November 30, 2022

To: Administration for Community Living, HHS

Re: USAging’s Response to the National Family Caregiver Strategy

Via online comment form

Thank you for the opportunity to provide our feedback on the National Family Caregiver Strategy released in September. USAging represents and supports the national network of Area Agencies on Aging and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. As part of their work, our members also directly support family caregivers through the provision of caregiver services and supports.

USAging and our members have followed the work of the Advisory Councils closely: a then-member (now staffer), Deborah Stone-Walls, served on the RAISE Council and our CEO Sandy Markwood served as Faculty to the Council. USAging stands ready to advocate for implementation of many of the Strategy’s recommendations, as well as to continue our work in advocating for caregiver services and supports more broadly. For the purposes of this particular comment opportunity, however, we have focused on six issues that USAging hopes the Councils will focus on moving forward, or where we thought it important to provide more information.

**Issue 1: Older Americans Act and other HHS Programs**

**Which component of the strategy are you addressing with your comment?**

Federal Action

**Within this component of the strategy, what are the three most important topics/issues for the Advisory Councils to focus on moving forward?**

**Goal 3.** USAging salutes the Advisory Council’s recognition of existing caregiver support programs that rely upon federal appropriations and call on the Councils to continue highlighting the need to financially support these
caregiving initiatives through expanded federal appropriations, most specifically increased funding for the Older Americans Act.

*Are there issues that are not covered in this component that should be addressed in future updates?*

As the strategy evolves, please prioritize additional focus on the need to build on the current federal infrastructure of supports and services for family caregivers and those in their care and highlight where further investment is needed under Older Americans Act (OAA) programs and services and other family caregiver-related programs under HHS such as: • The National Family Caregiver Support Program (OAA Title III E) • OAA Title VI Part C Family Caregiver Supports • Lifespan Respite Care Program • BOLD Act Initiatives • The Alzheimer’s Disease and Healthy Aging Program Including Healthy Brain Initiative Road Map Actions • Community Care Corps Grants • Health Resources & Services Administration (HRSA) Geriatric Workforce Enhancement Program (GWEP).

**Issue 2: Data Collection**

*Which component of the strategy are you addressing with your comment?*

Federal Action

*Within this component of the strategy, what are the three most important topics/issues for the Advisory Councils to focus on moving forward?*

USAGing thanks you for the opportunity to comment on the National Strategy.

**Goal 5.** A top priority of the Advisory Council should be to increase overall research on family caregivers, including specifically evaluating the return on investment of family caregiver services and supports, which could then be leveraged to expand investment in these vital programs.

*Are there issues that are not covered in this component that should be addressed in future updates?*

Some of the ROI evaluation for programs supporting older adult caregivers and caregivers of older adults could be conducted by funding the research, demonstration and evaluation center added to the Older Americans Act in 2020. The National Strategy’s Federal Actions include numerous examples of
ACL’s research center on disability (NIDILRR) being able to take action in support of the Strategy, but it is essential that the Administration on Aging’s RDE Center is built out, so that research focused on older adult caregiving and enhanced evaluation of the OAA’s family caregiving programs can also be a part of the solution and the Strategy.

**Issue 3: Workforce**

*Which component of the strategy are you addressing with your comment?*

Federal Action

*Within this component of the strategy, what are the three most important topics/issues for the Advisory Councils to focus on moving forward?*

USAgeing urges the Councils to elevate the grave issue of direct care workforce shortages, and to also recognize that we are facing workforce shortages in other Aging Network roles that may also have a deleterious effect on caregivers if not resolved. This crisis will only continue to have increasingly negative impacts on family caregivers and those they care for if major changes are not made now. USAgeing members believe these changes should include enhanced training; increased appeal of a direct care career path through wage and benefit improvements and increased social regard; and advocacy for immigration policies that support the entry of an interested workforce.

In addition to direct care workers, many AAAs and their community partners face difficulties recruiting and retaining other aging professionals such as social workers, case managers and program specialists. In a 2022 USAgeing survey, 87 percent of AAA respondents told us that workforce shortages have had some impact on their ability to provide caregiver services; 34 percent indicated it has made a major impact.

In the same survey, 99 percent of AAAs reported that older adults in their service area are experiencing social isolation and loneliness as a result of workforce shortages. Since we know that social isolation and loneliness can lead to adverse health effects including premature cognitive and physical decline, this ultimately creates more burden for family caregivers to bear.
Are there issues that are not covered in this component that should be addressed in future updates?

USAGing appreciates that the Strategy called for a job classification for direct care workers (DCWs), standardized training and accreditation across states, and a federal interagency task force for a workforce development plan. Additionally, USAGing recommends the following.

- Expand investment in OAA and Medicaid HCBS programs so states, Area Agencies on Aging and other providers can raise wages and compete for workers.
- Elevate the profession of DCW through career ladders and advanced training opportunities. Consider changes to the scope of practice standards that would elevate the role of direct care worker.
- Increase the appeal of a DCW career path via benefits that define a more stable and desirable job, including expanded retirement and health care benefits, offering benefits for part-time workers, student loan forgiveness and other creative approaches.
- Encourage policies that address the everyday barriers DCWs face such as uncertain work hours as clients’ needs abruptly change and limited opportunities for mentoring or on-the-job training, etc.
- Expand training programs to encourage more workers to go into aging services and direct care work. Also consider apprenticeships and integration of vocational opportunities for high school students that could provide a cross-generational benefit.
- Provide incentives to employers to hire or otherwise support non-traditional or under-tapped workers, such as older workers or the family members of care recipients.

**Issue 4: Medicaid**

*Which component of the strategy are you addressing with your comment?*

Federal Action

*Within this component of the strategy, what are the three most important topics/issues for the Advisory Councils to focus on moving forward?*

USAGing believes a top priority for the Advisory Council should be continuing to highlight and propose Medicaid home and community-based services (HCBS) solutions that positively impact family caregivers.
Are there issues that are not covered in this component that should be addressed in future updates?

USAGing appreciates the Strategy’s recommended policy change to expand access to HCBS options (whether through Medicaid, the VA or Medicare). Additional Medicaid HCBS funding is needed to expand access to more older adults and people with disabilities—there are too many waitlists for HCBS, or states that put more resources into the less-desired, more expensive institutional care, which puts further strain on the family caregivers of people who should be eligible for these critical services.

**Issue 5: Caregiver Assessments**

*Which component of the strategy are you addressing with your comment?*

**Federal Action**

*Within this component of the strategy, what are the three most important topics/issues for the Advisory Councils to focus on moving forward?*

USAGing appreciates the opportunity to comment on the issue of caregiver assessments raised in the National Strategy. It’s important that any recommendations made to expand or require use of evidence-based caregiver assessments take into consideration the roles of various care professionals, including experts in social care, and not assume that medical professionals are best positioned to conduct proper assessments.

Are there issues that are not covered in this component that should be addressed in future updates?

For example, the Strategy mentions “clinicians and providers” as conducting such formal assessments in the federal recommendations but later lists an indicator of success as “Caregiver assessments in medical settings are as commonplace as documenting height, weight, and blood pressure.” As a membership organization that represents “social care clinicians,” USAGing does not see the value in having medical professionals conduct formal assessments. A short “caregiver identification” checklist may be of high value to the caregiver accompanying their care recipient to medical appointments (or during their own appointments), but we should as a general rule not “medicalize” the provision of social services and supports. We are concerned that an unrealistic view of what can be added to medical
professionals’ plates and their particular skill sets could ultimately impair the goal we all want to reach which is caregivers being identified and receiving the supportive services they need to care for themselves and their care recipient. It is very important that updates to the Strategy make clear that it is community-based social/human services providers that are in the best, most qualified position to receive referrals for and conduct formal caregiver assessments. Any adding of this function to health care payment models must also ensure that the social care providers are reimbursed for their work and for any services they then offer the caregiver.

**Issue 6: Expansion of Benefits in Medicare**

*Which component of the strategy are you addressing with your comment?*

Federal Action

*Within this component of the strategy, what are the three most important topics/issues for the Advisory Councils to focus on moving forward?*

USAging supports the Strategy’s recommendation to expand access to HCBS in Medicare.

*Are there issues that are not covered in this component that should be addressed in future updates?*

However, USAging believes the examples given in the policy change recommendation should include a broader listing of HCBS that includes three of the most-often provided services: case management, in-home services and transportation. It’s important to offer HCBS through a person-centered approach, that’s why it’s vital that lawmakers don’t unduly limit what can be provided under any potential new benefit programs. Everyone does not need the same set of services. They need programs and services delivered at the right time, at the right place and by the right people.