National Association of Area Agencies on Aging

2018 Policy Priorities

Promote the Health, Security and Well-Being of Older Adults

n4a

advocacy | action | answers on aging

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Call to Action
FOR AN AGING NATION

Every year, the National Association of Area Agencies on Aging (n4a), which represents America's national network of 622 Area Agencies on Aging (AAAs) and provides a voice in the nation's capital for the more than 250 Title VI Native American aging programs, develops a set of top 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.

We believe it is essential that government leaders and advocates at all levels understand the massive demographic shift currently underway, as it will affect every aspect of our collective national experience. The policy changes made now will have deep and long-lasting implications for tens of millions of older adults, people with disabilities and their caregivers.

Government leaders and advocates at all levels [must] understand the massive demographic shift currently underway, as it will affect every aspect of our collective national experience.

Demographics demand and must drive federal focus on policies that support older adults and their caregivers. The Trump Administration and Congress are facing the steep slope of an unprecedented and long-term shift in the composition of our country's population ushered in by the maturing of America's baby boomer generation. Every day, 10,000 boomers turn age 65, or nearly 10 million in the next three years. By 2030, 73 million—or one in five—people in America will be age 65 or older.

This historic demographic shift is already evident in many regions of the U.S., including rural areas, where ratios of older adults far exceed the current national average and available services are unable to keep pace with the growing need. 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.

These demographic milestones are not simply blips on the U.S. Census radar. They are mile-markers on a longer road toward a significantly older nation. It is critical that lawmakers at all levels of government recognize that, unlike at any other point in our history, demographics must drive a dedicated approach to promote cost-effective policies that meet a growing need for services while preserving fiscal stability.

KEY Aging Principles

As lawmakers develop policy proposals that will affect older adults, caregivers and their 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 availability of, access to and efficacy of social services that support the cost-effective aging options people most want. *SEE "Enable Aging at Home and in the Community" on page 3 and "Invest in Cost-Effective Aging Services" on page 9.*

Enabling aging in place is essential to our economic success. If we don't embrace cost-effective, community-based solutions now, the coming demographic shifts will strain government and individual finances. *SEE "Invest in Cost-Effective Aging Services" on page 9.*

Health happens at home and in the community. Leaders must recognize the importance of addressing the social determinants of health through community interventions. We also must protect the integrity of key benefits programs such as Medicare and Medicaid. *SEE "Improve Health and Lower Costs through Community Interventions" on page 13.*

We are only as strong as our caregivers. We must recognize the critical importance of caregivers by building on current caregiver support programs for this essential informal workforce. *SEE "Enable Aging at Home and in the Community" on page 3 and "Invest in Cost-Effective Aging Services" on page 9.*

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 public buildings/facilities, as well as a trained and adequate workforce. *SEE "Enable Aging at Home and in the Community" on page 3 and "Invest in Cost-Effective Aging Services" on page 9.*

Accomplishing these goals will require that our nation rethink aging. There is tremendous potential in the massive demographic shift facing the country. Policymakers must also commit to promoting the value inherent in an aging population and rejecting embedded ageism in society.

Enable Aging at Home and in the Community

Strengthen community options that make it possible for older adults to age well and safely 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 age well in their own homes and communities, and not in institutions such as nursing homes.[1] The good news is that this approach is the most cost-effective for consumers and taxpayers!

To help millions of aging Americans meet this goal, state and local aging agencies develop and provide older adults with the local services and supports necessary to age with health, independence and dignity in their homes and communities. A nationwide Aging Network—made up of states, 622 Area Agencies on Aging (AAAs), more than 250 Title VI Native American aging programs, and tens of thousands of local service providers—was founded on the principle of giving states and local governments flexibility to determine, coordinate and deliver the supports and services that most effectively and efficiently serve older adults and caregivers in their communities.

AAAs foster the development and coordination of these critical home and community-based services (HCBS) to older adults and their caregivers, then work with local providers and vendors to deliver them. Examples of these vital services include in-home care, homemaker services, transportation, caregiver support, home-delivered meals and so much more.

The Aging Network helps older adults avoid unnecessary and more expensive institutional nursing home care and/or spending down of their resources to become eligible for Medicaid benefits. Delaying or preventing institutionalization saves federal and state governments tens of thousands of dollars per person each year. As the population of older adults grows, it is critical that the Administration and Congress place greater emphasis on federal policies and programs that strengthen HCBS, most particularly the following vital programs and services.

Older Americans Act Programs and Services

Since its inception in 1965, the Older Americans Act (OAA) has been the cornerstone of the nation's non-Medicaid HCBS system. The OAA provides funding to states for a range of community planning and service programs for older adults age 60 and older who are at risk of losing their independence.

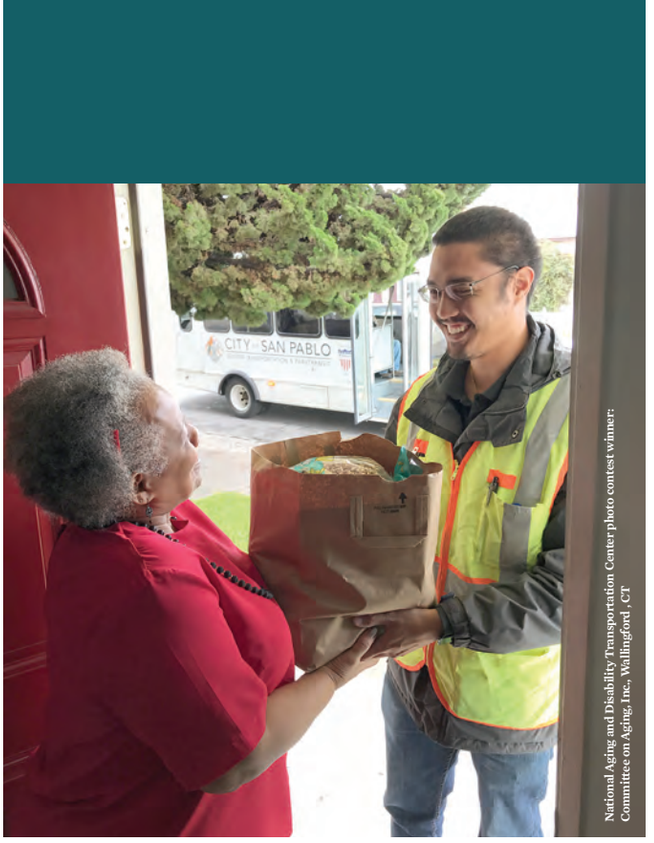
Initially signed into law in 1965 alongside Medicare and Medicaid, the OAA has remained a much smaller program that depends on discretionary funding streams (and funding leveraged at state and local levels) rather than the mandatory spending used to fund federal health care programs. This makes OAA especially 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 Medicaid expenditures in the long-run by delaying or preventing individuals from spending down their resources to become eligible for Medicaid.

Through the Aging Network, each year more than 11 million older Americans receive critical support in the form of meals, in-home personal care, transportation, disease prevention/health promotion, legal services, elder abuse prevention, senior employment and other social supports essential to maintaining their independence. Additionally, the OAA funds vital assistance for caregivers of older people under the National Family Caregiver Support Program (NFCSP, Title III E).

Together, these 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 program. Further, when older adults do live in assisted living or nursing home facilities in our communities, 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 direct 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 HCBS systems in their communities. Surveys from the U.S. Administration on Aging (AoA) show that every $1 in federal OAA funding leverages nearly an additional $3 in state, local and private funding. Furthermore, the Aging Network engages hundreds of thousands of volunteers and millions of volunteer hours each year.



National Aging and Disability Transportation Center photo contest winner: Committee on Aging, Inc., Wallingford , CT

We encourage Congressional leadership to embrace the commitments made in both parties' 2016 platforms to support opportunities that enable older adults to age at home and in the community. Specifically, we urge lawmakers to consider critically needed increases for OAA and other Administration for Community Living (ACL) programs within the U.S. Department of Health and Human Services' (HHS) FY 2019 budget. For more than a decade, funding for OAA and other discretionary aging programs has lagged behind the growing population, need and costs for these services and supports. (For details, see page 9.)

Medicaid Home and Community-Based Services

The OAA philosophy of providing the services and supports needed to maintain the independence of older adults also drives the federal-state Medicaid home and community-based services (HCBS) waiver programs. Historically, two-thirds of AAAs play a key role in their state's Medicaid HCBS waiver programs, often performing assessments, leading case management and/or coordinating services.

Rebalancing to Save Money

As the largest public funding source for long-term services and supports (LTSS), Medicaid will be indisputably

affected by a rapidly aging population. Rebalancing efforts—designed to correct for Medicaid's inherent bias toward more expensive, less-desired institutional care—must be supported and expanded in any new administrative and legislative initiatives.

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.[2] Additionally, remaining in the community means one is economically contributing to the community.

n4a recommends reauthorizing the following rebalancing 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 fall 2016 and should be reauthorized immediately. n4a endorses S. 2227/H.R. 5306, the EMPOWER Act, which would reauthorize MFP for five years.
- ***Balancing Incentive Payment Program (BIP),*** part of the ACA'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 2018.
- ***Community First Choice (CFC)*** offers states a financial incentive to rebalance and an option to reinvest the match into augmenting HCBS for the highest-need consumers, while giving consumers more control over their care. Any ACA replacement legislation should include a continuation of CFC.

Reform Must Not Leave Seniors Stranded

As the 115th Congress and the Administration consider short or long-term policy changes to Medicaid, n4a urges caution. Frequently mentioned proposals that would cap federal spending for state Medicaid programs or convert these programs to block grants raise concerns, given the 16 million vulnerable older adults and people with disabilities who rely upon Medicaid for LTSS, including HCBS, to retain their independence.

Undermining or draining Medicaid of resources will put older adults who most need our nation's support in harm's way. We urge Congress to oppose proposals that would merely shift costs to consumers and states, thus reducing access to care. Specifically, we urge rejection of any policy proposals that would block grant or cap federal Medicaid funding to states, which would erode funding over time, and put state Medicaid programs, such as cost-effective HCBS, at immediate risk.

Therefore, we urge policymakers to ensure that any changes to Medicaid:

- ***Acknowledge the importance*** of this federal-state partnership to our nation's LTSS system and the 4.4 million people over age 65[3] who rely upon Medicaid LTSS programs.
- ***Encourage continued rebalancing*** of LTSS expenditures from institutions to HCBS, supporting current efforts and considering additional measures to ensure that consumer choice and taxpayer savings are both maximized.
- ***Reflect the realities*** of older adults and people with disabilities who depend on Medicaid HCBS to live safety at home and in the community.
- ***Increase coordination*** within Medicaid and with other health and social services systems to reduce duplication, expense and consumer frustration. Care coordination and care transitions work piloted by the Aging Network, health systems and plans (largely in Medicare) should be expanded to include people who receive Medicaid as well.
- ***Respect the role*** that the Aging Network has played in developing and providing Medicaid HCBS, both in traditional waiver programs and now in managed care initiatives. Innovation must not inadvertently drive duplication or reinvention of existing systems.
- ***Encourage consumer access*** to services and assistance with planning and decision-making. One model that should receive enhanced federal support is the Aging and Disability Resource Center (ADRC) approach, which was first piloted in the George W. Bush Administration. ADRCs streamline information about public and private LTSS resources for consumers, using technology to better make available a state's aging and disability resources to ensure older adults benefit from maximum options and efficiencies.

Managed Care Considerations

As a majority of states have moved, or are soon moving, from Medicaid fee-for-service to managed care models, it is critical that the Aging Network be the bridge to integrate acute health care and HCBS so that the quality of HCBS for older adults 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 HCBS 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 do not lose access to services or suffer reduced quality of care. There are important steps that the Administration must take to (1) ensure that the Aging Network can continue to provide services that enable older adults to age at home and in the community; (2) make critical infrastructure investments to support the systems that promote independence as people age; and (3) be a key partner in enabling MCOs to meet their patient care goals.

Promote the Importance of the Aging Network: n4a appreciates that in recent years, the Centers for Medicare & Medicaid Services (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 and other CBOs 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.

Prevent 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 have been a trusted resource for older adults and their caregivers and have created well-defined, person-centered, user-friendly systems to develop, coordinate and deliver a wide range of HCBS. 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.

In the final years of the Obama Administration, there was a CMS push 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 appreciate and understand the importance of ensuring that patient assessment and access to care is free of conflicts, we are greatly concerned that well-functioning, appropriately firewalled, efficient systems will be undermined and dismantled, and that patient care will become more fragmented—unless CMS provides clarification and guidance to states about current conflict-of-interest requirements.

As the Administration seeks to develop strategies to streamline service delivery and improve efficiency, we hope CMS will reconsider these rules in light of the barriers to consistent service delivery and innovation they have created.

Supporting Consumers and Families

Shoring Up Caregivers

n4a believes our country must recognize the critically important role caregivers play in the lives of our nation's older adults by building on current caregiver support programs dedicated to helping this essential informal workforce continue their role. Every year nearly 40 million unpaid caregivers provide over $470 billion worth of support to friends and family.[4] The financial value of this unpaid care rivals the entire federal Medicaid budget. Whether they recognize it or not, communities, states and the federal government depend on the work of unpaid caregivers to meet the HCBS needs of an aging population.

More than five million older Americans are living with Alzheimer's or other dementias today, and experts project that number will more than double by 2050 without significant medical breakthroughs.[5] Caregivers of people with dementia face particularly difficult financial, physical and emotional challenges. In addition to their time and/or lost wages, caregivers spend an average of $10,000 annually caring for someone with Alzheimer's.[6]

However, caregiver programs—such as the OAA's National Family Caregiver Support Program—that support (through training, respite, support groups, and other programs) those who care for friends and family members as they age do not begin to meet the need for these services due to limited funding. We urge Congress to expand federal support for current caregiver support programs and also to explore policy solutions to ensure that caregivers become a vital and empowered component of state and federal LTSS-delivery reform.

Specifically, we ask that FY 2019 appropriations for the Older Americans Act National Family Caregiver Support Program (Title III E) are significantly increased to reflect need expressed in communities across the country. (See page 11 for more details.)

Preventing Elder Abuse and Exploitation

Elder abuse, neglect and exploitation are significant and under-recognized public health and human rights issues, and the incidence of abuse is rising as the population rapidly ages. According to the Elder Justice Coordinating Council, research demonstrates that elder abuse has significant consequences for the health, well-being and independence of older Americans, and an estimated 10 percent of older adults (5 million) are subjected to abuse, neglect, and/or exploitation each year.[7] The Coordinating Council has indicated that this tragic and costly problem is further exacerbated by the lack of standardized practice, public awareness and public policy guidelines at the national level.

The bipartisan Elder Justice Act (EJA) was passed in 2010 to provide federal resources to prevent, detect, treat, understand, intervene in and, where appropriate, prosecute elder abuse, neglect and exploitation. Before EJA was enacted, federal funding for programs and justice regulations was not available. If adequately funded, EJA would enhance training, recruitment and staffing in LTSS facilities and enhance state adult protective services (APS) systems, long-term care ombudsman programs and law enforcement practices.

Current funding for APS data collection doesn't begin to address the incredible need that exists in APS alone—not to mention the many other elder abuse prevention efforts that were envisioned in EJA, which has an authorization level of $777 million. (For our appropriations request for FY 2019, see page 12.)

EJA, which expired in 2014, must also be reauthorized by Congress swiftly, to ensure that the rising problem of elder abuse is met with appropriate federal leadership and response.

Transportation Options

Given the anticipated growth in the older population, the need for transportation services will continue to increase rapidly. While it is important to enable older drivers to stay safely on the road for as long as possible, the functional and

health issues that can affect people as they age will result in many older adults losing their ability to drive.

Family caregivers, friends and neighbors help transport their older loved ones, but cannot meet all their needs. Many older adults find it difficult to access essential transportation services. This is particularly true for older adults in rural and many suburban communities where destinations are too far to walk and public transit is inadequate or non-existent. Private transportation is prohibitively expensive for many, but it must be noted that the need for transportation does not always reflect a lack of means to pay for services, but rather a lack of available service options.

We look forward to working with Congress and the Administration on bold but responsible policy changes that expand accessible transportation options and reflect current and future demographics and demand. The National Aging and Disability Transportation Center, co-administered by n4a and Easterseals, was created in 2016 to ensure that transportation professionals and communities have ready access to information as well as one-on-one assistance to aid them in maximizing existing resources and finding creative solutions for meeting the ever-growing demand for transportation.

Veteran-Directed HCBS

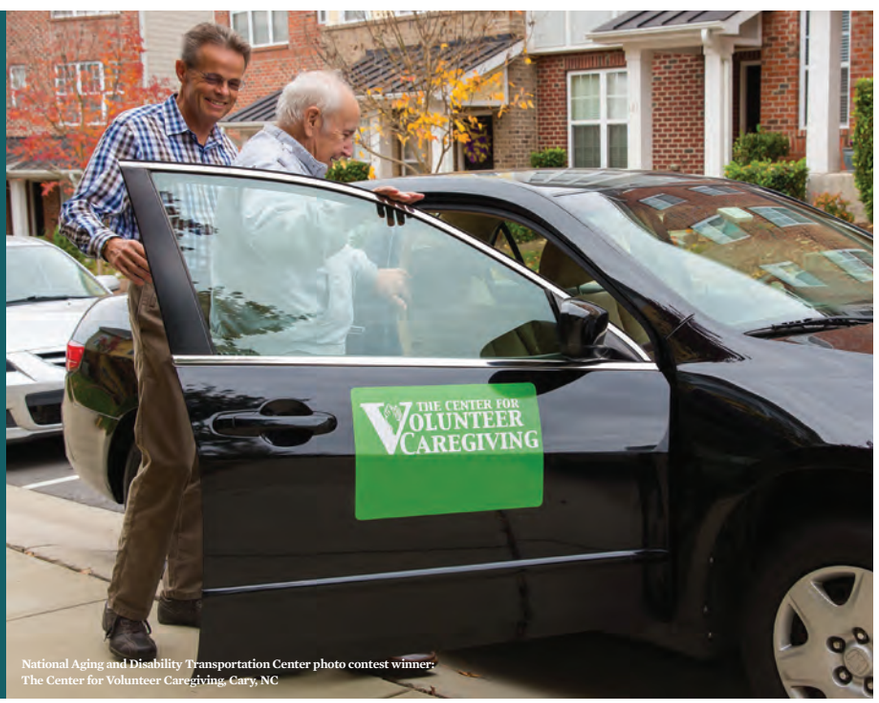
In 2015, nearly 50 percent of veterans were age 65 or older. We encourage lawmakers to prioritize this cohort of veterans, which has similar, or even more intensive, care needs than the general population of older adults, while also addressing the critical HCBS needs of veterans of all ages. Current successful programs such as Veteran-Directed Home and Community-Based Services (VD-HCBS), supported by the Veterans Administration and often administered in communities by AAAs, can help meet the needs of veterans of all ages while preserving their independence and dignity. The VD-HCBS program has received nearly universal endorsement from veterans who are able to manage their own care in their homes and communities. The newer Veterans Choice Program also has the potential to connect veterans to AAA services.

Congress must preserve and build upon the commitment to ensure that the country's veterans are adequately supported as they live and age where they want to be, in their homes and communities.

An Aging Workforce

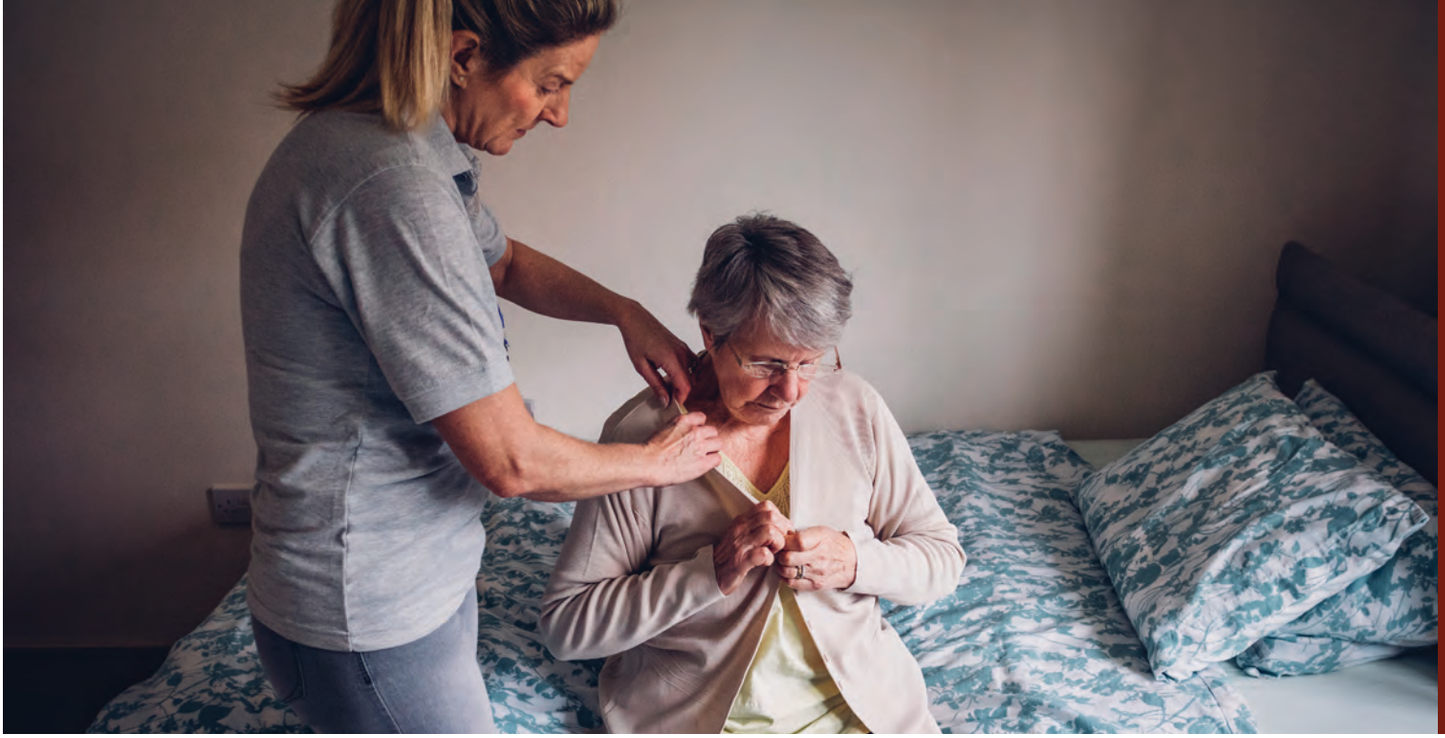
An aging population is also a powerful economic driver and, if properly directed, this economic force can create new jobs and spur innovation opportunities.

One especially urgent opportunity to support aging and expand an economic sector is the emerging in-home and direct care workforce, which must grow considerably over the next decade in order to meet the needs of the growing number of older adults. Workforce development and training is needed to develop the workers to handle this demographic shift. Now, the industry is plagued by low wages and incredibly high turnover as the work itself is physically and mentally taxing. Our country must create opportunities to expand, train and value this workforce in order to realize the other economic benefits of aging in place.



National Aging and Disability Transportation Center photo contest winner; The Center for Volunteer Caregiving, Cary, NC

In addition to expanding the workforce responsible for providing care to older adults, our nation's demographics also demand new approaches to successfully keep older adults in the workforce. Policies should encourage older workers' continued employment to prevent intellectual and resource reduction for America's employers, as well as support the economic security of older adults. With people living longer, it's essential that our economy provides opportunities for older workers to find jobs that meet their economic and social needs. These strategies can include working part-time, phased retirement or other creative approaches that maximize human capital in the face of a dramatic population shift.



Invest in Cost-Effective Aging Services

Federal Budget: Stop the erosion of vital human needs programs from undermining the health and wellness of older adults.

As the 115th Congress begins consideration of FY 2019 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.

n4a strongly believes the federal budget process should be driven by the nation's foremost public policy goals, as well as by rational economic analysis. The budget-making process itself should be as free as possible from political gimmicks and allow for open public debate over national revenue and spending priorities.

That is why 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.

We encourage lawmakers to prioritize a long-term solution to eliminate the budget caps instead of engaging in continuing cycles of short-term budget agreements that cause harmful, repeated uncertainty in an already challenging annual budget and appropriations process.

The biennial threat of sequestration and capricious budgetary limits allow Congress to avoid making actual choices about which federal discretionary programs provide the greatest return on investment, reflect the current and future needs of our country, and leverage local dollars. The savings recouped from these cuts pale in comparison to the added costs of premature nursing home placement for seniors who find they can no longer stay in their homes and communities because of eroding funding for critical services and supports, including those provided by the Older Americans Act.

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. To date, the balance of recent deficit reduction has come almost solely from discretionary programs, which comprise

only 35 percent of the federal budget (16 percent for non-defense discretionary alone)[8] and are not the driving force behind deficit 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.[9] And yet, Congress approved $1.5 trillion dollars in deficit *spending* to pass a massive tax cut package in 2017. We must reexamine our nation's investment priorities and approaches to deficits and the national debt, and consider only those that are the most sound and balanced.

Vital discretionary programs cannot withstand additional targeting. While we support the recent Bipartisan Budget Agreement to alleviate the threat of sequestration for FY 2018 and FY 2019, Congress must reexamine the BCA's budget cap and sequestration mechanism and soundly reject any future proposals to cut discretionary funding. Lawmakers should, instead, find a more fair and balanced approach to achieve real and meaningful deficit and debt reduction while maintaining a commitment to important discretionary investments.

In addition, the difficulty of appropriating within the BCA caps has led to further deterioration of the annual budget process, delaying finalization of spending bills until many months into the fiscal year. The series of short-term measures in the form of continuing resolutions (CRs) to keep the government open do not allow for reasonable planning or program stability at the state and local level. Given the fiscal uncertainty caused by the short-term nature of CRs, states often hold back federal funding from the local Area Agencies on Aging (AAAs). This creates hardships for local entities (AAAs and community providers alike) in terms of cash flow, program delivery and capacity—and ultimately negatively impacts services to older adults who most need them. Congress should complete the annual appropriations process in a more timely fashion, and eliminating the budget caps will help a great deal.

FY 2019 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

Congress must make critical investments in OAA **by protecting these essential programs and continuing to restore the capacity lost to sequestration and years of funding erosion.** In FY 2018, Congress made tremendous strides at restoration, boosting most OAA programs, some significantly. As the population of older adults and caregivers continues to grow rapidly, the trajectory of these investments must continue.

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 falling farther and farther behind 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 seniors 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 near-low-income seniors from impoverishment and subsequent Medicaid eligibility.

The 10 percent increase for III B in the final FY 2018 omnibus is a landmark advancement and we thank Congress for wisely investing in OAA III B and restoring sequestration-era cuts. However, as the demand for and cost of providing services increases significantly each year as the population of older adults continues to grow, we must ask Congress to continue the growth in this investment.

We encourage Congress and the Administration to once again prioritize increases for III B in FY 2019 to better meet the increasing demand for these cost-effective home and community-based services that keep older adults out of more expensive nursing homes.

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 recommendations and increase 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 2019.***

The **National Family Caregiver Support Program** (NFCSP, Title III E) funds programs offered at the community level through AAAs and their partners that 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 that are in high demand in every community. Unpaid family caregivers annually provide over $470 billion in uncompensated care—an amount that rivals the entire federal Medicaid budget. Steady and sustained increases for modest federal programs that support the more than 30 million caregivers are essential to prevent billions in additional care costs to taxpayers if their loved ones are placed in a more expensive institutional setting.

For FY 2019, we encourage Congress to build upon the $30 million restoration provided in FY 2018 for the National Family Caregiver Support Program in order to address years of funding cuts and erosion.

Other Appropriations Priorities

n4a ALSO BELIEVES the following appropriation actions for FY 2019 are critical to building and maintaining 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)

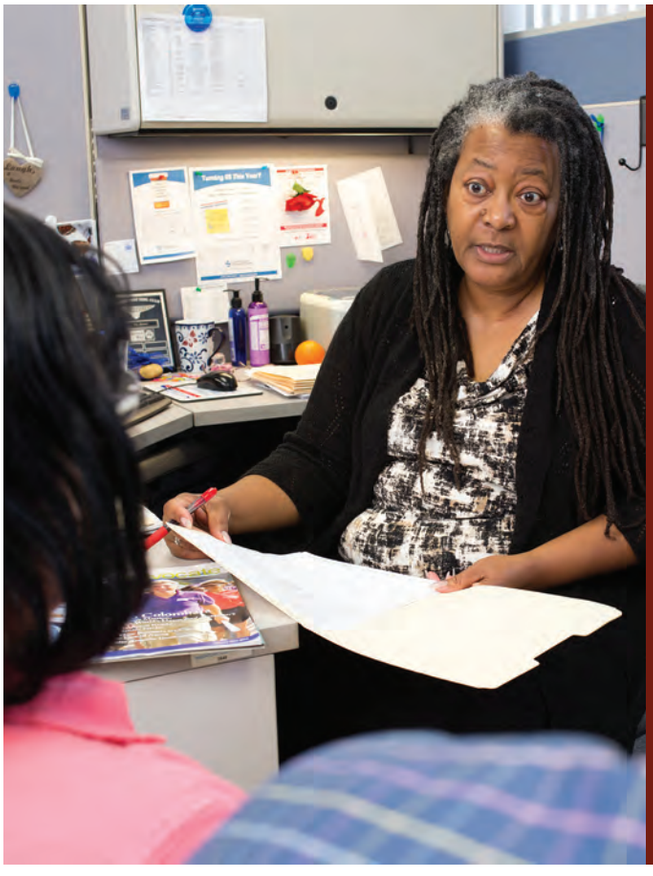
n4a requests that Congress increase funding for SHIPs in FY 2019 to meet the ever-growing need for one-on-one assistance to and counseling of Medicare beneficiaries. Administered by the U.S. Administration for Community Living (ACL), and leveraging the work of highly trained volunteers, SHIPs play a 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.

In FY 2017, the SHIP program received $47.1 million, a $5 million cut over FY 2016. In FY 2018,Congress wisely restored some of that cut with a final appropriation of $49.1 million. Unfortunately, the President's FY 2019 budget calls for the elimination of this effective program, citing duplication, despite the very nature of the effort, which is to help individuals with complicated situations that 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 $67 million to reflect the increasing number of clients and the growing complexity of Medicare.

Aging and Disability Resource Centers (ADRCs)

An initiative launched under the George W. Bush Administration, the ADRC effort began with the vision of facilitating and streamlining access to the most appropriate and cost-effective public and private long-term services and supports (LTSS) options for older adults, people with disabilities and caregivers across the country. This ambitious goal to build an integrated, robust network of information, referral and enrollment assistance in every state remains critically important. n4a looks forward to working with lawmakers to find policy and funding solutions that would restore and augment federal investments by ACL to continue building ADRC "no-wrong-door" networks of access to LTSS information and assistance. At the very least, we support continued appropriations of $8.1 million.



Elder Justice Act

Financial exploitation and elder abuse cost taxpayers and victims over $35 billion each year.[10] 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. (See also page 7 for more on elder abuse.) n4a appreciates that Congress increased funding to $12 million for this crucial work in FY 2018 and we support building on these increases for EJA implementation in FY 2019. We were disappointed that the Administration's FY 2019 budget proposed cuts to this vital and emerging effort to address the scourge of elder abuse.

National Aging and Disability Transportation Center

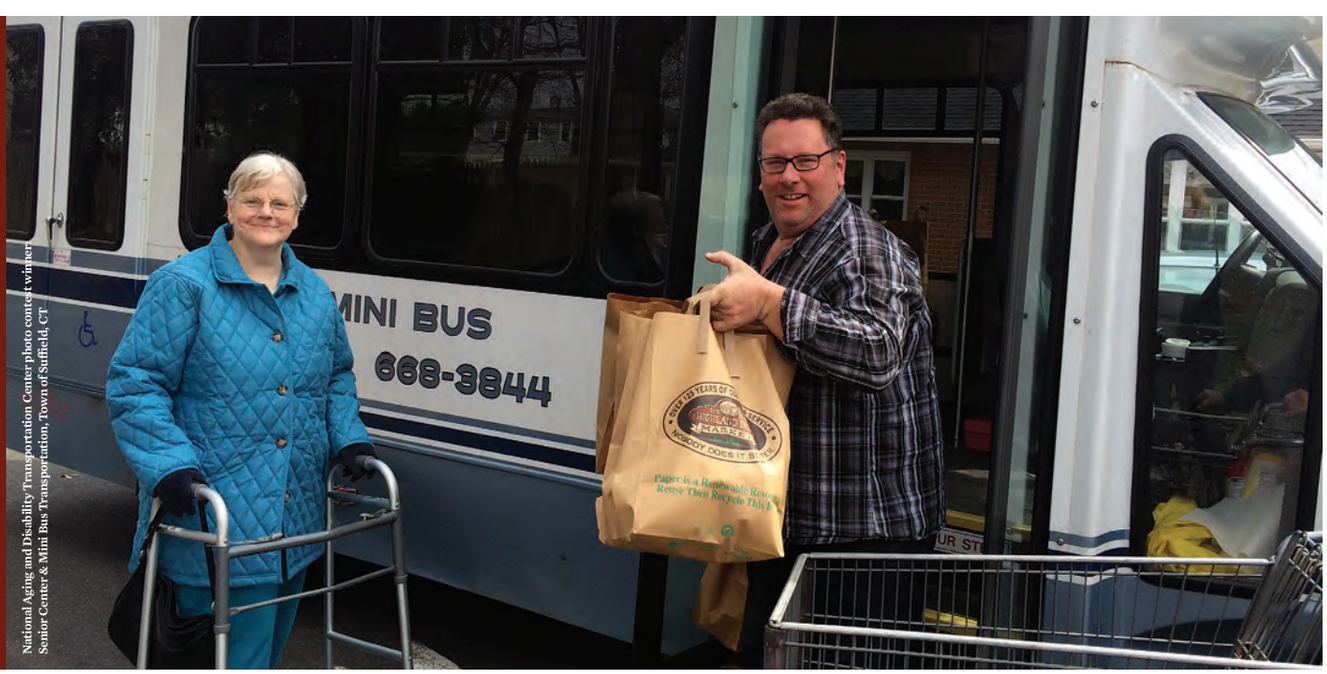
Transportation is one of the most pressing needs for older adults who are trying to remain at home and in the community, and yet it can be difficult to find reliable, accessible and affordable options to get to the doctor, the grocery store, religious services or social events—all of which are critical to staying healthy and independent. Appropriators should ensure that the FY 2019 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, in order to increase the transportation and mobility options for older adults and people with disabilities.

Chronic Disease Self-Management and Falls Prevention

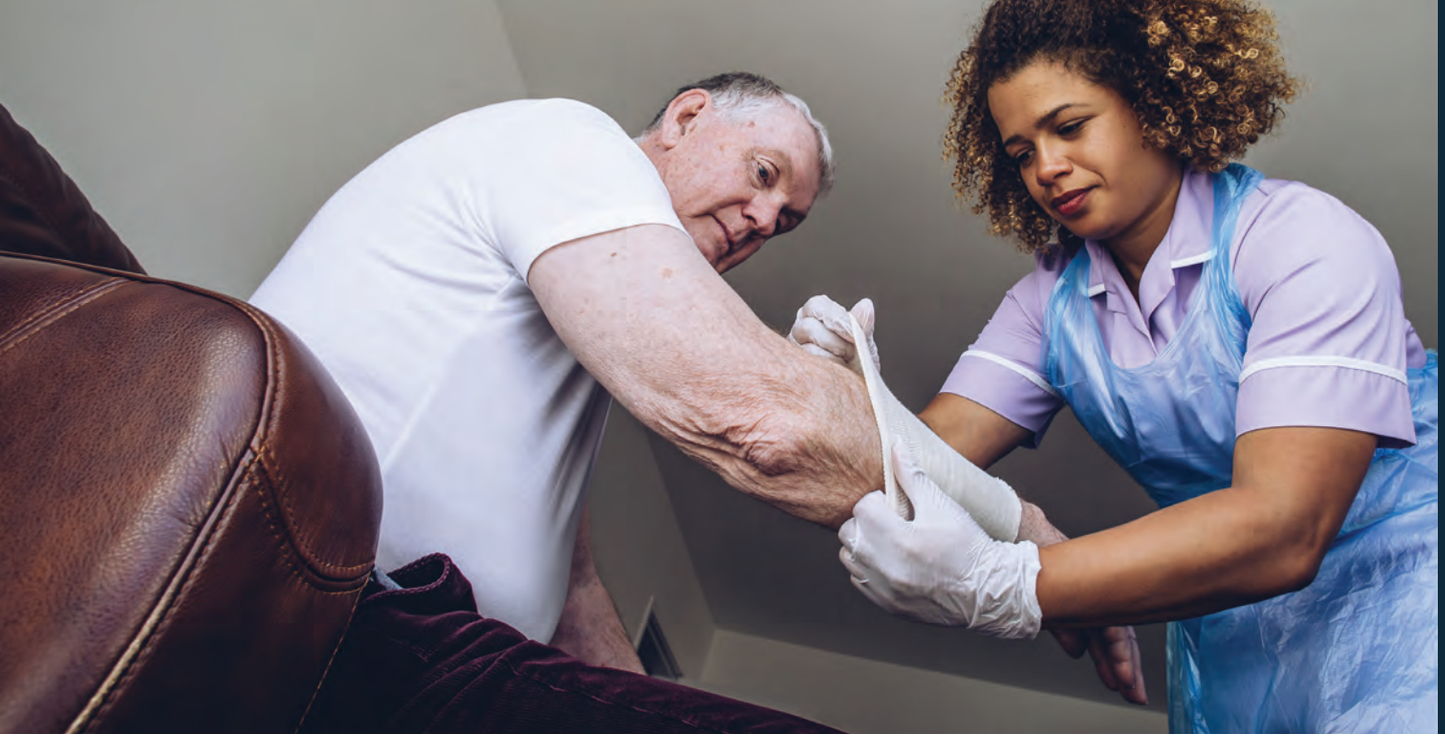
Older Americans are disproportionately affected by chronic diseases, which account for more than three-quarters of all health expenditures and 95 percent of health care costs for older adults. Additionally, the nation is spending over $34 billion annually on direct medical costs resulting from elder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

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 opposes the President's recommendation to cut or eliminate the following essential sources of federal investment in healthy aging: Social Services Block Grant, Community Services Block Grant, Low-Income Home Energy Assistance Program, Community Development Block Grant, and Senior Corps.



National Aging and Disability Transportation Center photo contest winner
Senior Center & Mini Bus Transportation, Town of Suffield, CT



Improve Health and Lower Costs Through Community Interventions

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 more than 40 years the Aging Network has developed local systems of coordinated services and supports that provide person-centered, home and community-based services (HCBS) for older adults. Services offered through Area Agencies on Aging (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, combined with the rapid aging of the population, reinforces the need for health care organizations to tap the expertise of AAAs and their Aging Network partners to meet the health and wellness needs of our nation's aging population.

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 consumers' health—particularly those with chronic conditions or other complications who are the most expensive to manage. Some of these **social determinants of health** are 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.

As experts at providing services that improve the social determinants of health, AAAs are increasingly working with health care partners to improve the health of older adults by engaging in innovative models of service delivery.[11]

As the Administration and Congress continue to consider reforming the Patient Protection and Affordable Care Act (ACA) and lawmakers weigh changes to foundational safety net programs, such as Medicaid and Medicare, policymakers must prioritize proposals that preserve improvements in care delivery and promote advances toward better integrated, person-centered, self-directed care. Community-based organizations—particularly AAAs—must be key partners in achieving this monumental change.

As our nation considers additional reforms 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.

Tapping the Aging Network to Reduce Medicare Costs

For over fifty years, Medicare has provided vital acute health care coverage to older adults and people with disabilities. Currently, Medicare covers nearly 57 million beneficiaries—or nearly one out of every six Americans. Medicare is the country's largest health care payer, spending more than $672 billion in 2016, or roughly 15 percent of total federal expenditures. 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 continue to grow. 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 health care costs under Medicare without jeopardizing access to care or increasing costs 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—often the most expensive and medically vulnerable component of the population—frequently overlooks the fact that the vast majority of factors that influence individual health happen outside of traditional medical settings. Unfortunately, access to social services and other HCBS that keep older adults and caregivers healthy and independent outside of the medical system are often inadequately supported to meet a growing need. These HCBS may include transportation, nutrition, caregiver support, disease prevention and health promotion programs, and person-centered care management approaches.

The health care sector and policymakers are becoming increasingly aware that meeting social and community needs (i.e., the social determinants of health) can reduce health care costs while also preserving, promoting and improving health. However, 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.

Clearly, there is still a wide gap to bridge between these very different social services and medical systems, and it is imperative that new intersections, partnerships and coordination processes are created, rather than allowing the medicalization of social services, which will undoubtedly lead to higher costs and reduced consumer satisfaction. Nurses don't need to become social workers, but we need systems that recognize the value of and pay for both types of care and support.

As the nation's largest health care insurance provider, Medicare must be a primary partner and driver in fostering and building these opportunities and connections. It is also critical that policymakers recognize, include and champion long-standing, successful, efficient and cost-effective systems—such as the Aging Network—as key partners for the health care system in implementing these changes.

Congress and the Administration should build upon current efforts and pursue new policy options to ensure that older adults and caregivers have sufficient access to social services and HCBS that can preserve and improve health while preventing costly medical interventions.

The Value of Medicare Education

As lawmakers and the Administration explore legislative and regulatory opportunities to expand options to beneficiaries under Medicare Advantage and prescription drug coverage, it is essential that beneficiaries have access to unbiased, objective resources to ensure they fully understand their coverage choices.

In all 54 states and territories, State Health Insurance Assistance Programs (SHIPs) provide impartial, in-depth, individual counseling to millions of Medicare beneficiaries on all their Medicare coverage choices. Nearly two-thirds of AAAs administer their local SHIP programs.[12] With the Medicare rolls growing by 10,000 people each day and dozens of Medicare coverage options available to

each beneficiary, SHIPs play a critical role in ensuring that beneficiaries understand their choices. Choosing among plans that offer differing premium costs, cost-sharing arrangements and provider networks can be an overwhelming experience—especially for physically and/or cognitively impaired older adults—and studies in numerous states show that SHIP services can save Medicare beneficiaries millions of dollars a year collectively. Given that nearly half of all Medicare beneficiaries live on incomes below $25,000 annually, even a few hundred dollars saved is well worth the investment.

Furthermore, state and local agencies (including SHIPs, AAAs and Aging and Disability Resource Centers) also perform outreach and assistance to especially vulnerable low-income Medicare beneficiaries to ensure they receive the low-income benefits to which they are entitled.[13]

Unfortunately, even as the complexity of the Medicare system grows, some lawmakers and the Administration have proposed eliminating SHIP services altogether. SHIP resources have bipartisan support within Congress, and we encourage both Congress and the Administration to ensure that these resources are protected and ultimately increased. (See page 11 for n4a's appropriations request for SHIPs.)

Evidence-Based Prevention and Wellness

A proven tool 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.[14]

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 at least one chronic condition, and half have at least two.[15] 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[16] 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, in both existing federal funding streams and in any health care reform efforts.

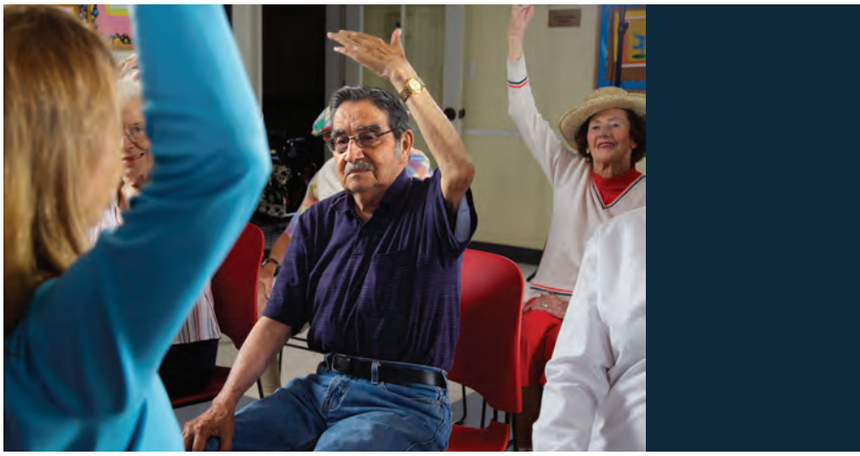
Older Americans Act Title III D: This subtitle of the OAA delivers evidence-based health promotion and disease prevention programs to prevent or better manage the conditions that most affect quality of life, drive up health care costs and reduce an older adult's ability to live independently. Commonly used interventions address the risk of falls, managing chronic diseases, mental health and medication management. However, appropriations for III D are woefully inadequate and should be increased significantly in FY 2019. (See page 10 for other funding recommendations for OAA programs and services.)

PPHF 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 these activities and resources. We must invest in preventing the diseases and injuries that are a main driver of health care costs. (See page 12 for more.)

Expanding Diabetes Prevention Programs: In the 2017 Physician Fee Schedule, CMS finalized a proposal to offer access to the Diabetes Prevention Program (DPP) to all Medicare beneficiaries with prediabetes. We commend the agency on these efforts, and encourage the Administration and Congress to look toward more opportunities to scale successful, evidence-based disease prevention and health promotion programs for Medicare beneficiaries. We also urge CMS to enable and support the efforts of all appropriate community-based organizations (CBOs), in particular AAAs, to embrace the cost-and-life-saving potential of DPP and other programs to significantly reduce the percentage of prediabetes beneficiaries who develop diabetes and other costly chronic conditions.

Care Transitions and Care Coordination

When older patients leave hospitals or skilled nursing facilities for home, making that transition



successfully can be difficult. If not managed properly, unnecessary rehospitalizations and negative health outcomes are frequently the result, driving up heath care costs.

AAAs have demonstrated their ability to partner effectively with health care systems and Medicare quality improvement organizations to administer care transitions programs that provide seamless transitions for consumers from acute care settings back to their homes. These programs have resulted in improved health outcomes and fewer rehospitalizations by providing assistance with nutrition, transportation, caregiving and other in-home supports.

We need to expand and improve the level of coordination in our nation's health and HCBS systems with care transitions and care coordination, and ensure that AAAs are actively engaged in and reimbursed for those activities.

Community-Based Care Transitions Program (CCTP)

The 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 rehospitalizations 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.

The final evaluation of the program, however, did not capture the full breadth of its successes and learnings. Congress and the Administration should create innovative, next-generation approaches to care transitions, building off of the CCTP foundation, and ensure that CBOs and health care entities can form successful partnerships.

Care Transitions and Coordination Innovations

We also urge CMS to ensure that hospitals and other health care providers are including AAAs in their discharge planning and care transitions efforts. It is critical that the improvements in patient care and cost-saving infrastructure that were developed through CCTP are not lost, and that all future CMS incentives and directives to hospitals that involve wraparound social services have a clear role for qualified CBOs.

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.

Furthermore, as CMS implements new provisions in Medicare Advantage to improve care for high-risk Medicare beneficiaries with multiple chronic conditions, it's essential that CBOs in general and AAAs in particular are involved in the provision of these in-home and community-based supportive services that support health.

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 while strengthening 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 CBOs to more efficiently and safely facilitate patient transitions from acute health care settings back to the home and community.

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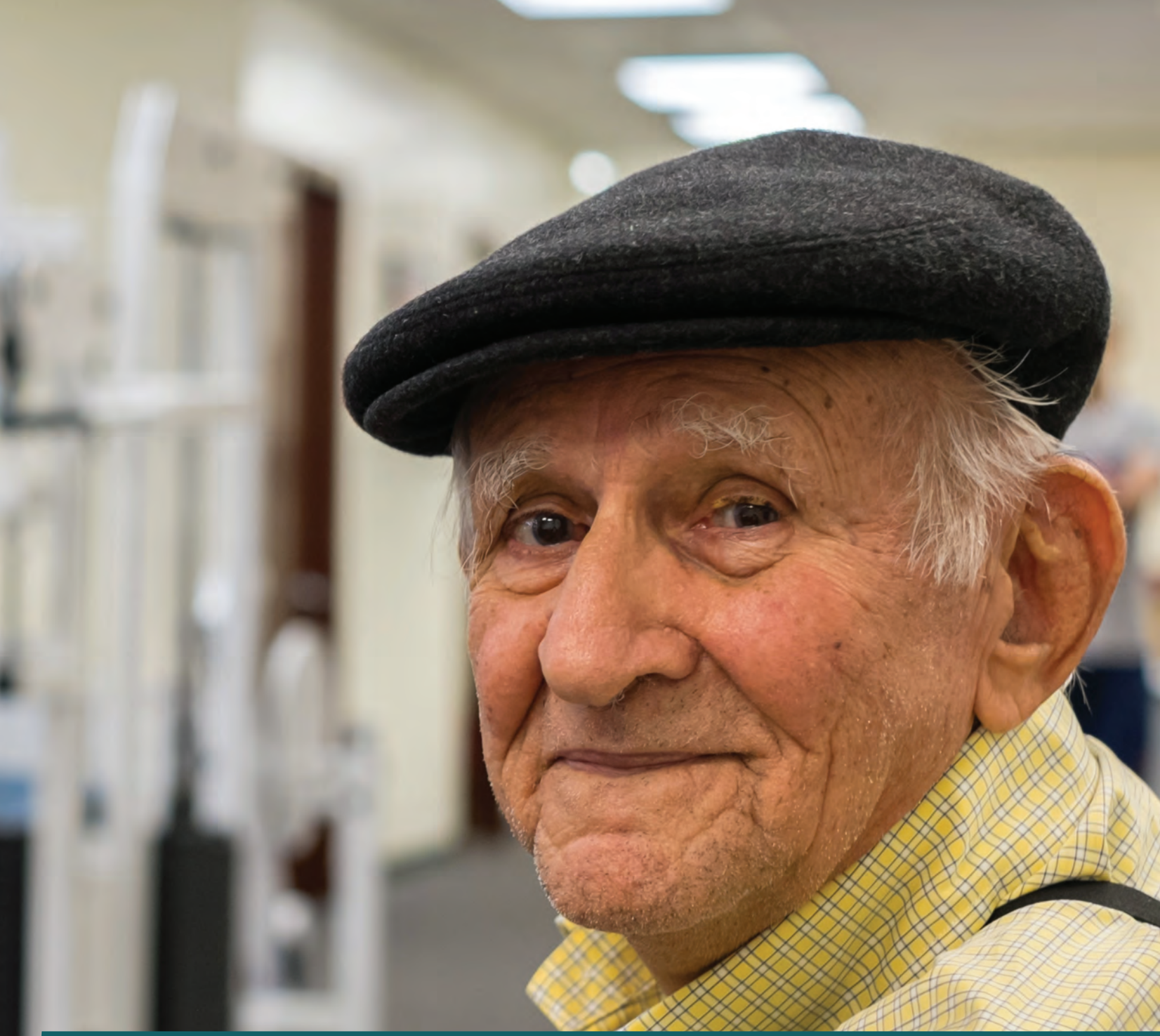

The National Association of Area Agencies on Aging

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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