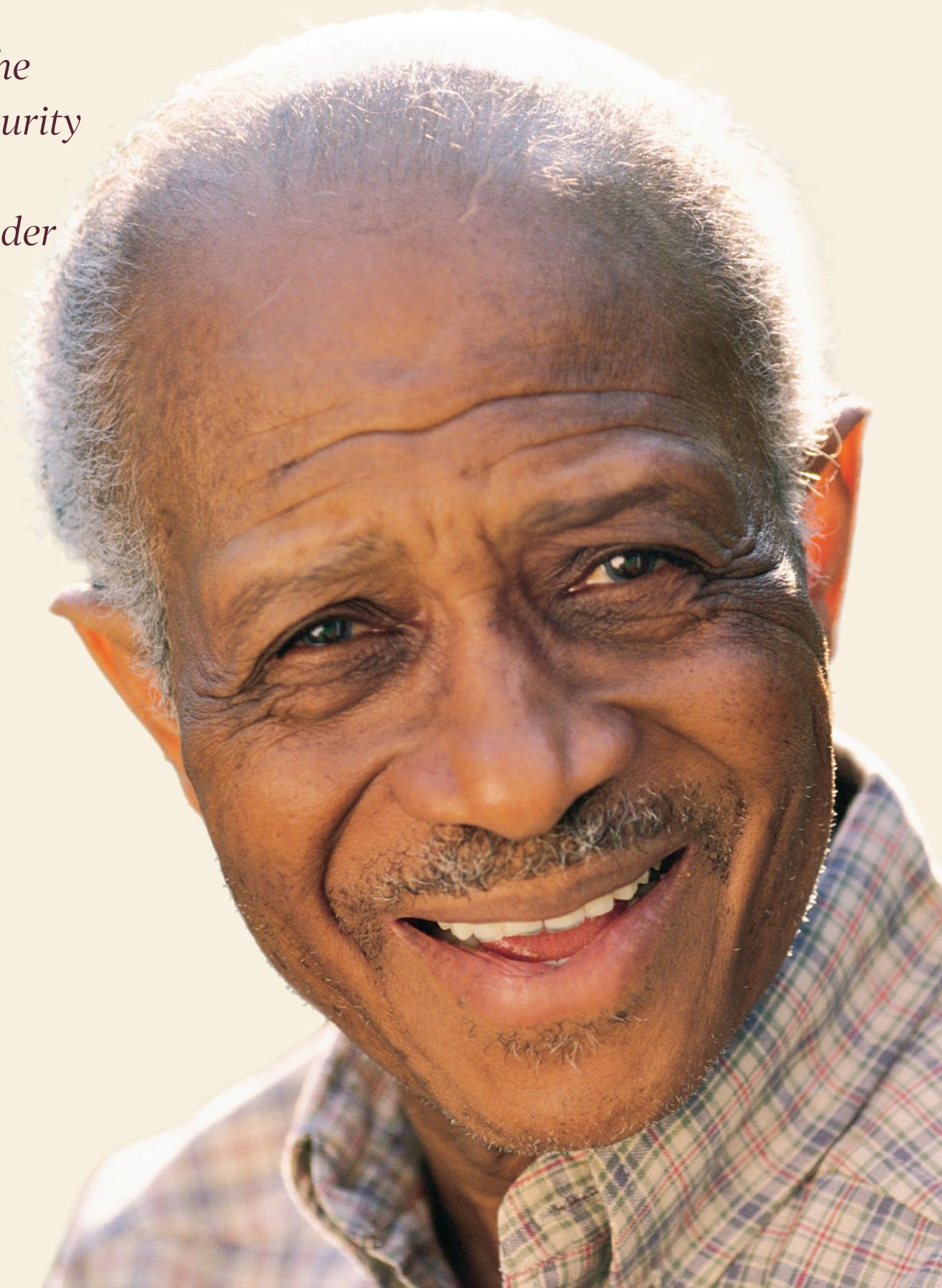


2019 *Policy* PRIORITIES



advocacy | action | answers on aging

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



NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING



Stakeholders in an Aging Nation

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 will guide our legislative and administrative advocacy efforts for the year.

These targeted priorities are based on input received from our members who are directly working with older adults and caregivers in communities around the country. However, these priorities do not encompass the full breadth of policy issues that we and our members believe are critically important to ensure that older adults, people with disabilities and caregivers age with health, dignity and independence.

Every day, 10,000 boomers turn age 65, or nearly 10 million over the next three years. By 2030, 73 million—or one in five—people in America will be age 65 or older. By 2035, all communities must be prepared to address these realities when, for the first time in our nation's history, the population of adults age 60 and older will outnumber people younger than 20.

We are all stakeholders in an aging nation. Therefore, government leaders and advocates at all levels must understand how the massive demographic shift is shaping every aspect of our collective national experience. Today's policy decisions about how we support older adults and their caregivers will have direct and long-lasting implications for all of us for decades to come.

Demographics demand and must drive a federal focus on policies that support older adults and their caregivers.

In meeting this demand, there are inherent opportunities and responsibilities to work collectively to bridge political, generational and stakeholder divides. Preparing for our demographic destiny requires solutions that leverage our existing national assets and infrastructure to serve an aging population with policy and investment innovations that promote access to vital community-based services.

Policy Solutions Should Reflect Key Aging Principles

As lawmakers develop policy proposals that will affect older adults' access to services at home and in the community, we hope their efforts will reflect the following principles:

People want to age safely in their homes and communities.

Policy solutions must increase the availability of and access to social services that support the cost-effective aging options people most want and need.

See “Reauthorize the Older Americans Act” on page 3 and “Invest in Cost-Effective Aging at Home and in the Community” on page 5.

Health happens at home and in the community.

Leaders must recognize the importance of addressing the social determinants of health through community interventions, including incorporating innovative models into established programs like Medicare and Medicaid.

See “Improve Health by Addressing the Social Determinants” on page 10.

Enabling aging in place is essential to our collective economic success.

If we don't embrace cost-effective, community-based solutions now, these demographic shifts will strain the finances of governments and individuals.

See “Invest in Cost-Effective Aging at Home and in the Community” on page 5 and “Reauthorize the Older Americans Act” on page 3.

We are only as strong as our caregivers.

We must recognize the critically important role caregivers play by expanding on current caregiver programs that support this essential informal workforce.

See “Reauthorize the Older Americans Act” on page 3 and “Invest in Cost-Effective Aging at Home and in the Community” on page 5.

Community infrastructure is a critical component of healthy aging.

In addition to supportive services, the ability of older adults to age in place depends on access to community infrastructure, including housing, transportation, and private and public buildings/facilities/spaces, as well as a trained and adequate workforce.

See “Invest in Cost-Effective Aging at Home and in the Community” on page 5.

Accomplishing these goals requires that we face our demographic realities and rethink aging. Not only do we need to find innovative solutions to our challenges, but we must also reject ageist thinking and commit to the value and opportunity that an aging population brings to society.



Reauthorize the Older Americans Act

Strengthen the aging services and supports 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 48 million adults who are older than age 65: an estimated 90 percent of them want to maintain their independence by aging well in their own homes and communities, and not in institutions such as nursing homes.¹ This goal is shared by the baby boomers, 10,000 of whom turn 65 every single day, and it is a commitment that both Republicans and Democrats have espoused as an important goal. The good news is that this approach is the most cost-effective for consumers and taxpayers!

A landmark law, the Older Americans Act (OAA), helps millions of aging Americans meet this goal of aging with health, independence and dignity in their homes and communities. The OAA provides funding to states to support community planning and for a range of community-based services for adults age 60 and older who are at risk of losing their independence. Since its enactment, the OAA has been amended 16 times, most recently in 2016.

Because the OAA is up for reauthorization in 2019, Congress should consider thoughtful changes and investments in the Act to better reflect a rapidly growing aging population.

How OAA Works Now

Initially signed into law in 1965 alongside Medicare and Medicaid, the 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. This makes OAA especially important to millions of older adults whose incomes are not low enough to make them eligible for Medicaid assistance, but who do not have sufficient financial resources to fully pay for the in-home and community supports they need to remain independent. The OAA not only fills those gaps but, n4a would argue, helps reduce long-term Medicaid expenditures by delaying or preventing individuals from spending down their resources to become eligible for Medicaid long-term care.

Through the network of Area Agencies on Aging (AAAs), each year more than 8 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 social supports essential to maintaining their independence. Additionally, the OAA funds vital

assistance for caregivers of older people through the National Family Caregiver Support Program (NFCSP, Title III E), which provides grants to AAAs/Title VI aging programs to help family members caring for their ill or disabled loved ones.

The infrastructure and delivery system for these vital services is the nationwide Aging Network—made up of states, 622 Area Agencies on Aging, more than 250 Title VI Native American aging programs, and tens of thousands of local service providers. The Network, and the Act which created it, were founded on the principle of giving states and local governments flexibility to determine, coordinate and deliver the supports and services that most effectively and efficiently serve older adults and caregivers in their communities.

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



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

In addition to federal investments, AAAs leverage state, local and private funding to build comprehensive systems of home and community-based services 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, the Aging Network engages hundreds of thousands of volunteers who donate millions of volunteer hours each year, further leveraging public and private investments.

An OAA for an Aging Nation

The reauthorization of the OAA provides an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of the current and future populations of older adults and caregivers.

n4a believes that older adults and caregivers could be better served by programs and services that:

- **Meet Consumers Where They Are:** Protecting the Act's emphasis on the role of local decision-making and flexibility to best meet the needs of older adults and caregivers.
- **Meet Growing Needs by Increasing Investments:** Providing the long-term investments necessary for Area Agencies on Aging and Title VI Native American aging programs to respond to the growing number of older adults who need critical home and community-based services to remain independent, while also meeting the needs of their caregivers.
- **Foster Innovations in Service Delivery:** Allowing for increased innovation, demonstration and research to seed, evaluate and support the best aging services.
- **Ease Administrative Barriers to Increase Access to Services:** Strategic and limited streamlining of several administrative functions would support local agencies' efforts to serve more older adults.

n4a's *Recommendations for the Reauthorization of the Older Americans Act* provides greater detail on these and other recommendations for congressional consideration, and we look forward to working with Congress, the Administration and other advocates on additional ideas to update and strengthen this vital Act.



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

Federal Budget: Stop the erosion of vital human needs programs from undermining the health and wellness of older adults by securing a bipartisan budget agreement for FY 2020 and FY 2021. Any agreement must prevent sequester-level cuts and share relief equally between the non-defense and defense discretionary categories.

We strongly oppose the arbitrary budget caps and sequestration mechanisms called for in the 2011 Budget Control Act (BCA) and any attempts by lawmakers and/or the Administration to further erode funding below those arbitrary caps in the next two years or beyond its 2021 expiration date.

Sequestration and capricious budgetary limits allow Congress to avoid making actual choices about which federal discretionary programs reflect the current and future needs of our country, have the ability and proven track record to leverage local dollars, and provide the greatest return on investment. The inferred savings recouped from these cuts pale in comparison to the added costs of premature nursing home placement for older adults who find they can no longer stay in their homes and communities because of eroded funding for

critical services and supports, including those provided by the Older Americans Act (OAA).

Furthermore, n4a believes that the original intent of the BCA—deficit reduction—unfairly burdened critical discretionary programs with the bulk of envisioned deficit reduction while dismissing potential savings from revenues and largely ignoring mandatory federal spending. This is not balanced or rational budgeting. As a result of these politically palatable but fiscally imprudent strategies, discretionary spending has fallen to historically low levels as a percentage of Gross Domestic Product.² And yet, Congress approved at least \$1.5 trillion dollars (over 10 years) in deficit *expansion* to pass a massive tax cut package in 2017. Not coincidentally, the federal deficit now stands at its highest level since the 2008 recession, \$779 billion in 2018, an increase of 17 percent over the prior year.³

As the 116th Congress begins consideration of FY 2020 federal funding, we acknowledge that there are hard 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 be as free as possible from political gimmicks and allow for honest, transparent debate over national revenue and spending priorities. *We specifically oppose shutdowns of the government, as they create unnecessary confusion, inefficiencies and the risk of harm to older adults.*



FY 2020 Appropriations: Invest in Older Americans Act and other supportive services that help older adults live successfully and independently in their homes and communities.

Older Americans Act (OAA)

Congress must make critical investments in OAA in FY 2020 by protecting these essential programs and continuing to restore the capacity lost to years of funding erosion and sequestration. In FY 2018, Congress made tremendous strides at restoration, boosting most OAA programs to better address the rapidly rising need. As the population of older adults and caregivers continues to grow rapidly, an upward trajectory of these investments must continue: FY 2019's level funding for OAA is not what is needed for an aging nation. Congress is missing a tremendous opportunity to prioritize the most cost-effective programs that directly address the realities we face as the population of older adults continues to grow.

While all subtitles of OAA require swift increases to meet the escalating demand, n4a's members—who administer these programs locally and therefore see first-hand where the pressure points are as the number of older adults continues to grow—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 III B supportive services, which include in-home services for

frail and vulnerable 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 often leads to their impoverishment and subsequent Medicaid eligibility.

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 and the Administration to prioritize a 20 percent increase for III B in FY 2020.

Title VI Native American aging programs are a primary authority for funding aging services in Indian Country, whose elders are the most economically disadvantaged in the nation. We encourage lawmakers to build on their FY 2018 and FY 2019 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 encourage Congress to boost funding for Title VI Part A (nutrition and supportive services) and Part C (family caregiver support) in FY 2020 by at least 20 percent.**

The **National Family Caregiver Support Program** (NFCSP, Title III E) funds programs offered locally through AAAs that assist older caregivers and family members caring for older adults. 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—an amount that rivals the entire federal Medicaid budget.⁴ Steady and sustained increases are needed for these modest federal programs that support the 34 million caregivers for people age 50 and older,⁵ preventing billions in additional care costs to taxpayers if their loved ones are placed in a more expensive institutional setting.

For FY 2020, we encourage Congress to increase funding for the National Family Caregiver Support Program by at least 10 percent to better support 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 2020 are critical to build and sustain a comprehensive home and community-based services (HCBS) system that can meet the needs of the growing older adult population while preventing unnecessary medical expenditures and costly institutionalization.

State Health Insurance Assistance Programs (SHIPs)

n4a requests that Congress increase funding for SHIPs in FY 2020 to meet the ever-growing need for one-on-one assistance to and counseling of Medicare beneficiaries. Administered by the U.S. Administration for Community Living (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.

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.



National Aging and Disability Transportation Center

Transportation is one of the most pressing needs for older adults who are trying to remain 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 and independent.

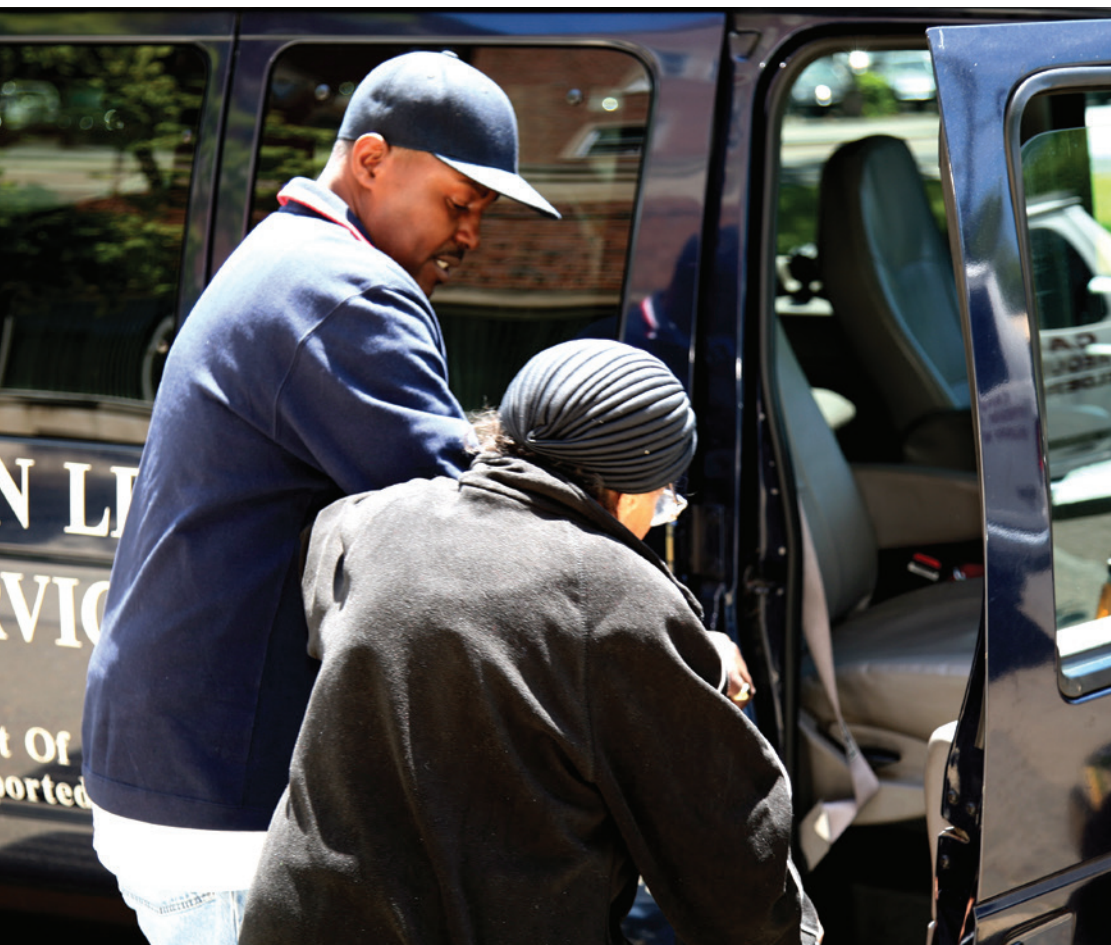
Appropriators should ensure that the FY 2020 Department of Transportation appropriations bill includes at least \$5 million from the general fund for the Federal Transit Administration's (FTA) Technical Assistance and Standards Development Program. Doing so will ensure that the National Aging and Disability Transportation Center (NADTC), a partnership between n4a and Easterseals funded through this FTA program, is able to provide technical assistance, education and outreach to the aging, disability and transit communities, to increase transportation and mobility options for older adults and people with disabilities.

Evidence-Based Prevention and Wellness

Proven tools in our nation's efforts to improve health outcomes and reduce costs are community interventions that have been rigorously evaluated to ensure that they improve the health and well-being of or reduce disease, disability and/or injury among older adults.⁶

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.⁷ Costs, both in terms of health care dollars and disability rates, are staggering. For all ages, health care spending on chronic disease in 2016 is estimated to have passed the trillion-dollar mark.⁸ Among older adults, chronic conditions account for nearly 95 percent of health care expenditures⁹ 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 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, managing chronic diseases, mental health and medication management. However, at less than \$25 million, appropriations for III D are woefully inadequate and should be increased significantly in FY 2020.

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 Administration for Community Living but implemented locally. The Prevention and Public Health Fund (PPHF) currently provides the funding, \$8 million and \$5 million respectively, for these successful programs, and we urge Congress to continue and 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.

Elder Justice

Financial exploitation and elder abuse cost taxpayers and those affected billions of dollars annually. The bipartisan Elder Justice Act (EJA), passed in 2010, was the first legislative accomplishment that would implement a comprehensive national strategy to address elder abuse, neglect and exploitation, although only a small part of the Act has been funded. n4a urges Congress to increase the existing funding for the Elder Justice Initiative at the Administration for Community Living, which focuses on Adult Protective Services, as well as Title VII of the OAA, which works to prevent elder abuse and provides ombudsmen to residents of long-term care facilities.

Gap-Filling Block Grants

Local agencies rely upon myriad funding streams to successfully implement aging programs, including several federal block grants that help serve older adults at risk of hunger, abuse, unsafe living conditions and unnecessary institutionalization. n4a supports at least sustained funding for the Social Services Block Grant (\$1.7 billion in FY 2019), Community Services Block Grant (\$725 million), Low-Income Home Energy Assistance Program (\$3.69 billion), Community Development Block Grant (\$3.3 billion) and Senior Corps (\$208 million).





Improve

Health by Addressing the Social Determinants

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

For 45 years, 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. Services offered through AAAs include meals provided in the home and in community settings, in-home care assistance, transportation, information and referral, evidence-based health and wellness programs, medication management, case management 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) include, but are not limited to, access to housing, employment, nutritious food, community services, transportation and social support, and addressing these factors has been shown to improve long-term health and wellness outcomes.

Key national leaders recognize the inherent value in addressing these social determinants of health.

According to Health and Human Services Secretary Alex Azar:

The root cause of so much of our health spending [is the] social determinants of health. Social determinants would be important to HHS even if all we did was health care services, but at HHS, we cover health and human services, all under one roof. In our very name and structure, we are set up to think about all the needs of vulnerable Americans, not just their health care needs.¹⁰

As experts at providing services that improve the social determinants of health, Area Agencies on Aging are increasingly partnering with health care 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 41 percent already had contracts with health care entities.¹¹ However, there is ample opportunity to improve these efforts.¹²

Policymakers in the Administration and Congress must prioritize proposals that preserve improvements in care delivery and promote advances toward better integrated and 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. For instance, a home health demonstration in Washington State used AAAs as community-based care coordinators to serve the population of people who are dually eligible for Medicaid and Medicare. Early results show tremendous savings to Medicare—\$107 million over three years¹³—and spotlight the value of experienced care coordinators at the community level.

As our nation considers improvements to health care delivery systems, 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 \$702 billion in 2017, or roughly 15 percent of total federal expenditures.¹⁴ While the rate of increase in Medicare spending has slowed since the ACA and other cost-savings measures were implemented, as the population ages 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 2026.¹⁵ Despite these fiscally troubling trends, there is no reason to panic. Medicare is not going broke and there are commonsense strategies that policymakers can promote to further reduce costs under Medicare without jeopardizing access to care for often economically vulnerable beneficiaries.

Medicare's primary role to provide acute health care in doctors' offices and hospitals to older adults and people with disabilities has historically overlooked the fact that the vast majority of factors that influence individual health exists outside of traditional medical settings. Health care outcomes and costs are driven, in part, by SDOH.



Addressing SDOH through Supplemental Services in Medicare Advantage

Unfortunately, investments in social services that address SDOH and keep older adults and caregivers healthy and independent do not reflect the value and growing need. Physicians and other health care providers often do not know how to connect their patients to community-based options. According to the Robert Wood Johnson Foundation, nearly 90 percent of surveyed physicians indicated they see their patients' need for social supports, but unfortunately 80 percent said they do not fully know how to link patients to these networks.

Historically, a wide gap has existed between these very different social services and medical systems. In bridging this gap, it is imperative that intersections, partnerships and coordination processes 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.

In 2018 and 2019, The Centers for Medicare and Medicaid Services (CMS) proposed expanding access to Health-Related Supplemental Benefits through Medicare Advantage. The Administration took an important first step in expanding the definition of health-related supplemental benefits to include critical HCBS that evidence shows improve the health outcomes for high-need beneficiaries who may not otherwise have access

to these services. Additionally, in 2018 Congress passed, as part of its Bipartisan Budget Agreement, the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act, which includes opportunities to improve care integration, particularly for high-need Medicare beneficiaries.

These initiatives were important forays into a future of improved care integration and promoting access to services that promote health at home and in the community. We encourage Congress and the Administration to find additional policy opportunities to accelerate the incorporation of existing social services infrastructures, particularly the Aging Network, into government and industry efforts that improve the health of older adults.

For example, we encourage policymakers to consider incorporating and promoting the cost-saving potential of care transitions programs in the panoply of available primarily health-related services and supports, which assist consumers as they leave acute care or institutional settings and head home. Often, making the transition from hospitals or skilled nursing facilities to home can be difficult and cause problems if not managed properly. Unnecessary re-hospitalizations and negative health outcomes are frequently the result, driving up health care costs. AAAs have demonstrated their ability to partner effectively with health care systems and Medicare quality improvement organizations to administer care transitions initiatives. These programs have demonstrated improved health outcomes and

fewer re-hospitalizations by providing assistance with nutrition, transportation, caregiving and other in-home supports, all social determinants.

Additionally, Administration and congressional action has primarily focused on expanding access to health-related 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 Medicare Advantage plans. We encourage policymakers to explore solutions that level the playing field between traditional Medicare Fee-for-Service and Medicare Advantage to ensure that effective interventions are equally available to all Medicare beneficiaries.



Medicaid Home and Community-Based Services

Recent developments have opened new opportunities for Medicare beneficiaries to access supplemental services in Medicare Advantage that help provide access in the home and community to benefits that promote health and independence.

Traditionally, however, Medicaid has been the primary provider of these services through the Medicaid Home and Community-Based Services (HCBS) waiver program. The OAA philosophy of providing the social services and supports needed to maintain the independence of older adults also drives the federal-state Medicaid HCBS system. Historically, two-thirds of AAAs play a key role in their state's Medicaid HCBS waiver programs, often performing assessments, leading case management or coordinating services. In general, their roles spanned from level-of-care determinations to assessments to case management and service coordination.

The following recommendations reflect that expertise and experience and urge Congress to strengthen Medicaid HCBS to better improve beneficiaries' health.

Rebalancing to Save Money

As the largest public funding source for long-term services and supports (LTSS), Medicaid will be indisputably affected by the rapid growth of the country's population of older adults. 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.

Giving consumers access to the most appropriate services in the least restrictive setting should be the priority. That's not only what consumers want and need, but also what makes the most financial sense for taxpayers. Studies have shown that HCBS is more affordable and thus more cost-effective than institutional care.¹⁶ Additionally, supporting older adults in their communities ensures that they are also economically contributing to those communities.



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; it expired in 2016 and should be reauthorized immediately. n4a endorses the bipartisan plan that was introduced in the 115th Congress, S. 2227/H.R. 5306, the EMPOWER Act, which would reauthorize MFP for five years. While we applaud the 116th Congress for passing a short-term extension, we urge lawmakers to swiftly pass a long-term extension or permanent solution for MFP.
- **Balancing Incentive Payment Program (BIP)**, part of the Affordable Care Act's rebalancing efforts, provided take-up states with enhanced flexibility and new funding to reform and rebalance their LTSS systems. BIP expired in 2016 and should be updated and reauthorized in 2019.

Managed Care Considerations

As a majority of states have moved from Medicaid fee-for-service to managed care models in recent years, it is critical that the Aging Network be the bridge to integrate acute health care and HCBS; this will ensure that quality is not compromised.

With private and federal encouragement and support, n4a is driving change within the Aging Network by equipping trusted local providers with cutting-edge business acumen skills to better work with Managed Care Organizations (MCOs) and other health payers to

support person-centered, coordinated and cost-effective care for older adults and people with disabilities.

There is no one-size-fits-all-consumers approach to Medicaid LTSS and, as such, mandatory managed care initiatives must be closely monitored to ensure that the older adults and people with disabilities who rely on these programs receive access to them and that quality of care remains at or exceeds current standards. There are important steps that the Administration must take to make critical infrastructure investments to support the systems that promote independence as people age. These steps must include ensuring that the Aging Network can continue to provide services that enable older adults to age at home and in the community and be partners in enabling MCOs to meet their patient care goals.

Non-Emergency Medical Transportation (NEMT)

Unfortunately, despite Administration comments embracing the importance of addressing SDOH in health care programs, recent state and agency actions have directly contradicted these assertions. For example, while policymakers have identified access to

transportation as a key SDOH,¹⁷ CMS is considering proposals that would reverse the mandatory provision of Medicaid Non-Emergency Medical Transportation (NEMT) services.

Because Medicaid covers health care services for low-income Americans—many of whom face chronic diseases, 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. Non-Emergency Medical Transportation (NEMT) often prevents treatable conditions from escalating into more serious and expensive conditions.

According to an August 2018 study, NEMT pays for itself as part of a care management strategy for people with certain chronic conditions.¹⁸ Federal rules require states to provide no or low-cost NEMT for most Medicaid beneficiaries, but a few states have received waivers to curtail the benefit, and some others are considering doing so.

Actions like this have the potential to hurt Medicaid beneficiaries, as well as Medicaid providers, and cost taxpayers more money in the long-run. n4a members are key partners in coordinating and providing NEMT in communities across the country. We encourage Congress and the Administration to preserve and expand NEMT, rather than sanction efforts in some states to undermine access to critical transportation benefits that improve health and independence for medically vulnerable Medicaid beneficiaries.

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 the long-standing, trusted community sources to bridge the gap between acute and community-based care settings, but that they are also appropriately and adequately compensated for their roles in ensuring that health care providers meet patient care goals. Without fully recognizing and supporting the value provided by existing cost-efficient systems—such as AAAs managing Medicaid HCBS waivers or serving as the link between Medicaid and the nation's non-Medicaid LTSS system—the result will fail beneficiaries, unnecessarily undermine existing successful systems and potentially reduce the quality of care for older adults who most need these services.





Endnotes

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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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For more information about n4a, our members and older adults and their caregivers, contact us:

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