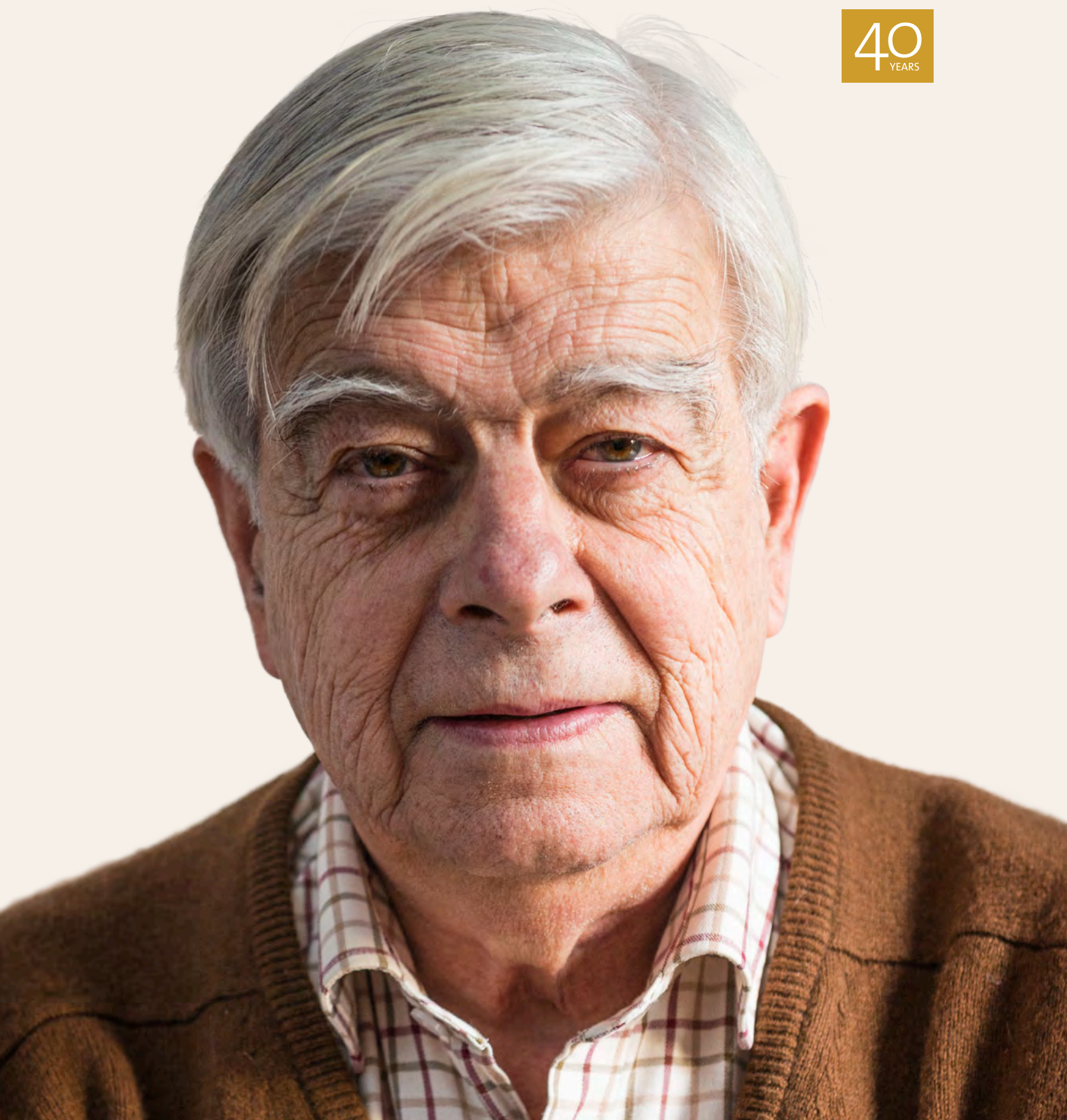


# 2015 | POLICY PRIORITIES

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



advocacy | action | answers on aging





By 2030, one in every five Americans  
will be 65 years of age or older.

# Executive Summary

Over the next 20 years the proportion of the U.S. population over age 60 will dramatically increase, as 77 million baby boomers reach traditional retirement age. By 2030—in just 15 years—more than 70 million Americans will be 65 or older, twice the number in 2000.<sup>1</sup> At that point, older Americans will comprise nearly 20 percent of the U.S. population, representing one in every five Americans.

## Demographic Pressures of an Aging Society

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

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

## The Aging Network Is the Foundation

The well-established system of federal, state and local entities that comprise the National Aging Network is committed to helping older Americans maintain their independence and live successfully at home and in their communities. The Aging Network is well positioned to meet the service demands of our growing aging population. *With adequate resources*, this network's expertise and ability to leverage resources make it the best option to provide nationwide and coordinated long-term services and supports (LTSS) in every community.

As the local component of the Aging Network, which also includes the U.S. Administration on Aging (AoA) and 56 State Units on Aging, the 635 Area Agencies on Aging (AAAs) and 256 Title VI Native American aging programs nationwide have successfully developed and delivered aging services in communities for 42 years. Increasingly, many Aging Network entities are also serving people of all ages with disabilities.

## Increased Need Meets Federal and State Budget Cuts

Unfortunately, federal and state budget cuts are making it nearly impossible for the Aging Network to maintain existing services. This reduction in resources is at odds with the nation's current realities of a growing aging population and increased demand. The economic downturn has driven up demand for aging services as more families are struggling to support and care for older relatives, and more older adults are struggling to make ends meet. Recent supplemental poverty estimates<sup>2</sup> show more older adults actually live in poverty than official poverty measures estimate: 14.6 percent vs. 9.5 percent.<sup>3</sup> The numbers of those who are below 250 percent of the poverty line—one life or health event away from poverty—are much starker: nearly 48 percent of adults ages 75 to 84 and 54 percent of those 85 and older in 2010.<sup>4</sup>

Yet state budget crises have, for the past several years, forced severe cuts to the very programs established to serve this population. State-funded programs for older adults and caregivers—created to build upon or fill gaps in federal funds—have faced drastic reductions and even elimination. Waiting lists are long and growing longer, so more and more vulnerable older Americans are going without needed critical services.

A tightening federal budget is only making the situation worse. Federal funding has been stagnant for years and now non-defense discretionary (NDD) programs, such as OAA, have limited growth opportunities resulting from budget caps imposed through 2021 under the Budget Control Act of



2011 (BCA). The BCA's sequestration mechanism is another blow to the stability and capacity of vital NDD programs helping seniors across the country. The blunt-force sequester cuts in FY 2013 inflicted real pain at the local level, as AAAs were forced to suspend programs, limit service hours, reduce staff and otherwise struggle to cut funding from an already efficient but underfunded system. In FY 2014 and FY 2015, most OAA programs were further squeezed, stagnating at reduced, post-sequestration funding levels. These reductions, which directly affect older adults and caregivers served by the Aging Network, must not continue.

### **Tight Budgets Demand Wise Investment**

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

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

- how and where we want older Americans to age in place—in their homes and communities;
- where we invest our limited dollars to develop sensible, interconnected LTSS systems that cost-effectively serve older adults in the community;
- how we encourage less expensive and preferred forms of care, such as HCBS over institutional care;
- how we can prevent, delay or reduce the costly effects of chronic disease and other health risks through the delivery of evidence-based health and wellness programs offered at a low cost in the community;
- what targeted investments we can make to ensure that people age in place successfully, such as reliable transportation, affordable housing and livable communities; and
- how we can preserve and improve the critical social safety net programs such as Medicare, Medicaid and Social Security that keep millions of older adults living with health, independence and dignity.

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

## **n4a's 2015 Policy Priorities**

### **Reauthorization of the Older Americans Act, page 3**

Congress must reauthorize and modernize the Older Americans Act (OAA) to meet the needs of today's and tomorrow's seniors. The Act came up for reauthorization in 2011 and should be passed in 2015. Priority should be given to preserving the Act's local flexibility; protecting adequate authorization levels; strengthening the Aging Network's role and capacity in the coordination and provision of long-term services and supports; and improving community preparedness for an aging population.

### **Enhancing the Health of Older Adults, page 5**

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

### **Fiscal Year 2016 Appropriations, page 8**

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

### **Promoting Community Living and Mobility, page 11**

Prepare America's communities to meet the needs of today's and tomorrow's older Americans, especially through the availability and accessibility of senior mobility and transportation services, which research has shown to be a critical factor in successful aging. Communities across the country need both financial and technical support to ensure their policies, programs and services promote livable communities for all ages.

### **Preserving the Safety Net, page 14**

While long-term solutions to our nation's debt must be explored, deficit reduction must not be used as an excuse to undermine the very programs that keep our nation's older adults from falling into poverty, suffering ill health or otherwise struggling to live independently and with dignity. Any reforms or changes must carefully consider short and long-term effects on vulnerable older adults.

In addition to these top priorities, n4a supports legislative and regulatory activities that promote the health, security and well-being of the older adults of today and tomorrow.

# Reauthorization of the Older Americans Act

Reauthorize and modernize the Older Americans Act (OAA) to meet the needs of today's and tomorrow's seniors. Priority should be given to preserving the Act's local flexibility; protecting adequate authorization levels; strengthening the Aging Network's role and capacity in the coordination and provision of long-term services and supports; and improving community preparedness for an aging population.

**O**LDER AMERICANS ACT (OAA) reauthorization provides an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of current and future populations of older adults and their caregivers. Since its inception in 1965, the OAA has evolved to meet the changing needs and expectations of an aging America. Consequently, the scope of the Act was expanded to better address and support the needs of older adults and their caregivers.

Lawmakers must finish what two previous Congresses were unable to achieve and reauthorize the historically bipartisan OAA. To respond to the dramatic increase in the nation's aging population over the next three decades, Congress should build on the past several years of consideration and compromise already conducted in the Senate. n4a urges Congress to finalize reauthorization in 2015.

n4a believes this reauthorization should assist our nation's communities in meeting the challenges and opportunities of the "age wave." To do so effectively, OAA reauthorization should, at a minimum, embrace the following four recommendations. (For more on these and n4a's other proposals, see n4a's *Recommendations for the 2011 Reauthorization of the Older Americans Act*.)<sup>5</sup>

**1. Preserve the OAA's flexibility, person-centered commitment and the major local contribution of aging services in the community. While terminology has changed over time, the OAA has always been fundamentally person-centered and local flexibility is the core OAA philosophy that makes this possible. Any changes to the Act should highlight and build upon local flexibility and the inherent person-centered nature of the OAA's core philosophy and history.**

Of top importance to Area Agencies on Aging (AAAs) and Title VI Native American aging programs is increasing local flexibility in order to provide more

customized support for the consumers they serve. The reauthorization should provide opportunities to reduce restrictions on local flexibility. If done strategically, the result will be a more person-centered and successful experience for older adults and caregivers. Congress must not impose new restrictions that reduce the ability of AAAs/Title VI programs to serve older adults where they are, with the services and supports older adults need and prefer.

**2. Protect adequate authorization levels for the OAA to ensure that the Aging Network has the necessary resources to effectively serve the projected growth in the numbers of older adults—particularly those age 85 and older (the most frail, vulnerable and in the greatest need of services)—and their caregivers.**

The OAA is the major federal categorical social services program for older adults in the United States. For 50 years, it has provided an ideal, well-established, trusted and community-based service infrastructure responsive to the needs of older people and their caregivers. OAA

program budgets have yielded a three-to-one return on investment in money leveraged into local service delivery. Even with this success, budgets have eroded as federal funding has been cut by sequestration and dramatically fallen behind the growing population of aging individuals needing services. Severe state budget cuts, federal sequestration and a new era of austerity have exacerbated the problem. As a result, services funded by these programs have lost considerable capacity, causing many older adults in

*For 50 years, [the Act] has provided an ideal, well-established, trusted and community-based service infrastructure responsive to the needs of older people and their caregivers.*

need to be placed on waiting lists, which adds to their emotional, physical and financial hardships. A much larger federal investment in core OAA services and supports is needed to ensure the Aging Network has the necessary resources to serve current and projected needs. Congress must ensure that future investments in OAA are not limited to current spending, but must be flexible and allowed to grow with the population and the need.

**3. Strengthen the role of the Aging Network to integrate medical and community-based long-term services and supports (LTSS), particularly in order to promote the Aging Network's role in health (both physical and behavioral health), wellness and care management.**

With the transformation of health care, AAAs and Title VI programs are increasingly playing a stronger and more enhanced role in promoting Medicare preventive services, care transitions, medical home models, options counseling, mental health services and community-based and evidence-based health promotion and disease prevention programs. It is imperative that the OAA reflects that new reality and continues to promote the development of comprehensive LTSS systems in every state and community.

**4. Strengthen the ability of the Aging Network to improve OAA program performance with capacity-building initiatives.**

We must build the capacity of the Aging Network's infrastructure to meet the challenges ahead. Strengthening the infrastructure needed to support our aging population requires investment in the Aging Network's capacity. Enhancing capacity requires investment on multiple fronts, including developing core competencies; effectively tracking program outcomes; performing evaluations; and consistently attending to staff and volunteer development, training and retention. There is a tremendous opportunity in the OAA reauthorization process to address this national priority.

*For more information on these proposals and why they should be adopted, as well as additional n4a recommendations, contact n4a policy staff or see n4a's Recommendations for the 2011 Reauthorization of the Older Americans Act.*



# Enhancing the Health of Older Adults

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

**T**HE NATIONAL NETWORK OF Area Agencies on Aging (AAAs) and Title VI Native American aging programs is poised to play significant roles in all health reforms that focus on helping older adults stay healthy and age in place. Supported by the State Units on Aging and joined by the tens of thousands of service providers and other community-based partners, the AAA and Title VI 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 track record of health-related services provided through the Older Americans Act (OAA) and Medicaid to develop relationships with acute health care providers and have shown positive results in improving patient safety, providing better outcomes and reducing health care costs. **n4a urges federal and state policy makers to recognize and engage the full potential of the Aging Network when transforming health care delivery systems, particularly in the following areas.**

## Aging and Disability Resource Centers

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

Mandatory investments made through the ACA expired at the end of FY 2014, and the ADRC network stands to lose two-thirds of its annual federal funding if these investments are not restored in 2015. The 113th Congress did not bridge the gap created by expiring mandatory funding and FY 2015 discretionary appropriations for ADRCs is just \$6 million. n4a supports the President’s FY 2016 budget, which includes \$20 million in discretionary funding

to continue supporting and expanding in ADRC “no wrong door” network development, but also supports larger, broader investments in the ADRC network to ensure that the vision of ADRCs to truly serve as a “no wrong door” network of information and access to LTSS is fully realized.

As detailed in n4a’s *Recommendations for the 2011 Reauthorization of the Older Americans Act*, it is important that the role of ADRCs be clarified vis-a-vis existing AAAs and their disability counterparts to ensure that advancements build upon existing systems and avoid redundancy.

## Care Transitions and Care Coordination

AAAs have demonstrated their ability to partner effectively with health care systems and state quality improvement organizations to administer care transition programs that result in seamless transitions for consumers from acute care settings to home. This results in improved health outcomes and fewer re-hospitalizations.

The Affordable Care Act (ACA) established the Community-based Care Transitions Program (CCTP) to improve care for high-risk Medicare beneficiaries being discharged from the hospital to prevent unnecessary re-hospitalizations and avoidable health care costs. To receive funding from the program, which is administered by CMS as part of the Partnership for Patients, community-based organizations must partner with hospitals. **AAAs have taken the lead in this initiative: AAAs have played a key role in approximately 90 percent of sites.** More than 100 AAAs received initial CCTP funding.

However, n4a has serious concerns regarding how CCTP site performance was measured and evaluated by CMS. n4a is concerned that readmissions and enrollment metrics used to reflect program performance did not adequately or accurately capture site performance or impact. Therefore, n4a encourages Congress to pursue objective evaluation of the program. Furthermore, n4a is concerned that CMS’s ability

to accurately track and capture site performance was undermined when \$200 million was cut from CCTP's budget in the final FY 2013 spending package.

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 community/home.

We need to improve the level of coordination in our nation's health and LTSS systems. As with care transitions, there are clear roles for AAAs to play in those activities. For example, 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.

#### Medicaid Managed Care Initiatives

As a majority of states have or are rapidly moving from fee-for-service to capitated managed care models for their Medicaid programs, it is critical that the Aging Network be the bridge to integrate acute and home and community-based services (HCBS) so that the quality of LTSS for older adults and people with disabilities is not compromised. There is no "one size fits all" approach to Medicaid LTSS and, as such, mandatory managed care initiatives need to be closely monitored to ensure they do not jeopardize access and quality of care. For example, outcome measures on quality should be as or more important than cost outcomes.

n4a urges states and the Administration to fully engage with the Aging Network as they consider and implement such reforms. In order for reforms to be successful, we must tap the proven experience of AAAs in providing information, counseling, case management, services integration and other assistance to older adults. If there is a rush to reduce costs without careful consideration of the value provided by existing cost-efficient systems—such as AAAs managing Medicaid HCBS waivers and AAAs serving as the link between Medicaid and the nation's non-Medicaid LTSS system—the result will fail beneficiaries, unnecessarily

undermine existing successful systems, and potentially reduce the quality of care for vulnerable populations.

#### Prevention and Wellness

We urge Congress to maintain funding for the Prevention and Public Health Fund (PPHF), which represents a critical investment in promoting wellness and preventing the diseases that are a main driver of health care costs. Supporting evidence-based prevention and wellness programs for older adults is imperative, given the nation's aging population and growing rates of chronic disease. More than 80 percent of Americans age 65 and older have at least one chronic condition, and half have at least two.<sup>6</sup> 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<sup>7</sup> and limit the activities of millions of people, decreasing their productivity and ability to live independently.

Lawmakers and administrators should build upon proven, cost-effective evidence-based health promotion and disease prevention programs for older adults at the community level, including chronic disease self-management and falls prevention programs provided by the Aging Network under the Administration for Community Living (ACL) leadership. These programs deliver proven results and reduce Medicare and Medicaid costs. n4a supports the Administration's FY 2016 proposal to allocate \$8 million of the PPHF to ACL for the Chronic Disease Self-Management Program, and we encourage Congress to again fund AoA falls prevention activities through the PPHF, at least meeting FY 2015's level of \$5 million.

*In order for reforms to be successful, we must tap the proven experience of AAAs in providing information, counseling, case management, services integration and other assistance to older adults.*



## Other Vital Issues

### Health Care Ombudsman

n4a believes that it is essential for all Medicaid and Medicare consumers in managed care systems to have an independent advocate who will provide individual assistance and represent enrollees on larger systemic issues in front of plans, the state and the Centers for Medicare and Medicaid Services. While states will want to develop ombudsman models that best suit their needs, we recommend these key elements be included in all ombudsman programs: (1) information and assistance in pursuing complaints and appeals; (2) negotiation and mediation; (3) case advocacy assistance in interpreting relevant law; (4) reporting on patterns of non-compliance by plans as appropriate; and (5) individual case advocacy in administrative hearings and court proceedings relating to program benefits.

### Veteran Directed HCBS

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

### Medicare Low-Income Outreach

Since 2008, the Medicare Improvements for Patients and Providers Act (MIPPA) has helped hundreds of thousands of Medicare beneficiaries access \$2.3 billion in health care benefits. With dedicated MIPPA funding, AAAs, State Health Insurance Assistance Programs (SHIPs) and ADRCs have conducted outreach and assistance for low-income Medicare beneficiaries to access Part D Low Income Subsidy (LIS/Extra Help) and the Medicare Savings Programs (MSPs). Additionally, MIPPA grants have helped Medicare beneficiaries access and take advantage of the free preventative services authorized under the ACA. Congress should implement continued, stable funding for these crucial activities.

### Money Follows the Person and Balancing Incentive Program

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



# FY 2016 Appropriations

## Programs and Services for Older Adults

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

**W**E ACKNOWLEDGE that there are hard choices ahead for our nation and that an honest conversation must be had about how to sustain our most effective federal investments while preventing unsupportable spending from growing without restraint or response.

n4a 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).** 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 pales 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.

Any future deficit reduction efforts must account for the discretionary savings already achieved by the President and the 111th, 112th and 113th Congresses. More than \$1.5 trillion in cuts have been made to discretionary programs in the past five years, even though these discretionary programs account for less than one-third of federal spending. As a result, non-defense discretionary (NDD) spending will fall to its lowest level on record as a percentage of Gross Domestic Product. Clearly, this is not an area of the budget requiring further cuts and it should not continue to bear the brunt of the burden of our nation's deficit reduction. Congress should re-examine the BCA's budget cap and sequestration provisions to find a more fair and balanced approach to deficit reduction.

Meanwhile, appropriators in Congress should prioritize funding for the most effective investments and ensure that older adults' and family caregivers' needs are recognized.

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

Preserving the ability of millions of older adults to live at home and in their communities—and forgo more restrictive and expensive institutional care—requires a range of supportive services: home health care, homemaker services, transportation, respite care, home-delivered meals and more. Historically, AAAs and Title VI Native American aging programs in each local community foster the development and coordination of these critical home and community-based services (HCBS) to older adults and their caregivers. With leadership from the State Units on Aging, the AAAs work with tens of thousands of service providers and vendors nationwide to deliver these services. This collective community is known as the Aging Network,

and the resulting system of supports helps people where they want to age—at home and in the community.

The Aging Network also helps individuals avoid unnecessary and more expensive institutional care and/or spending down to Medicaid, the result of which saves federal and state governments money. As the older adult population grows, it is critical that the Administration and Congress place greater emphasis on federal policies and programs that strengthen HCBS, most particularly discretionary programs like the OAA.

Unfortunately, federal funding cuts have made it increasingly **difficult for the Aging Network to maintain existing services.** Even before sequestration began, stagnant federal investment prevented programs

from keeping pace with the aging population. Then the poor economy increased demand for services as families struggle to support and care for older relatives, and as more older adults struggle to make ends meet.

There is good news, however. AAAs leverage other dollars from federal investments; they pull together state, local and private funding to build comprehensive systems of HCBS in their communities. The U.S. Administration on Aging (AoA) surveys show that every \$1 in federal funding for the OAA leverages nearly an additional \$3 in funding.<sup>8</sup>

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

n4a fully understands the economic realities facing governments and families. We support sound federal budget decision-making that values key domestic programs to support our growing aging population, and we believe that this investment is in the best interest of *all* Americans. As advocates, we take seriously the responsibility of informing Congress about the needs of older adults and caregivers.

Therefore, to support older Americans and their caregivers, n4a endorses the following appropriation levels for fiscal year (FY) 2016.

### Older Americans Act (OAA)

**Restore the capacity of OAA programs by increasing total funding to at least FY 2010 levels. It is especially important to first restore funding to OAA programs that have had no relief from the sequester, including III B, III E, Title VI and the Ombudsman program.**

The OAA is the cornerstone of the nation's HCBS system, providing older adults with much-needed services that include home care, congregate and home-delivered meals, adult day care, case management, legal services, transportation and caregiver support. These services are in high demand in every community, but have limited federal resources.

For years, OAA funding has not kept pace with inflation or the growing population of individuals eligible for services. OAA programs and services lost more than \$103 million (roughly 5.5 percent) from FY 2012 to FY 2013 (post-sequester) and then only regained half of that from FY 2013 to FY 2014, with those restorations limited to the three nutrition programs. There was no restoration in FY 2015, as all OAA programs were level funded.



**n4a supports restoring all OAA programs to at least FY 2010 funding levels and encourages appropriators to give special attention to four OAA programs: Title III B Supportive Services, Title VI Grants for Native Americans, Title III E National Family Caregiver Support Program and Title VII State Long-Term Care Ombudsman Program.**

Title III B provides flexible funding to states and local agencies to provide a wide range of needed supportive services to older Americans. Title III B dollars, for example, support in-home services for frail elderly senior transportation programs, information and referral/assistance services, case management services, home modification and other housing help, chore services, and emergency/disaster response efforts targeted to older adults. The 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.

*n4a strongly supports the President's recommendation of a \$38 million increase for III B Supportive Services in FY 2016, an 11 percent increase.*

Title VI Native American aging programs are especially overdue for a funding increase. OAA provides the primary authority for funding services to elders in Indian country. Older American Indians are the most economically disadvantaged elders in the nation. Current Title VI funding levels are woefully inadequate to meet the needs of Indian elders, and there has long been a lack of proper investment in these programs,

which further exacerbates their challenges. It would take a significant funding increase to fully address the large gaps in service capacity for these programs and start to remedy the many challenges faced by this population—but as the President’s budget illustrates, it does not require much additional funding to begin this process.

*n4a urges the adoption of the Administration’s request of a total boost of \$3.67 million for Title VI Parts A and C, an 11.2 percent and 12.7 percent increase, respectively.*

The **National Family Caregiver Support Program** (NFCSP) was added to the OAA as Title III E in 2000 and funds programs offered at the community level through the Aging Network and its partners. The programs assist family members caring for older loved ones who are ill or who have disabilities. The NFCSP offers a range of supports to family caregivers, including information about services; assistance in gaining access to services; counseling, support groups, and caregiver training; respite care; and supplemental services as funding allows. These services are in high demand in every community, but have limited federal resources.

*A modest increase of \$5 million (3.4 percent) for the National Family Caregiver Support Program, as proposed by the President, would not restore III E to its FY 2010 level, but would begin the restoration process and should be adopted at a minimum.*

The **State Long-Term Care Ombudsman Program** (Title VII) advocates for residents of long-term care facilities in order to resolve quality of life and care problems, including abuse, neglect and exploitation. Ombudsman representatives protect residents’ rights and improve the long-term supports and services system by giving voice to the problems of residents of nursing homes, assisted living, and board and care facilities. The network has 8,712 volunteers and 1,180 paid staff certified to resolve complaints. Many local ombudsman programs (working under the state-level Ombudsman) reside at the AAA or otherwise coordinate with the AAA. The demand for ombudsman services is growing, but funding for the program hasn’t grown in years.

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

### Other Priorities

n4a also believes the following appropriation actions for FY 2016 are critical to building and maintaining a comprehensive HCBS system that can meet the needs of the growing older adult population.

> n4a appreciates the President’s request of \$20 million in discretionary funding for **Aging and Disability Resource Center (ADRC)** work, but absent that funding in the interim, we continue to work

with Congress to restore the \$10 million in annual mandatory funding that expired in fall 2014. At a minimum, n4a supports a funding level of \$16 million of appropriated and mandatory funding, directed to the Administration for Community Living (ACL) for these “no wrong door” networks of access to long-term services and supports information and assistance.

> The **Elder Justice Act (EJA) of 2010** would implement a comprehensive national strategy to address elder abuse, neglect and exploitation and is authorized at \$777 million. If adequately funded, EJA would enhance training, recruitment and staffing in long-term care facilities and enhance state adult protective service systems, long-term care ombudsman programs and law enforcement practices. n4a supports the President’s request for \$25 million in EJA funding (focusing on Adult Protective Services) in FY 2016.

> n4a requests that Congress increase funding for the **State Health Insurance Assistance Programs (SHIPs)** in FY 2016 to meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at the community level. Now administered by ACL, the SHIP program received \$52.1 million in FY 2015. Two-thirds of local SHIPs are operated through AAAs. SHIP programs, which rely heavily on trained volunteers, play a critical role in ensuring that older adults and people with disabilities make informed decisions about their Medicare coverage—including selecting among supplemental Medigap plans, Medicare Advantage (MA) plans and Part D prescription drug plans—and navigate the shifting landscape of Medicare choices (e.g., managed care demonstrations). With 10,000 boomers becoming eligible for Medicare every day, Congress needs to increase SHIP funding to reflect this increasing volume and complexity.

> Appropriators should direct, through report language, the Federal Transit Administration to allocate at least \$1 million of its technical assistance funding to serve the unique needs of older adults and achieve the mission promoted by the **National Center on Senior Transportation (NCST)** to support communities in their efforts to expand senior mobility options. (For more on the NCST, see page 12.)

> n4a supports the Administration’s FY 2016 proposal to allocate funding from the Prevention and Public Health Fund (PPHF) to ACL for the **Chronic Disease Self-Management Program**, and we encourage Congress to provide at least \$8 million. Additionally, we support the allocation of at least \$5 million to ACL for **falls prevention** activities through the PPHF. (See also page 6.)

# Promoting Mobility and Community Living

Prepare America's communities to meet the needs of today's and tomorrow's older Americans, especially through the availability and accessibility of senior mobility and transportation services, which research has shown to be a critical factor in successful aging.

**A**S 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 policy makers 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 in transportation and mobility services; this need will grow tremendously with the aging of the baby boomer generation.

## Improve Senior Mobility Options

Given the anticipated growth in the older population, the need for transportation services will continue to increase rapidly. Many older adults drive, and we want to ensure their ability to stay safely on the road for as long as possible. Nevertheless, the functional and health issues that affect many people as they age will inevitably result in a loss of driving ability for many. Family caregivers, friends and neighbors continue to 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 suburban or rural communities where destinations are too far to walk and public transit is inadequate or non-existent (e.g., 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.

Older Americans represent the fastest growing demographic in the country, and they have an increasing desire and need to access health and social services, to buy groceries, to participate in the workforce, to volunteer, to socialize with friends and neighbors—in other words, to “age in place” in their communities. Their ability to achieve this largely depends on access to transportation. n4a supports the following recommendations to ensure that older adults have adequate mobility options.

**Provide dedicated, trust-fund funding through the Federal Transit Administration (FTA) for continued and expanded demonstration, outreach, and training and technical assistance activities, such as those provided under the National Center on Senior Transportation (NCST), to meet the growing needs of the aging population.**

The NCST, originally authorized under the 2005 surface transportation law and co-administered by n4a and Easter Seals, has proven to be a valuable resource for communities nationwide, providing needed technical assistance to promote best practices for non-governmental organizations and public agencies. Since

beginning operations in 2006, the NCST has provided \$1.3 million in funding to 32 projects in 22 states. Continued, dedicated funding for technical assistance efforts address the unique needs of an aging and often underserved population. Preserve the unique mission and role of the NCST to provide more intensive one-on-one support and grant funding to communities to seed the development

of new options and approaches for meeting the mobility needs of older adults. These activities include promoting increased use of public transit where available and encouraging partnerships between aging and transportation agencies; sharing models and best practices with communities nationwide on issues such as person-centered mobility management; and serving as a clearinghouse and educational resource on senior mobility.

**To meet this goal, n4a recommends the following actions:**

- Ensure the NCST and its focus on serving older adults is preserved in any FTA initiatives to streamline technical assistance programs.
- In FY 2016, the FTA should allocate a minimum of \$1 million of its technical assistance funding to support the NCST and/or other efforts targeted to seniors.
- Congressional authorizers updating the Moving Ahead for Progress in the 21st Century Act (MAP-21) should raise the authorization level for the NCST to \$5 million in future years to provide this dedicated funding for senior transportation.

**As part of the surface transportation reauthorization process, n4a also recommends the following actions:**

**Strong investments in public transit:** Make the major new investments in public transportation that are urgently needed. Older adults rely on public transportation for employment, independence, engagement in community life and more. Expanding transportation options will significantly improve the mobility of older adults. This is particularly true for transit programs serving rural and tribal communities.

**Senior transit programs:** Boost funding for the Federal Transit Administration (FTA) Section 5310 program that supports transit accessibility and provides services to promote mobility and independence for seniors. Additionally, increase funding for operating assistance under this important program.

**Senior transportation services evaluation:** Ensure 5310 program information is publicly available through an integrated national database, and that program performance measures are targeted and accurately reflect both the value of and gaps in transit access for older adults. Authorize a study by the General Accountability Office (GAO) or other neutral party to better identify, understand and document the unmet needs of older adults in all FTA programs.

**Technical assistance for senior transportation programs:** Increase funding for targeted technical assistance and training activities. Additionally, transfer the funding for TA programs back into the Highway Trust Fund as it was under the previous surface transportation bill. This growth and stability will allow further demonstration, outreach, training and technical assistance activities to meet the increasing needs of older adults and transit providers.

**Service coordination with local planning agencies:** Provide incentives and support for further coordination of transit and other human services programs by strengthening accountability and transparency of planning processes and integrating transportation

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and transit planning into broader community and Aging Network–planning efforts.

**Mobility management:** Invest in mobility management solutions to better help transit and human services systems meet the needs of older adults.

**Safe streets for all:** Address the disproportionate share of older adult pedestrian fatalities by directing states and metropolitan planning organizations to adopt policies that ensure the needs of all users, including seniors, are taken into account in planning, constructing and operating federally funded roads.

### Livable Communities for All Ages

The U.S. is facing the aging of the largest demographic cohort in its history. The aging of the baby boomers over the next three decades will have a direct and dramatic impact on every community in the nation. By 2030, more than 70 million Americans—twice the number in 2000—will be age 65 or over.<sup>9</sup> With a high percentage of baby boomers projected to live beyond 85, between 2030 and 2040 forecasters expect a 60 percent surge in the age 85 and older population.<sup>10</sup>

The rise in the number of aging citizens will affect the social, physical and economic fabric of our nation's cities and counties, dramatically affecting local policies, programs and services in the areas of aging, health and human services; land-use, housing and transportation; public safety and disaster planning; workforce and

economic development; education and recreation; and volunteerism, lifelong learning and civic engagement.

Federal leadership in livable and sustainable communities is vitally needed, yet federal investments in promoting sustainable and livable communities has lagged significantly since 2010. In the meantime, states and local governments tasked with developing and implementing broad long-term community infrastructure and service systems have increasingly recognized the value of ensuring that these systems meet the needs of the ever-growing aging population. These community efforts will only be cost-effective and efficient if they reflect our aging reality. This means directing a portion of new infrastructure spending to community agencies and nonprofit organizations by encouraging states and local governments to embrace livable-communities-for-all-ages principles and make them central to the core work of all government departments.

n4a is appreciative of and supports the spirit behind the Administration's efforts to promote livable communities through the Partnership for Sustainable Communities, first announced in June 2009 by the Department of Housing and Urban Development, the Department of Transportation and the Environmental Protection Agency. n4a also encourages congressional leaders to once again support federal investment in interagency collaboration and partnerships to address the community living needs of the growing aging population.

# Preserving the Safety Net

While long-term solutions to our nation's debt must be explored, deficit reduction must not be used as an excuse to undermine the very programs that keep our nation's older adults from falling into poverty, suffering ill health or otherwise struggling to live independently and with dignity.

## Medicare

**O**LDER AND DISABLED AMERICANS still need the protection Medicare has so ably provided for the past 50 years. Keeping Medicare solvent means very little if the program does not provide the promised health coverage or financial protection to those it serves. The fundamental protections of Medicare must be preserved. n4a urges Congress to oppose Medicare proposals that would cut benefits, raise beneficiaries' share of premiums or increase the age of Medicare eligibility.

Proposals that reduce coverage and limit access to care will cause people to forgo necessary medical care, endangering their health and potentially creating the need for more acute and expensive interventions in the long term. Increases in cost-sharing have a far greater impact on those with lower incomes who tend to be in poorer health. Proposals to raise cost-sharing for home health, for example, would save federal dollars only in the very short term but would create immediate consequences for frail

elders and, in the long run, raise the costs of health and long-term services and supports (LTSS).

Shifting additional costs onto Medicare beneficiaries does not take into account three key facts: (1) the vast majority of beneficiaries have low or modest incomes; (2) the Medicare benefit package is not overly generous; and (3) Medicare beneficiaries already pay significant out-of-pocket costs. Half of all people with Medicare live on incomes of less than \$23,500 per year—just under 200 percent of the federal poverty level.<sup>11</sup> On average, in 2012, Medicare households spent 14 percent of their incomes on health care, while non-Medicare households spent just 5 percent.<sup>12</sup>

## Medicaid

We must also protect Medicaid from attempts to drain resources from this vital safety net program, even if under the guise of improving the program. Restricting or reducing Medicaid 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, reducing access to care.

Furthermore, cutting Medicaid does not address rising health care costs, but only shifts the burden to other payors and systems or puts undue stress on beneficiaries' health and well-being. For example, restricting spending per beneficiary or population does not address the underlying causes that lead to more expensive federal health services. It also increases the likelihood that cuts would fall most heavily on older adults and people with disabilities, who are the most expensive recipients of Medicaid, generating nearly two-thirds of total spending.<sup>13</sup>

### Social Security

Two out of three Social Security beneficiaries age 65 and older depend on Social Security for at least half of their total income. One in three seniors receiving benefits relies on Social Security for 90 percent or more of their income.<sup>14</sup> With an average monthly benefit of merely \$1,294 per month, Social Security provides the bedrock of support for the vast majority of older adults.<sup>15</sup>

Social Security did not contribute to the deficit, and therefore it should not be cut to reduce a deficit it did not cause. Because Social Security operates from a dedicated self-funding stream, it is projected to be fully solvent until 2033. There are also multiple solutions to address Social Security's longer-term solvency issues. It makes little sense to cut benefits from a program that has proven itself to be self-sustaining, especially one that is so valuable to all generations.



### Notes

1. U.S. Census Bureau, National Population Projections, 2008, [www.census.gov/population/www/projections/summarytables.html](http://www.census.gov/population/www/projections/summarytables.html).
2. The Supplemental Poverty measure incorporates tax payments, work expenses and cost of living (food, shelter, clothing, utilities) adjusted for geographic differences. It is a better indicator of economic well-being, providing a deeper understanding of economic conditions and policy effects. Read more at [www.census.gov/hhes/povmeas/methodology/supplemental/overview.html](http://www.census.gov/hhes/povmeas/methodology/supplemental/overview.html).
3. U.S. Census Bureau, "Who is Poor? A New Look with the Supplemental Poverty Measure," January 2011, [www.census.gov/hhes/povmeas/methodology/supplemental/research/SGE\\_Short.pdf](http://www.census.gov/hhes/povmeas/methodology/supplemental/research/SGE_Short.pdf).
4. AARP, "Across the States: Profiles of Long-Term Services and Supports, Ninth Edition, 2012," page 7, [www.aarp.org/content/dam/aarp/research/public\\_policy\\_institute/ltrc/2012/across-the-states-2012-executive-summary-AARP-ppi-ltrc.pdf](http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltrc/2012/across-the-states-2012-executive-summary-AARP-ppi-ltrc.pdf).
5. [http://www.n4a.org/files/advocacy/campaigns/0aa/n4a\\_2011\\_OAA\\_ReauthRecs\\_web.pdf](http://www.n4a.org/files/advocacy/campaigns/0aa/n4a_2011_OAA_ReauthRecs_web.pdf).
6. Centers for Disease Control and Prevention, "Healthy Aging, At A Glance 2011," <http://www.cdc.gov/chronicdisease/resources/publications/aag/aging.htm>.
7. 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>.
8. U.S. Administration on Aging, HHS, Justification of Estimates for Appropriations Committee FY 2013, [www.aoa.gov/AoARoot/About/Budget/DOCS/FY\\_2013\\_AoA\\_CJ\\_Feb\\_2012.pdf](http://www.aoa.gov/AoARoot/About/Budget/DOCS/FY_2013_AoA_CJ_Feb_2012.pdf).
9. U.S. Census Bureau, National Population Projections, 2008, [www.census.gov/population/www/projections/summarytables.html](http://www.census.gov/population/www/projections/summarytables.html).
10. Ibid.
11. Kaiser Family Foundation, "Income and Assets of Medicare Beneficiaries, 2013-2030," January 2014, <http://kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2013-2030/>.
12. Kaiser Family Foundation, "Health Care on a Budget: The Financial Burden of Health Spending by Medicare Households," March 2012, <http://www.kff.org/medicare/upload/8171-02.pdf>.
13. Congressional Budget Office March 2012 Medicaid Spending Baseline, [http://www.cbo.gov/sites/default/files/cbofiles/attachments/43059\\_Medicaid.pdf](http://www.cbo.gov/sites/default/files/cbofiles/attachments/43059_Medicaid.pdf).
14. Social Security Administration, "Income of the Population 55 or Older," Table 9.A1, [http://www.ssa.gov/policy/docs/statcomps/income\\_pop55/index.html](http://www.ssa.gov/policy/docs/statcomps/income_pop55/index.html).
15. Social Security Administration, "Social Security Basic Facts," April 2014, <http://www.ssa.gov/news/press/basicfact.html>.

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## Written and Produced by

**Sandy Markwood**  
*Chief Executive Officer*

**Amy E. Gotwals**  
*Chief, Public Policy and External Affairs*

**Autumn Campbell**  
*Director, Public Policy and Advocacy*

n4a's vision is to build a society that  
values and supports people as they age.



## The National Association of Area Agencies on Aging (n4a)

is a 501(c)(3) membership association representing America's national network of 635 Area Agencies on Aging (AAAs) and providing a voice in the nation's capital for the 256 Title VI Native American aging programs.

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, thereby preserving their independence and dignity. These agencies coordinate and support a wide range of home and community-based services, including information and referral, home-delivered and congregate meals, transportation, employment services, senior centers, adult day care and long-term care ombudsman programs.



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

National Association of Area Agencies on Aging (n4a)  
[www.n4a.org](http://www.n4a.org)

1730 Rhode Island Avenue, NW, Suite 1200  
Washington, DC 20036  
202.872.0888  
FAX 202.872.0057  
[info@n4a.org](mailto:info@n4a.org)

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