local entities that comprise the Aging Network is committed to helping older Americans maintain their independence and live successfully at home and in their communities. The Aging Network is well-positioned to meet the service demands of our growing aging population *with adequate resources.* This network's expertise and ability to leverage resources make it the best option to provide nationwide and coordinated HCBS and other long-term services and supports (LTSS). As the local component of the Aging Network, which also includes the U.S. Administration on Aging (AoA) and 56 State Units on Aging, the 622 Area Agencies on Aging (AAAs) and 256 Title VI Native American aging programs nationwide have successfully developed and delivered aging services in communities for four decades.

Increased Need Meets Federal and State Budget Cuts

Unfortunately, federal and state budget cuts are making it nearly impossible for the Aging Network to maintain existing services. This reduction in resources is at odds with the nation's current realities of a growing aging population and increasing demand. The demographics have driven up demand for aging services, as more families are struggling to support and care for older relatives, and more older adults are struggling to make ends meet. Recent supplemental poverty estimates[2] show more older adults actually live in poverty than official poverty measures estimate: 14.4 percent vs. 10 percent.[3] The numbers of those who are below 250 percent of the poverty line—one life or health event away from poverty—are much starker: nearly 48 percent of adults ages 75 to 84 and 54 percent of those 85 and older in 2010.[4]

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Yet state budget crises in recent years forced severe cuts to the very programs established to serve this population. State-funded programs for older adults and caregivers—created to build upon or fill gaps in federal funds—have faced drastic reductions and even elimination. Waiting lists are long and growing longer, and more and more vulnerable older Americans are going without needed critical services. Even as state economies have stabilized, most state programs have not returned to pre-recession funding levels.

Making the situation worse, the federal budget has been drastically tightened in the past five years. Federal discretionary funding was already stagnant for years before the 2011 Budget Control Act (BCA) imposed budget caps (through 2021) and the threat (and reality) of sequestration on non-defense discretionary (NDD) programs such as OAA.

The BCA's sequestration mechanism is another blow to the stability and capacity of vital NDD programs helping seniors across the country. The blunt-force sequester cuts in FY 2013 inflicted real pain at the local level, as AAAs were forced to suspend programs, limit service hours, reduce staff and otherwise struggle to cut funding from an efficient, but underfunded, system. Despite the 2013 bipartisan budget agreement, in FY 2014 and FY 2015, most OAA programs were not offered relief, but instead stagnated at post-sequestration funding levels despite rising demand.

Tight Budgets Demand Wise Investment

There is hope. Now more than ever, we need to invest in proven, cost-effective programs and systems for older adults, caregivers and all Americans. With no funding to spare, our choices have to be wisely considered. We cannot afford to slash effective safety-net programs, for doing so will lead to a sicker, less independent and more economically vulnerable older adult population.

Our country must face these changing demographics and challenging fiscal realities and make prudent choices about:

- how and where we want older Americans to age successfully—with support in their homes and communities;
- where we invest our limited dollars to develop sensible, interconnected LTSS systems that cost-effectively serve older adults in the community;
- how we encourage less expensive and preferred forms of care, such as providing HCBS over institutional care;

Policymakers must recognize the pivotal role that the Aging Network plays in bridging the gap between the health, behavioral health and LTSS systems to help increase patient safety, improve the quality of care and reduce health care costs.

- how we can prevent, delay or reduce the costly effects of chronic disease and other health risks through the delivery of evidence-based health and wellness programs offered at a low cost in the community;
- what targeted investments we can make to ensure that people age in the community successfully, such as reliable transportation, affordable housing and livable communities; and
- how we can preserve and improve the critical social safety net programs, such as Medicare, Medicaid and Social Security, that keep millions of older adults living with health, independence and dignity.

n4a believes the following three policy priorities best respond to the challenges of the current economic climate, the dramatic demographic changes ahead and the opportunities for our nation to modernize its approach to health and aging policies.

n4a's 2016 Policy Priorities

Reauthorization of the Older Americans Act, page 5

Congress must reauthorize and modernize the Older Americans Act (OAA) to meet the needs of today's and tomorrow's older adults. The Act came up for reauthorization in 2011 and should be finalized by Congress in 2016. Priority should be given to preserving the Act's local flexibility; protecting adequate authorization levels; providing the Aging Network's role and capacity in the coordination and provision of long-term services and supports; and improving community preparedness for an aging population.

Fiscal Year 2017 Appropriations, page 6

Congress must restore funding for the OAA and other supportive services to help older Americans age successfully and independently in their homes and communities. n4a calls on Congress to restore the capacity of OAA programs by increasing total funding to at least FY 2010 levels.

Enhancing the Health of Older Adults, page 11

Policymakers must recognize the pivotal role that the Aging Network plays in bridging the gap between the health, behavioral health and LTSS systems to help increase patient safety, improve the quality of care and reduce health care costs. n4a's recommendations address the Aging Network's role in Medicaid Managed LTSS, integrated care, care transitions/coordination, Aging and Disability Resource Centers, and prevention and wellness.

In addition, n4a supports other legislative and regulatory activities that promote the health, security and well-being of older adults; for more information on our policy positions, contact our policy staff, listed on page 16.

Reauthorization of the Older Americans Act

Since 2011, n4a's top policy priority has been to reauthorize the Older Americans Act to meet the needs of today's and tomorrow's seniors. n4a believes priority should be given to preserving the Act's local flexibility; providing adequate authorization levels; strengthening the Aging Network's role and capacity in the coordination and provision of long-term services and supports; and improving community preparedness for an aging population.

The Older Americans Act (OAA) provides essential services every year to nearly 11 million older adults and caregivers, including information and referral/assistance, in-home supports, nutrition programs, transportation, caregiver support, job training, legal services and protection from abuse and financial exploitation. n4a's members, the 622 Area Agencies on Aging and 256 Title VI Native American aging programs, work on the front lines of aging every day, providing a broad range of services and supports that enhance the lives of older adults and implementing the vision of the OAA in communities all across the country.

On July 14, 2015, the OAA reached a milestone: the 50th anniversary of this landmark legislation to ensure that older adults can age successfully with dignity, health and independence. Just days later, the Senate unanimously passed the bipartisan Older Americans Act Reauthorization Act of 2015 (s. 192), which n4a endorsed. On March 21, 2016, after months of negotiation over key modifications to s. 192, the House passed, by voice vote, House Amendment to s. 192. n4a also endorsed the bipartisan compromise reauthorization that received House approval.

As we went to press on April 7, the OAA reauthorization bill, s. 192, as Amended, passed the Senate under Unanimous Consent. We look forward to celebrating the signing into law of this bipartisan compromise bill soon.

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Fiscal Year 2017 Appropriations

Delaying or preventing institutionalization saves federal and state governments tens of thousands of dollars per individual 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.

Restore and increase funding to Older Americans Act and other supportive services to help older Americans remain living successfully and independently in their homes and communities.

Preserving the ability of millions of older adults to live at home and in their communities—and forgo more restrictive, expensive and often unwanted institutional care—requires a range of supportive services: in-home care, homemaker services, transportation, respite care, home-delivered meals and more. Historically, AAAs and Title VI Native American aging programs in each local community foster the development and coordination of these critical home and community-based services (HCBS) to older adults and their caregivers. AAAs work with tens of thousands of local providers and vendors to deliver these critical home and community-based services to over 11 million older adults and caregivers annually. This collective community is known as the National Aging Network, and the resulting system, which has been functioning efficiently and effectively for over four decades, supports people where they want to age—at home and in the community.

The Aging Network helps individuals avoid unnecessary and more expensive institutional care and/or spending down to Medicaid. Delaying or preventing institutionalization saves federal and state governments tens of thousands of dollars per individual 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 discretionary programs like the Older Americans Act (OAA).

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

This return on investment is one of the ways AAAs are able to do a lot with very little. They leverage community support through extensive partnerships, creating connections that strengthen local HCBS systems. This work is also an economic driver, as AAAs fund and partner with a host of private companies to deliver quality care and create jobs in their communities.

Unfortunately, recent federal budgets have made it increasingly difficult for the Aging Network to even maintain existing services, let alone to serve a rapidly expanding population. Budget caps, mandated by the 2011 Budget Control Act (BCA), and subsequent sequestration of discretionary funding, eroded annual appropriations for OAA programs, some to 2004 levels. Both budget caps and sequestration drastically compromised the ability of OAA programs to meet local needs. In fact, just to keep pace with inflation and maintain purchasing power over the last 12 years, funding for OAA should have increased by $330 million, or 17 percent.[6] These calculations don't account for the growing aging population, which increases by thousands each day.

As a result, waiting lists are long and growing longer—in many cases older adults must wait as long as six months or more just for home-delivered meal services.[7] This dire situation only intensifies the need for federal investment.

Sequestration and Caps Shift Costs to Mandatory Programs

n4a strongly opposes the arbitrary budget caps and sequestration mechanisms called for in the 2011 BCA, and urges Congress to build upon the bipartisan work done in the last two budget agreements to increase overall budget caps and avoid triggering the devastating consequences of sequestration that sent shockwaves through the Aging Network in FY 2013 and still reverberate today. **We urge lawmakers to find a long-term solution to repeal budget caps and eliminate the ongoing threat of sequestration.**

Relevant to OAA and other discretionary aging programs, the savings recouped from discretionary budget cuts pales in comparison to the added costs of higher Medicare costs for sicker seniors, as well as premature Medicaid eligibility and nursing home placement for seniors who find they can no longer stay in their homes and communities because of funding cuts to OAA and other critical services.

Recognizing that the BCA and other budget deals have left appropriators to handle the tough funding decisions with little room for growth, but given the cost-saving and health-promoting potential of OAA programs, n4a makes the following recommendations.

Older Americans Act (OAA)

Restore the capacity of OAA programs by increasing total funding to *at least* FY 2010 levels. It is especially important to first restore funding to OAA programs that have had little to no relief from sequestration, including for critical supportive services, caregiver support and ombudsman programs.

Title III B Supportive Services

Title III B Supportive Services provides flexible funding to states and local agencies to provide a wide range of needed supportive services to older Americans. Unfortunately, sequestration funding cuts for Title III B have not been restored, and local agencies fall farther and farther behind each year in their ability to provide in-home services for the frail elderly, senior transportation programs, information and referral/assistance services, case management services, home modification and other housing help, chore services, and emergency/disaster response efforts targeted to older adults. Furthermore, failing to increase funding for III B services undermines the ability of agencies to facilitate access to other core OAA programs, such as providing seniors with

COMMUNITY SPOTLIGHT

OAA III B Saves Health and LTSS Costs

One of the ways that local AAAs can use OAA Title III B funds is to pay for emergency response systems for older adults who cannot pay for such devices themselves.

One agency's rate for about 12 individual subscriptions per month is $24 each. Agency leaders say they "can't think of a purchase that gets more bang for the buck."

Without this technology, these clients would have required a higher level of in-home supervision, had to leave their homes or, worst-case scenario, they may have fallen and had no way to seek help, thus worsening their medical issues and putting their independence at risk. All of those scenarios drive up federal and state costs, and would cost lives.

COMMUNITY SPOTLIGHT

OAA III B Helps People Stay at Home...and Off Medicaid

Carolyn is a 68-year-old single woman who lives alone and has no family near by. Eight years ago, she had a stroke that affected her left side. When she was discharged home from a rehabilitation center, she still had trouble completing many of life's daily tasks. She was slightly over the maximum asset level to qualify for in-home support through Medicaid.

The local AAA care coordination program used OAA III B funds to provide Carolyn with just enough assistance to allow her to live independently, thus preventing or delaying her need for Medicaid services. The OAA-funded services help her with shopping and running errands, as well as chores like laundry, vacuuming and washing dishes.

Carolyn also uses her in-home aide for assistance with bathing: she is unsteady on her feet and the aide is able to provide enough help to keep her safe. Without these services, Carolyn would not be able to complete these everyday tasks and she would either be living in a Medicaid nursing home or risking her health by living in an unsafe, unclean home.

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 near-low-income seniors from impoverishment and subsequent Medicaid eligibility. It is unconscionable that funding for III B has fallen in recent years to its lowest levels since FY 2004, yet the demand and cost for providing services increases significantly each year. To highlight the vital services that OAA III B funds, we have included several examples of real-life local stories in this section's sidebars.

It is long past time to provide increases for OAA Title III B services, and we encourage Congress to prioritize increases for Title III B services in FY 2017. n4a also appreciates and strongly supports the President's recommendation of a $10 million increase for III B Supportive Services in FY 2017, a small, but important, 3 percent increase.

Title VI Native American Aging Programs

Title VI Native American aging programs received an overdue and much-needed funding increase in FY 2016. OAA provides the primary authority for funding services to elders in Indian country, who are the most economically disadvantaged elders in the nation. We greatly appreciate last year's increase in funding for Title VI programs, and encourage lawmakers to continue to boost appropriations levels that remain woefully inadequate to meet the needs of Indian elders. Sustained and steady increases in funding for Title VI aging programs are necessary to even begin to address the large gaps in service capacity in Indian country. As last year's increases demonstrated, it does not require much additional funding to begin this process, and we encourage Congress to again significantly increase funding for Title VI Part A (nutrition and supportive services) and Part C (family caregiver support).

n4a supports increased investment in Title VI programs in FY 2017.

National Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) was added to the OAA as Title III E in 2000 and funds programs offered at the community level through AAAs and their partners. The programs assist family members caring for older loved ones who are ill or who have disabilities. The NFCSP offers a range of supports to family caregivers, including information about services; assistance in gaining access to services; counseling, support groups, and caregiver training; respite care; and supplemental services as funding allows. These services are in high demand in every community, but have limited federal resources. Steady and sustained increases will also be necessary for this program to continue to serve even a fraction of the more than 30 million (and growing) caregivers.

We appreciate the modest increase of $5 million (3.4 percent) for the National Family Caregiver Support Program included in the FY 2016 omnibus appropriations bill, and in FY 2017 encourage lawmakers to, at a minimum, fully restore III E services to FY 2010 levels.

State Long-Term Care Ombudsman

The State Long-Term Care Ombudsman Program (Title VII) advocates for residents of long-term care facilities in order to resolve quality-of-life and care problems, including abuse, neglect and exploitation. Ombudsman representatives protect residents' rights and improve the long-term supports and services system by giving voice to the problems of residents of nursing homes, assisted living, and

board and care facilities. The network has nearly 9,000 volunteers and just more than 1,000 paid staff certified to resolve complaints. Many local ombudsman programs (working under the state-level Ombudsman) reside at the AAA or otherwise coordinate with the AAA. The demand for ombudsman services is growing, but funding for the program hasn't grown in years.

Please restore Ombudsman funding to at least $21.8 million (FY 2010 level) to ensure these critical and largely volunteer-led efforts to protect residents' rights can continue.

Other Priorities

n4a also believes the following appropriation actions for FY 2017 are critical to building and maintaining a comprehensive HCBS system that can meet the needs of the growing older adult population.

Aging and Disability Resource Centers

n4a appreciates the President's request of an additional $2 million in discretionary funding for Aging and Disability Resource Center (ADRC) work. We encourage Congress to, at a minimum, increase the current $6.1 million investment in the ADRC network to meet the President's request. The ADRC network was created with a vision to facilitate and streamline access to public and private LTSS options for older adults, people with disabilities and caregivers across the country. This ambitious and important goal to build an integrated, robust network of information, referral and even enrollment assistance in every state remains critically important. We look forward to working with lawmakers to find a policy solution to restore and sustain mandatory funding directed to the Administration for Community Living (ACL) for the ADRCs' "no wrong door" networks of access to LTSS information and assistance for older adults, people with disabilities and caregivers of all ages.

Elder Justice Act

The Elder Justice Act (EJA) of 2010 would implement a comprehensive national strategy to address elder abuse, neglect and exploitation, and is authorized at $777 million. If adequately funded, EJA would enhance training, recruitment and staffing in long-term care facilities and enhance state adult protective service systems, long-term care ombudsman programs and law enforcement practices. n4a appreciates that Congress doubled funding to $8 million for this crucial work in FY 2016 and supports, at a minimum, the President's FY 2017 request for an additional $2 million in EJA funding.

State Health Insurance Assistance Programs

n4a requests that Congress increase funding for the State Health Insurance Assistance Program (SHIPs) in FY 2017 to meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at

COMMUNITY SPOTLIGHT

OAA III B Is Helping Caregivers Continue to Provide Care

Ed is an 80-year-old sole caregiver for his wife Mary, who suffers from dementia. At first, Ed just needed someone to be with Mary while he ran errands. Over time, however, Mary's needs escalated as her mobility declined, which made it nearly impossible for the two of them to enjoy any outings together or for Mary to shower safely.

Mary was also becoming increasingly non-verbal, leaving Ed feeling isolated and lonely. After meeting with local AAA/ADRC staff, Ed began attending a support and education group for caregivers while Mary attended the adult day center. Ed met others in similar situations and established close friendships. Mary began safely receiving showers at the center and was able to enjoy music, exercise, games and new friends. OAA III B dollars also funded AAA staff to help Ed find the right type of wheelchair to make outings with Mary possible again.

With these modest supports, Ed is now able to run errands—and even re-join his bowling league—knowing Mary is well-cared for and having fun. These services have given Mary and Ed more time to live safely at home together, preventing or delaying Mary's institutionalization and helping protect the health and well-being of the couple.

The nation is spending over $34 billion annually on direct medical costs arising from elder falls, which is projected to increase to nearly $70 billion annually by 2020. We encourage Congress to provide at least $8 million to CDSMP and at least $5 million to ACL for falls prevention activities through the PPHF.

the community level. Administered by ACL, the SHIP program received $52.1 million in FY 2016. Two-thirds of local SHIPs are operated through AAAs. SHIPs, which rely heavily on trained volunteers, play a critical role in ensuring that older adults and people with disabilities make informed decisions about their Medicare coverage—including selecting among supplemental Medigap plans, Medicare Advantage plans and Part D prescription drug plans—and navigate the shifting landscape of Medicare choices (e.g., managed care demonstrations). With 10,000 boomers becoming eligible for Medicare every day, Congress needs to increase SHIP funding to at least $66.6 million to reflect this increasing volume and complexity.

National Aging and Disability Transportation Center

Appropriators should ensure that the FY 2017 Department of Transportation appropriations bill includes at least $5 million for the Federal Transit Administration's (FTA) Technical Assistance and Standards Development Program. Doing so will ensure that the National Aging and Disability Transportation Center (NADTC), a partnership between n4a and Easter Seals funded through this FTA program, is able to provide technical assistance, education and outreach to the disability, aging and transit communities, in order to increase transportation and mobility options for older adults and people with disabilities.

Chronic Disease Self-Management & Falls Prevention

n4a supports the Administration's FY 2017 proposal to allocate funding from the Prevention and Public Health Fund (PPHF) to ACL for the Chronic Disease Self-Management Program (CDSMP) and falls prevention activities. Older Americans are disproportionately affected by chronic diseases, which account for more than three-quarters of all health expenditures and 95 percent of health care costs for older adults. Additionally, the nation is spending over $34 billion annually on direct medical costs resulting from elder falls, which is projected to increase to nearly $70 billion annually by 2020. We encourage Congress to provide at least $8 million to CDSMP programs and at least $5 million to ACL for falls prevention activities through the PPHF. These evidence-based programs have proven savings of hundreds of dollars per participating Medicare beneficiaries and need sustained and ultimately increased investment in order to effectively address growing rates of illness, injury and costs. (See also page 15.)

Enhancing the Health of Older Adults

Recognize and protect the pivotal role that the Aging Network plays in bridging the gap between the acute care, behavioral health and long-term services and supports systems to increase patient safety, improve quality of care and reduce health care costs.

The national network of Area Agencies on Aging (AAAs) and Title VI Native American aging programs are the community keystones in home and community based services (HCBS) coordination and delivery. AAAs and their provider networks are on the front lines of the country's unprecedented demographic shift as 10,000 baby boomers turn 65 each day—a shift which is driving the growth in Medicare and Medicaid utilization and the need to better plan for, coordinate and deliver appropriate care to vulnerable and aging populations across care settings and payment models.

With the current health care paradigm shift that is both prioritizing integrated, person-centered, self-directed care, and rebalancing long-term care delivery away from institutionalization and toward in-home and community-based care options, community-based organizations (CBOs)—particularly AAAs—are key partners in achieving such monumental change. This shift—aimed at achieving the triple aim of better care for people, better health for communities and delivered at a lower cost—requires changes within a historically rigid and resistant medical model of health care delivery to realize and respond to the fact that a majority of an individual's health and recovery happens at home and in the community.

The AAA network offers a proven track record, well-established community partnerships, stability and a reputation as a trusted resource for older adults and caregivers in all communities. AAAs have built on their long-standing experience providing health-related services through the Older Americans Act (OAA) and Medicaid to develop relationships with acute health care providers and have shown positive results in improving patient safety, providing better outcomes and reducing health care costs. n4a urges administrative and legislative action by federal policy makers to recognize, engage and preserve the full potential of the Aging Network when transforming health care delivery systems, particularly in the following areas.

With the current health care paradigm shift that is both prioritizing integrated, person-centered, self-directed care, and rebalancing long-term care delivery away from institutionalization and toward in-home and community-based care options, community-based organizations (CBOs)—particularly AAAs—are key partners in achieving such monumental change.

Without fully recognizing and supporting the value provided by existing cost-efficient systems—such as the Aging Network—the result will fail beneficiaries, unnecessarily undermine existing successful systems, and potentially reduce the quality of care for vulnerable populations.

Medicaid Managed Care Initiatives

As a majority of states have or are rapidly moving from fee-for-service to capitated managed care models for their Medicaid programs, it is critical that the Aging Network be the bridge to integrate acute and home and community-based services (HCBS) so that the quality of long term services and supports (LTSS) for older adults and people with disabilities is not compromised. There is no "one size fits all consumers" approach to Medicaid LTSS and, as such, mandatory managed care initiatives need to be closely monitored to ensure they do not jeopardize access and quality of care. There are important steps that the Administration must take to ensure that the Aging Network can both continue to provide services to enable older adults to age at home and in the community and make critical infrastructure investments to leverage decades of expertise and be a key partner in enabling managed care organizations (MCOs) to meet their patient care goals.

Opportunities for Administrative Action

Promoting the Importance of the Aging Network: n4a appreciates recent recognition by the Administration, especially from the Centers for Medicare & Medicaid Services (CMS), of the value and importance of community-based organizations—in particular, AAAs and Aging and Disability Resource Centers (ADRCs)—in achieving positive patient health outcomes. However, we urge the Administration to support and fully implement changes in regulatory policy to ensure that CBOs are not only considered as part of the health care spectrum, but are fully engaged, included and compensated for the critical services they provide.

For example, the recent draft Medicaid Managed Care regulations and Discharge Planning regulations, raise concerns about the possibility that MCOs will interpret these CMS regulations as an endorsement to leverage AAAs' and ADRCs' resources, support and services without any appropriate compensation. Given the limitation of federal OAA and ADRC funding, AAAs cannot be expected to extend their existing services and/or re-prioritize clients, especially if waiting lists exist, to accommodate MCO clients.

We urge CMS to implement final regulatory requirements that would ensure that the Aging Network entities are not only included as the long-standing, trusted community sources to bridge the gap between acute and community-based care settings, but 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 and AAAs 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 vulnerable populations.

Preventing 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 in particular have been a trusted resource for older adults and their caregivers and have developed well-defined, person-centered, user-friendly systems to develop, coordinate and deliver a wide range of home and community-based services that track consumer outcomes. 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.

However, there has been a recent push by CMS 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 certainly appreciate and understand the importance of ensuring that patient assessment and access to care is free of conflicts, and realize the need to reexamine some systems where conflicts of interest exist, we are greatly concerned that well-functioning, appropriately firewalled, efficient systems will be undermined and dismantled, and that patient care will become ultimately more fragmented—unless CMS provides clarification and guidance to states about current conflict-of-interest requirements.

Importance of Ombudsmen in Protecting Access to Care in an Integrated Health Care System: n4a believes that it is essential for all Medicaid and Medicare consumers in managed care and other innovative health care delivery systems to have an independent advocate who will provide individual assistance and represent enrollees on larger systemic issues in front of plans, the state and the CMS. While states will want to develop ombudsman models that best suit their needs, we recommend these key elements be included in all ombudsman programs: 1) notification of consumer rights in clear and concise language easily understood by consumers; 2) information and assistance in pursuing complaints and appeals; 3) negotiation and mediation; 4) case advocacy assistance in interpreting relevant law; 5) reporting on patterns of non-compliance by plans as appropriate; and 6) individual case advocacy in administrative hearings and court proceedings relating to program benefits.

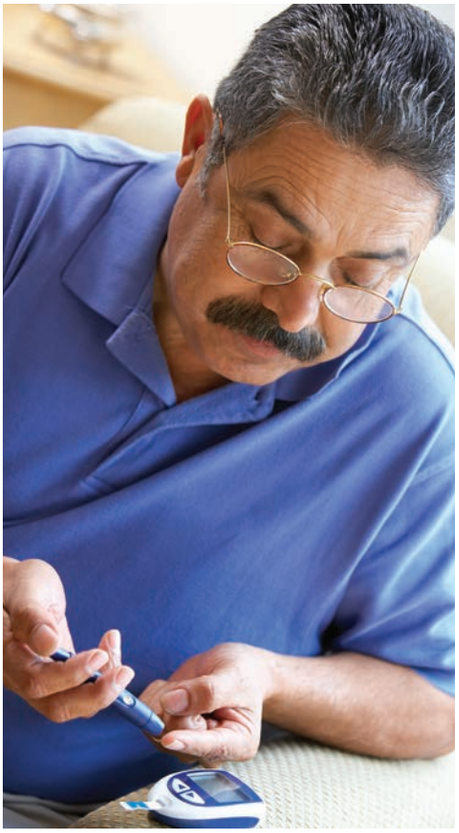
Care Transitions and Care Coordination

AAAs have demonstrated their ability to partner effectively with health care systems and state quality improvement organizations to administer care transitions programs that provide seamless transitions for consumers from acute care settings to home. This results in improved health outcomes and fewer re-hospitalizations. We need to expand and improve the level of coordination in our nation's health and LTSS systems with care transitions and care coordination, and ensure that there are clear roles for AAAs to play in those activities.

Opportunities for Administrative Action

Community-Based Care Transitions Program (CCTP): The Affordable Care Act (ACA) established the Community-based Care Transitions Program (CCTP) to improve care for high-risk Medicare beneficiaries being discharged from the hospital to prevent unnecessary re-hospitalizations and avoidable health care costs. AAAs largely took the lead in implementing this program creating CBO–hospital partnerships that have ultimately demonstrated cost savings and improved care for Medicare beneficiaries. Following an unanticipated $200 million cut in funding for the five-year program, which undermined the ability of CMS to accurately track and assess site performance, funding for a majority of the more than 100 initial sites was discontinued, and all program funding will end in 2017.

n4a is very concerned that the key improvements in post-acute care models tested and proven through CCTP will be lost if CMS does not take steps to ensure that remaining, successful sites are continued through either short or longer-term funding extensions that will enable successful, still emerging, models to work toward strategies for sustainability beyond CCTP. We are also concerned with that CCTP site performance, measured and evaluated by CMS, uses stringent and inaccurate readmissions and enrollment metrics that do not accurately reflect individual site and program performance, impact, cost savings and patient care improvements.



Additional Opportunities to Support Care Transitions and Care Coordination Activities: Beyond funding for the CCTP program, we urge CMS to ensure that hospitals and other health care providers are including AAAs, ADRCs and other CBOs in their discharge planning and care transition efforts. It is critical that the improvements in patient care and cost-saving infrastructure that was developed through CCTP are not lost or merely rolled into hospital discharge planning activities without CBO involvement and investment.

We encourage CMS's Center for Medicare and Medicaid Innovation to seed new partnerships between the medical community and the Aging Network. New efforts in this area have the potential to better integrate health care and community services through models such as Medical Homes, Medicaid Health Homes and new demonstration projects that better coordinate care to dually eligible individuals.

Opportunities for Congressional Action

Support Care Transitions in New Legislative Strategies to Address Care for Individuals with Chronic Conditions: We appreciate recent efforts by the Senate Finance Committee to explore legislative solutions to better achieve the triple aim—especially as it relates to improving care for high-risk Medicare beneficiaries who have multiple chronic conditions. As lawmakers evaluate strategies to providing better care at lower cost with improved patient health outcomes, we encourage Congress to take steps to formally incorporate and incentivize collaboration and compensation for CBOs. Recognizing and involving agencies, such as AAAs, in future legislation addressing these important issues will endorse the key role that the Aging Network plays in improving health and strengthen the ability of the network to be a critical partner in the health care paradigm shift. Specifically, n4a also encourages Congress to explore legislation that would make care transitions activities reimbursable under Medicare and incentivize hospitals to work with AAAs and other community-based organizations to more efficiently and safely facilitate patient transitions from acute health care settings back to the home and community.

Aging and Disability Resource Centers

Aging and Disability Resource Centers (ADRCs) have proven to be a valuable "no wrong door" model for consumers in need of LTSS. Developed by AoA and CMS during the Bush Administration, these demonstrations were granted $10 million in mandatory funding for five years in the ACA. Since that time, ADRCs have proven their value and deserve a continued, stable funding source that, over time, will help grow the system nationwide.

Opportunities for Congressional Action

Reinstate ADRC Funding Through Annual Appropriations: Mandatory investments made through the ACA expired at the end of FY 2014, and as of 2015, the ADRC network lost two-thirds of its annual federal funding because these investments were not restored through appropriations. The 113th Congress did not bridge the gap created by expiring mandatory funding and FY 2015 discretionary appropriations for ADRCs is just $6 million. n4a supports the President's FY 2017 budget, which includes $8.1 million in discretionary funding to continue supporting and expanding the ADRC "no wrong door" network development, but also supports larger, broader investments in the ADRC network to ensure that the vision of ADRCs to truly serve as a "no wrong door" network of information and access to LTSS is fully realized. And we encourage

Congress to restore, at minimum, previous levels of federal funding to continue strengthening investments in ADRC infrastructure.

Additionally, we encourage Congress to explore legislative strategies—through initiatives such as Money Follows the Person and Balancing Incentive Program reauthorization—to support and bolster the key roles that ADRCs play in supporting seniors, people with disabilities of all ages, and their caregivers to explore and determine best-aligned LTSS options.

Other Vital Issues

Money Follows the Person and Balancing Incentive Program

The Medicaid Money Follows the Person (MFP) Rebalancing Demonstration Grant and the Balancing Incentive Program (BIP) have played a crucial role in state efforts to rebalance Medicaid LTSS and increase access to non-institutional options. According to CMS, over 40,500 people with chronic conditions and disabilities have transitioned from institutions back into the community through MFP programs as of December 2013. Additionally, BIP provides new ways for states to serve more people in home and community-based settings. The ACA both strengthened and expanded MFP and created BIP, and both should be reauthorized, extended and improved to ensure Medicaid beneficiaries have access to HCBS.

Prevention and Wellness

We urge Congress to maintain funding for the Prevention and Public Health Fund (PPHF), which represents a critical investment in promoting wellness and preventing the diseases that are a main driver of health care costs. Supporting 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 at least one chronic condition, and half have at least two.[8] Costs, both in terms of health care dollars and disability rates, are staggering. Among older adults, chronic conditions account for nearly 95 percent of health care expenditures [9] and limit the activities of millions of people, decreasing their productivity and ability to live independently.

Lawmakers and administrators should build upon proven, cost-effective evidence-based health promotion and disease prevention programs for older adults at the community level, including chronic disease self-management and falls prevention programs provided by the Aging Network under the Administration for Community Living's (ACL) leadership. These programs deliver proven results and reduce Medicare and Medicaid costs. n4a supports the Administration's FY 2017 proposal to allocate $8 million of the PPHF to ACL for the Chronic Disease Self-Management Program, and we encourage Congress to again fund ACL falls prevention activities through the PPHF, at least meeting FY 2016's level of $5 million.

Veteran Directed HCBS

The growth of the veteran aging population and the desire of veterans of all ages to self-direct their care has led to the rapid expansion of the Veteran Directed Home & Community-Based Services (VD-HCBS) Program at the Department of Veterans Affairs (VA). Area Agencies on Aging are key partners in VD-HCBS provision in many communities, and these programs have achieved nearly universally positive outcomes for participating veterans. These investments must continue to ensure access to options for self-directed care, and respect veteran preference to receive HCBS over more costly, often unwanted, nursing home care.

Area Agencies on Aging are key partners in VD-HCBS provision in many communities, and these programs have achieved nearly universally positive outcomes for participating veterans. These investments must continue to ensure access to options for self-directed care, and respect veteran preference to receive HCBS over more costly, often unwanted, nursing home care.

n4a Board of Directors, 2015-2016

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Notes

1. U.S. Census Bureau, National Population Projections, 2008, www.census.gov/population/www/projections/summarytables.html.

2. The Supplemental Poverty measure incorporates tax payments, work expenses and cost of living (food, shelter, clothing, utilities) adjusted for geographic differences. It is a better indicator of economic well-being, providing a deeper understanding of economic conditions and policy effects. Read more at www.census.gov/hhes/povmeas/methodology/supplemental/overview.html.

3. U.S. Census Bureau, "The Supplemental Poverty Measure: 2014," September 2015, http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-254.pdf.

4. AARP, "Across the States: Profiles of Long-Term Services and Supports, Ninth Edition, 2012," page 7, www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2012/across-the-states-2012-executive-summary-AARP-ppi-ltc.pdf.

5. Fox-Grange, W, Uvjari K, "The Older Americans Act," Washington, DC: AARP Public Policy Institute, 2014, http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/2014/the-older-americans-act-AARP-ppi-health.pdf.

6.Thomas K, Dosa D, "More than a Meal: Results from a Pilot Randomized Control Trial of Home-Delivered Meals Programs," 2015, http://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6.

7. Centers for Disease Control and Prevention, "Healthy Aging, At A Glance 2011," http://www.cdc.gov/chronicdisease/resources/publications/aag/aging.htm.

8. Centers for Disease Control and Prevention, "The State of Aging and Health in America, 2013," page 5, http://www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf.

The National Association of Area Agencies on Aging (n4a)

The fundamental mission of the AAAs and Title VI 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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For more information about n4a, our members and older adults and their caregivers, contact us:

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