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**National Association of
Area Agencies on Aging**

POLICY PRIORITIES 2017

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

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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 256 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.

During this period of federal leadership transition and reevaluation of national priorities that will have deep and long-last implications for tens of millions of older adults, people with disabilities and their caregivers, we believe it is essential that government leaders and advocates at all levels understand the powerful demographic shift 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 will face the steep slope

of an unprecedented and long-term shift in the composition of our country's demographics ushered in by the maturing of America's baby boomer generation. In the next four years alone, nearly 15 million people will turn age 65. By 2030, 73 million—or one in five—people in America will be 65 or older.

This historic demographic shift is already evident in many U.S. regions, 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 demographic realities when, for the first time in the nation's history, the population of adults 60 and over will outnumber youth under 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 demand, and must drive a dedicated approach to promote cost-effective policies that meet a growing need for services and preserve fiscal stability.

**Demographics
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Read our Aging Principles >

KEY Aging Principles

As lawmakers develop policy proposals that will impact older adults and caregivers and affect their access to services at home and in the community, we hope these 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 8.

Enabling aging in place is essential to our economic success. If we don’t embrace cost-effective, community-based solutions now, these demographics will strain government and individual finances. See “*Invest in Cost-Effective Aging Services*” on page 8.

Health happens at home and in the community. Leaders must recognize and promote the importance of integrating social services with health care delivery. See “*Keep Older Adults Healthy*” on page 12.

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 8.

Community infrastructure is a critical component of healthy aging. The ability of older adults to age in place depends on access to infrastructure, including housing, transportation, community buildings and services, as well as a trained and adequate workforce. See “*Modernize Infrastructure and the Workforce*” on page 15 and “*Invest in Cost-Effective Aging Services*” on page 8.

Accomplishing these goals will require rethinking 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 ageism.



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 over 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 This goal is shared by the baby boomers, of whom 10,000 turn 65 every single day, and it is a commitment that both Republicans and Democrats have espoused as an important goal. And 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), 256 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 the 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 much more.

The Aging Network helps individuals avoid unnecessary and more expensive institutional nursing home care and/or spending down 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 home and community-based services 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. Since its enactment, the OAA has been amended 16 times, most recently in 2016 when modest updates were made to this long-standing, successful Act.

Created by Congress the same summer as 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 mandatory spending. This makes OAA especially important to millions of older adults whose incomes are not low enough to be 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. OAA not only fills those gaps but, we 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 such as 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, OAA funds vital assistance for caregivers of older people under 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.

Together, these services save taxpayer dollars by enabling seniors 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 older adults' health with evidence-based wellness programs, nutrition services, medication management and many more in-home and in-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 individual 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 systems of HCBS in their communities. The U.S. Administration on Aging (AoA) surveys show that every \$1 in federal funding for the OAA leverages nearly an additional \$3 in state, local and private funding. Furthermore, the Aging Network engages hundreds of thousands of volunteers and millions of volunteer hours each year, further leveraging public and private investments.

We encourage Congressional leadership to embrace the commitments made in both parties' 2016 platforms to support opportunities for aging 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 Health and Human Services (HHS) FY 2018 budget. Current funding, and recent Presidential budget requests, for OAA and other discretionary aging programs have 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, whether in ACA replacement efforts and/or in 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

n4a recommends reauthorizing the following rebalancing efforts: Money Follows the Person (MFP);



the Balancing Incentive Payment Program (BIP); and Community First Choice (CFC).

- **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 swiftly in 2017.
- **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 but a few states are still spending their remaining funds.
- **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 new Administration consider short or long-term policy changes to Medicaid, n4a urges caution. Frequently mentioned proposals to block grant or cap spending raise concerns, given the vulnerable older adults and people with disabilities who rely upon Medicaid HCBS to retain their independence.

Undermining or draining Medicaid of resources will put some of our nation's most vulnerable older adults in harm's way. We urge Congress to oppose proposals that would merely shift costs to consumers and states, thus reducing access to care.

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 who rely upon Medicaid HCBS/LTSS programs.³
- **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 safely 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 and health systems and plans (largely in Medicare) should be expanded to the Medicaid population 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 by using technology to better connect consumers to public and private aging and disability resources.

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 LTSS 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 LTSS and, as such, mandatory managed care initiatives need to be closely monitored to ensure access and quality of care remains at or exceeds current standards. There are important steps that the new Administration must take to 1) ensure that the Aging Network can continue to provide services to 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 recent recognition from the Centers for Medicare & Medicaid Services (CMS) of the value and importance of community-based organizations—in particular, AAAs—in achieving positive patient health outcomes. However, we urge the new Administration (specifically CMS) and Congress to more effectively ensure that the AAAs and other aging services organizations (and their disability counterparts) are not only included as the long-standing, trusted community sources to bridge the gap between acute and community-based care settings, but also appropriately and adequately compensated for their roles in ensuring that health care providers meet patient care goals. Without fully recognizing and supporting the value provided by existing cost-efficient systems—such as AAAs managing Medicaid HCBS waivers 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 vulnerable populations.

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.

However, there has been a recent push by CMS to review and reinforce a regulatory patchwork of conflict-of-interest requirements and subsequent changes in state efforts to ensure that systems are fully compliant. While we certainly appreciate and understand the importance of ensuring that patient assessment and access to care is free of conflicts, and realize the need to reexamine some systems where conflicts of interest exist, we

are greatly concerned that well-functioning, appropriately firewalled, efficient systems will be undermined and dismantled, and that patient care will become ultimately more fragmented—unless CMS provides clarification and guidance to states about current conflict-of-interest requirements.

Supporting Consumers and Families

IN ADDITION TO OAA AND MEDICAID HCBS, other programs and efforts ensure that seniors—and their families—have what they need to age at home and in the community.

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. Current successful programs such as Veterans-Directed Home and Community-Based Services (VDHCBS), supported by the Veterans Administration and often administered in communities by local AAAs, can help meet the needs of aging veterans while preserving their independence and dignity. The VDHCBS program has received nearly universal endorsement from beneficiaries who are able to self-direct their own care in their homes and communities. The newer Veterans Choice Program also has the potential to also help connect veterans to AAA services.



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

Shoring Up Caregivers

n4a believes our country must recognize the critical importance of caregivers 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. 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 triple 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 \$5,000 annually caring for someone with Alzheimer's disease.⁶

However, caregiver programs—such as the OAA's National Family Caregiver Support Program—that support (through training, respite, support groups, etc.) those who are caring for aging friends and family, 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 2018 appropriations** for the Older Americans Act (Title III E) National Family Caregiver Support Program are increased to reflect growing demand in communities across the country. (See page 10 for more details.)
- **Congress to advance legislation** to develop a national caregiving strategy to better coordinate federal leadership, policies and resources to support family and informal caregivers. n4a supported the RAISE Family Caregivers Act (S. 1719) in the 114th Congress, which advanced a national caregiving strategy and unanimously passed the Senate in 2016. We encourage the 115th Congress to again consider and pass this legislation.

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 annually.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 the Act 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 of \$8 million 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 2018, please see page 10.)

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.



Invest in Cost-Effective Aging Services

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

AS THE 115TH CONGRESS finalizes FY 2017 appropriations bills and considers the course forward for federal funding for FY 2018, we acknowledge that there are hard choices ahead for our nation and its leaders. We encourage lawmakers and the Administration to have thoughtful conversations about strategies to restore and sustain investments in our most effective federal programs while developing common-sense solutions to address a 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.

That is why we strongly oppose the arbitrary budget caps and sequestration mechanisms called for in the 2011 Budget Control Act (BCA). Sequestration and arbitrary caps 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 other dollars at the local level. 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 reduced funding for Older Americans Act (OAA) and other critical services and supports.

Furthermore, n4a believes it is unnecessary and unfair to burden critical discretionary programs with the bulk of deficit reduction, while dismissing potential savings from revenues and largely ignoring mandatory federal spending. To date, the balance of deficit reduction has come almost solely from discretionary programs, which comprise only about one-third 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 deficit-reduction strategies, discretionary spending has fallen to historically low levels as a percentage of Gross Domestic Product.⁹ These vital programs cannot withstand additional cuts, and Congress must re-examine the BCA's budget cap and sequestration mechanisms to find a more fair and balanced approach to deficit reduction.

FY 2017 and 2018 Appropriations: Invest in Older Americans Act and other supportive services that help older adults live successfully and independently in their homes and communities.

IN ADDITION TO RE-EXAMINING unsustainable approaches to deficit reduction, we encourage policymakers in Congress and the Administration to use federal funding decisions to realize the commitments made in both parties' 2016 national platforms to support opportunities for aging in place. As lawmakers both finalize FY 2017 appropriations and begin to develop funding proposals for FY 2018, they have an opportunity to act on this commitment by considering critically needed increases for Older Americans Act (OAA) and other Administration for Community Living (ACL) programs within the Department of Health and Human Services (HHS). Current funding, and recent Presidential budget requests, for OAA and other discretionary aging programs have lagged behind the growing population, need and cost for these services and supports.

Faced with serving a growing population of older adults and caregivers with stagnant or declining federal resources, Area Agencies on Aging (AAAs) and other community-based service providers constantly grapple with the ultimately untenable challenge of doing more with less. Congress can make a bold statement about supporting older adults and caregivers and capitalize on a return on investment by boosting the request for OAA and other aging programs to meet both the population and cost growth for these services. At a minimum, we encourage the Administration and Congress to honor the modest funding recommendations Congress unanimously passed in the 2016 OAA reauthorization. It must be recognized, however, that much more substantial increases in OAA funding are needed to even begin to accommodate the current and growing demand for these critical programs.

Older Americans Act

MAKE CRITICAL INVESTMENTS IN OAA by protecting these essential programs from further cuts and, over time, working to restore the capacity lost to sequestration. It is especially important to first restore funding to OAA programs that have had little or no relief from sequestration, including for critical supportive and caregiver services.

Title III B Supportive Services provides flexible funding to states and local agencies to provide a wide range of needed supportive services to older Americans.

Unfortunately, sequestration funding cuts for Title III B have not been restored, and local agencies fall farther and farther behind each year in their ability to provide 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, failing to increase 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 allows AAAs to meet the needs of older adults, as identified at the community level, and often is vital to keeping near-low-income seniors from impoverishment and subsequent Medicaid eligibility. It is unconscionable that funding for III B supportive services has fallen in recent years to its lowest levels since FY 2004, yet the demand for and cost of providing services increases significantly each year.

In their FY 2017 Labor-HHS funding bill, House appropriators made a modest, but important, \$5 million (1.5 percent) increase to III B funding. We encourage appropriators to ensure that increase is included in final



FY 17 funding, and to build upon this important first step as FY 18 appropriations packages are considered.

It is long past time to provide increases for OAA Title III B Supportive Services, and we encourage Congress and the Administration to prioritize increases for III B in FY 2017 and FY 2018.

Title VI Native American aging programs are a primary authority for funding aging services in Indian country, where elders are the most economically disadvantaged in the nation. We greatly appreciated the much-needed FY 2016 increase in funding for Title VI programs and encourage lawmakers to continue to boost appropriations levels that remain inadequate to meet the needs of Indian elders. As the FY 2016 increases demonstrated, it does not require much additional funding to begin this process, and we encourage Congress to again significantly increase funding for Title VI Part A (nutrition and supportive services) and Part C (family caregiver support).

n4a supports increased investment in OAA Title VI programs in FY 2017 and FY 2018.

The **National Family Caregiver Support Program** (NFCSP, OAA 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—and 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.

We appreciate the modest increase of \$5 million (3.4 percent) for the National Family Caregiver Support Program included in the FY 2016 omnibus appropriations bill, and in FY 2017 and FY 2018, we encourage lawmakers to, at a minimum, continue their restoration of Title III E services to pre-sequester levels.

Other Appropriations Priorities

n4a ALSO BELIEVES the following appropriation actions for FY 2017 and FY 2018 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 and prevent unnecessary medical expenditures and costly institutionalization.

Aging and Disability Resource Centers (ADRCs)

An initiative launched under the George W. Bush Administration, the ADRC effort began with the vision to facilitate and streamline 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. We look forward to working with lawmakers to find policy and funding solutions to restore and augment federal investments by ACL to continue building ADRCs' "no wrong door" networks of access to LTSS information and assistance.

Elder Justice Act

Financial exploitation and elder abuse costs 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 doubled funding to



\$8 million for this crucial work in FY 2016 and supports continuing these increases for EJA implementation in final FY 17 and FY 18.

State Health Insurance Assistance Programs (SHIPs)

n4a requests that Congress increase funding for SHIPs in FY 2017 and FY 2018 to meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at the community level. Administered by 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 2016, the SHIP program received \$52.1 million, but in FY 2017 the Senate proposed completely eliminating SHIP funding. With 10,000 boomers becoming eligible for Medicare every day, Congress must increase SHIP funding to at least \$66.6 million to reflect the increasing number of clients and 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 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 2017 and FY 2018 Department of Transportation appropriations bills include 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 disability, aging 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 at least \$8 million to Chronic Disease Self-Management Program (CDSMP) and at least \$5 million to ACL 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.





Keep Older Adults Healthy

In any health care reform proposals, recognize and protect the pivotal role that the Aging Network plays in bridging the gap between the acute care, behavioral health and long-term services and supports systems to improve health outcomes, quality of care and reduce health care costs.

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

As a new Administration and the 115th Congress consider proposals to reform or repeal and replace the Patient Protection and Affordable Care Act (ACA) and lawmakers weigh changes to foundational safety net programs, such as 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 (CBOs)—particularly AAAs—must be key partners in achieving this monumental change. ACA's main goals of better care for people, better health for communities and delivered at a lower cost for all should be preserved in any health care reform proposals. Accomplishing these goals will require changes within a historically rigid and resistant medical model of health care delivery to realize and respond to the fact that an individual's health is much more dependent on what happens at home and in the community than what happens in the doctor's office or in the hospital.

The AAA network offers a proven track record, well-established community partnerships, stability and a reputation as a trusted resource for older adults and caregivers in all communities. AAAs have built on their long-standing experience providing health-related services

through the Older Americans Act (OAA), Medicaid and, increasingly, Medicare, to develop relationships with acute health care providers and have shown positive results in improving patient safety, providing better health outcomes and reducing health care costs. As a new Administration and Congress 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 care and reducing costs, particularly in the following areas.

Tapping CBOs 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 55 million beneficiaries—or nearly one out of every six Americans. Medicare is the country's largest health care payer spending more than \$646 billion in 2015, 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, 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 coverage to older adults and people with disabilities—often the most expensive and medically vulnerable component of the population—in doctors' offices, hospitals or at the pharmacy often overlooks the fact that the vast majority of individual health happens outside of traditional medical settings. Unfortunately, access to social services and other HCBS that keeps older adults and caregivers healthy and independent outside of the medical system is often inadequately supported to meet a growing need. HCBS may include transportation, nutrition, caregiver support, disease prevention and health promotion programs, and person-centered care management approaches.

Awareness is increasing among the health care sector and policymakers that meeting social and community needs 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 physicians indicated they see their patients' need for social

supports, but unfortunately 80 percent of doctors 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.

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, and ensure these partners are paid for their services. 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/HCBS that can preserve and improve health and prevent costly medical interventions. After all, why pay a doctor to do what a social worker can?

Evidence-Based Prevention and Wellness

SUCCESSFUL, EVIDENCE-BASED INITIATIVES aimed at bridging the gap between the health care and community-based social services systems currently exist. Congress and a new Administration should protect and expand such initiatives in any health care reform efforts. These initiatives keep people healthy longer and out of doctors' offices and hospitals.

Supporting evidence-based prevention and wellness programs for older adults is imperative, given the nation's aging population and growing rates of chronic disease. More than 80 percent of Americans age 65 and older have at least one chronic condition, and half have at least two.¹¹ 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 expenditures¹² and limit the activities of millions of people, decreasing their productivity and ability to live independently.

Chronic Disease and Falls Programs: We urge 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 in any ACA replacement legislation. We must invest in promoting wellness and preventing the diseases that are a main driver of health care costs. (See page 11 for details on these programs.)

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 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

A AAS 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 to home. These programs have demonstrated improved health outcomes and fewer re-hospitalizations. 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 re-hospitalizations and avoidable health care

costs. AAAs largely took the lead in implementing this program creating CBO-hospital partnerships that have ultimately demonstrated cost savings and improved care for Medicare beneficiaries. Funding has expired for a majority of the more than 100 initial sites, however, and all program funding will end in 2017.

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

Care Transitions and Coordination Innovations: Beyond funding for the CCTP program, we urge CMS to ensure that hospitals and other health care providers are including AAAs and other CBOs in their discharge planning and care transitions efforts. It is critical that the improvements in patient care and cost-saving infrastructure that was developed through CCTP are not lost or merely rolled into hospital discharge planning activities.

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.

We appreciate recent efforts by the Senate Finance Committee to explore legislative solutions to improve care for high-risk Medicare beneficiaries who have multiple chronic conditions. As lawmakers evaluate strategies to providing better care at lower cost with improved patient health outcomes, we encourage Congress to take steps to formally incorporate and incentivize collaboration and compensation for CBOs.

Recognizing and involving agencies, such as AAAs, in future legislation addressing these important issues will endorse the key role that the Aging Network plays in improving health and strengthen the ability of the network to be a critical partner in the health care paradigm shift. Specifically, n4a also encourages Congress to explore legislation that would make care transitions activities reimbursable under Medicare and incentivize hospitals to work with AAAs and other community-based organizations to more efficiently and safely facilitate patient transitions from acute health care settings back to the home and community.



Modernize Infrastructure and the Workforce

Strengthen the nation's infrastructure, transportation systems and workforce to meet the demands of aging communities.

AS THE POPULATION OF OLDER ADULTS GROWS SO does the desire and need for communities to support people of all ages to ensure that they can grow up and grow old with maximum independence, safety and well-being.

Although there is much that individuals can and should do to maximize their independence as they age, public policymakers make critical decisions about issues such as transportation systems, housing opportunities and land-use regulations that affect whether older adults can live successfully and productively at home and in their community. The Aging Network and others have seen escalating demand and interest from older adults for transportation and mobility services; this need will grow tremendously as the baby boomer generation ages. To drive economic growth during this period of dramatic demographic change, we must adapt our workforce to meet changing expectations about aging and increasing need for workers.

Infrastructure

ULTIMATELY, THE ABILITY OF OLDER ADULTS to age in place depends on having access to their communities, which is largely determined by community infrastructure. Over 70 percent of AAAs have been essential partners in local, state and federal government efforts to make communities more livable for people of all ages.¹³ The Trump Administration has endorsed significant investments in our nation's aging infrastructure, including repairs to roads, bridges and other public systems and spaces. This creates a tremendous opportunity to encourage an "age-friendly" approach to those updates and new construction projects.

There are ample best practices focused on how to design for aging and disabled populations, including the Federal Highway Administration's *Handbook for Designing Roadways for an Aging Population*. Many older adults drive, and we want to ensure their ability to stay safely on the road for as long as possible. Based on research and the involvement of the industry and road users, there is now an extensive body of information available regarding specific enhancements (e.g.,

improving signage and traffic signals and making pavement markings more visible) that could benefit not only aging drivers, but the general driving population as well.

Therefore, we urge Congress and the Administration to require all recipients of any new infrastructure funding to document how the project responds to the aging of our nation and incorporates age-friendly design or similar features. We also strongly suggest that emphasis is given to community involvement, so that funded projects reflect local needs, as identified through diverse stakeholder input.

Senior Mobility Options

One of the most important components of infrastructure is transportation and that's especially true when considered through an aging lens. 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 as long as possible, the functional and health issues that affect many people as they age will result in losing the 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 (i.e., does not offer routes or schedules that meet seniors' needs). 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.

An Aging Workforce

An aging population is also a powerful economic driver and, if properly encouraged, this economic force can create new jobs, innovation and new opportunities for private enterprise.

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 need. Workforce development and training is needed to build 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 difficult. Our country must create opportunities to expand and train this workforce in order to realize the other economic benefits of aging in place.

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

Endnotes

1. AARP, "A State Survey of Livability Promises and Practices," December 2011, <http://assets.aarp.org/rgcenter/ppi/liv-com/ib190.pdf>
2. AARP, "State Studies Find Home and Community-Based Services to Be Cost Effective," http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/2013/state-studies-find-hcbs-cost-effective-in-brief-AARP-ppi-ltc.pdf
3. The Henry J. Kaiser Family Foundation, "Medicaid Moving Forward," <http://kff.org/health-reform/issue-brief/medicaid-moving-forward/>
4. AARP, "Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain," http://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html?cmp=RDRCT-VALUN_JUN23_015
5. Alzheimer's Association, "2017 Alzheimer's Disease Facts and Figures: Prevalence," <http://www.alz.org/facts/#prevalence>
6. Ibid.
7. U.S. Administration on Aging, "Elder Justice Coordinating Council," https://aoa.acl.gov/AoA_Programs/Elder_Rights/EJCC/index.aspx
8. Center on Budget and Policy Priorities, "Policy Basics: Non-Defense Discretionary Programs," <http://www.cbpp.org/research/policy-basics-non-defense-discretionary-programs>
9. Center on Budget and Policy Priorities, "Program Spending as a Percent of GDP Historically Low Outside Social Security and Medicare, and Projected to Fall Further," <http://www.cbpp.org/research/federal-budget/program-spending-as-a-percent-of-gdp-historically-low-outside-social>
10. True Link Financial, "The True Link Report on Elder Financial Abuse 2015," <https://truelink-wordpress-assets.s3.amazonaws.com/wp-content/uploads/True-Link-Report-On-Elder-Financial-Abuse-012815.pdf>
11. Centers for Disease Control and Prevention, "Healthy Aging. At A Glance 2011: Helping People to Live Long and Productive Lives and Enjoy a Good Quality of Life," <https://stacks.cdc.gov/view/cdc/22022>
12. Centers for Disease Control and Prevention, "The State of Aging and Health in America 2013," page 5, <http://www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf>
13. National Association of Area Agencies on Aging, "Area Agencies on Aging: Local Leaders in Aging and Community Living," 2015, <http://www.n4a.org/files/LocalLeadersAAA.pdf>



The National Association of Area Agencies on Aging (n4a)

The fundamental mission of the AAAs and Title VI aging programs is to develop services that make it possible for older adults to remain in their homes and communities, thereby preserving their independence and dignity. These agencies coordinate and support a wide range of home and community-based services, including, but not limited to, information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, transportation, evidence-based health and wellness programs, adult day care and long-term care ombudsman programs.



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

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