



Leaders in Aging Well at Home

Policy Priorities 2022



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



The Future of Aging is Now

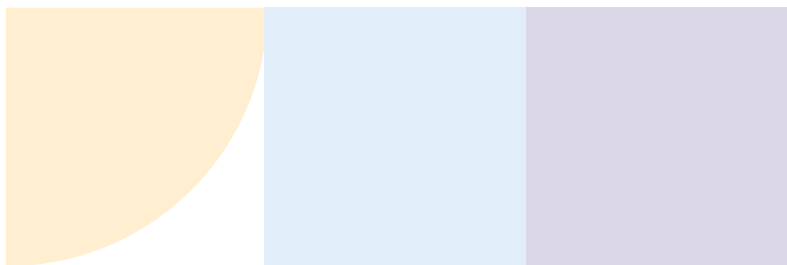
USAgings represents and supports the national network of Area Agencies on Aging and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. Every year, USAgings develops a set of its top policy priorities that guide our legislative and administrative advocacy efforts to support the growing numbers of older Americans and caregivers.

As a nation we are no longer *preparing* for an historic demographic shift—we are, in fact, deeply immersed in the opportunities, challenges, realities and necessities of a society with a rapidly growing number of older adults. And COVID-19’s tragedies have only brought the varied needs of this population even more to the forefront. This demographic reality must inform policy debates and decisions across a spectrum of critical issues.

USAgings’s 2022 *Policy Priorities* focus on our top priorities—and thus may not reflect all of our subsequent policy positions in 2022—and are based on our members’ experience in directly supporting older adults and caregivers in their communities. Our priorities are focused on the actions that the Biden administration and Congress must take to ensure that all Americans can age well.

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Invest



in Cost-Effective Home and Community-Based Services

Invest in Older Americans Act (OAA), Medicaid and other home and community-based services programs that help older Americans and people with disabilities live successfully and independently in their homes and communities.

Role and Impact of Area Agencies on Aging:

For nearly 50 years, AAAs have served as the local leaders on aging by planning, developing, funding and implementing local systems of coordinated home and community-based services. AAAs lead local networks of providers to deliver these person-centered services to older adults and—increasingly—to younger adults with disabilities. AAA services include information and referral assistance, in-home care, congregate and home-delivered meals, adult day care, case management, transportation, legal services and caregiver support/respice and more.

The majority of Americans age 65 and older have expressed a desire to age well at home and not in institutions such as nursing homes.¹ As America grapples with providing its aging population the capacity to safely, and with dignity, age in their homes and communities, policymakers in the administration and Congress must prioritize and promote policies that advance better integrated and person and family-centered care. USAging urges federal policymakers to recognize and tap the full potential of the Aging Network to improve

the health of older adults by providing home and community-based services (HCBS) that address the social determinants of health. These services result in improved health outcomes for older adults and can also contribute to reduced medical expenditures for consumers and payers.

Increased funding for the following HCBS systems is critical to the health and well-being of older adults and people with disabilities and should be prioritized by Congress and the administration.



Older Americans Act Programs and Services

The Older Americans Act (OAA) is the cornerstone of the nation's non-Medicaid HCBS. Each year, through the OAA, nearly 11 million older Americans receive critical support from the Aging Network through the delivery of a range of services that are essential to maintaining their independence, including in-home personal care, home-delivered and congregate meals, transportation, disease prevention/health promotion, legal services, elder abuse prevention and intervention, and other supports.²

The nationwide Aging Network—consisting of states, AAAs, Title VI Native American Aging Programs, and tens of thousands of local service providers—was founded on the principle of giving states and local governments flexibility to determine, coordinate and deliver the supports and services that most effectively and efficiently serve older adults and caregivers in their communities.

Signed into law in 1965 alongside Medicare and Medicaid, and renewed in 2020 with bipartisan support, the OAA is much smaller than those mandatory spending health care programs and relies on discretionary funding streams. That's why the OAA charges AAAs with using the federal funds to leverage state, local and private funding to build comprehensive systems of HCBS in their communities. Furthermore, AAAs engage hundreds of thousands of volunteers who donate millions of volunteer hours each year, further leveraging public and private investments.

Services provided in the community, as local OAA programs are, delay and can prevent the need for higher level or more expensive (i.e., nursing home) care paid for by Medicaid, postponing impoverishment and eligibility for the means-tested Medicaid long-term care program. By supporting the health of older adults by providing evidence-based wellness programs, nutrition services, medication management and many more in-home and community options, OAA programs and services save Medicare—and the nation—money.

Throughout the COVID-19 crisis, the Aging Network has served more older adults than ever before with life-saving assistance thanks to federal emergency relief funds. High levels of need experienced by older adults have not faded away, however, and AAAs continue to serve dramatically increased numbers of older adults, with demographic trends only pointing to increased need in the coming years and decade.

Surveys from the Administration on Aging (AoA), part of the U.S. Administration on Community Living (ACL), show that **every \$1 in federal funding for the OAA leverages nearly an additional \$3 in state, local and private funding.**

Appropriators must recognize that the foundational capacity of these programs must be dramatically increased to both meet the ongoing need that exists even as the pandemic begins to wane and to address a rapidly aging population.

While all OAA subtitles require immediate increases to meet the current and future needs of older adults, on behalf of our AAA and Title VI Native American Aging Program members—who administer these programs locally and therefore witness the critical pressure points as the number of older adults they serve rapidly grows—USAgings urges Congress to *prioritize* the following OAA services when developing the FY 2023 budget for the U.S. Administration on Aging, which is housed within the U.S. Administration for Community Living, Department of Health and Human Services.

OAA Title III B Supportive Services is the bedrock of the Act, providing states and local agencies with flexible funding to provide a wide range of supportive services to older Americans, which include in-home services for frail older adults, senior transportation programs, information and referral/assistance services, case management, home modification and repair, chore services, legal services, emergency/disaster response efforts and other person-centered approaches to helping older adults age well at home.

The critical flexibility of this funding stream gives AAAs greater means to meet the needs of older adults at home and in the community, thereby eliminating the need for more expensive nursing home care—which usually leads to impoverishment and a subsequent need to rely on Medicaid to meet critical health care needs. The flexibility of OAA Title III B also allows AAAs to meet new and emerging needs in their communities, such as wellness checks for homebound older adults, activities to help older adults stay socially engaged (historically in-person but now also virtual programming) and supporting vaccine outreach and assistance. However, years of eroded funding prior to COVID-19 have resulted in local agencies losing ground in their ability to provide critical Title III B Supportive Services.

To continue to meet both the current demand and rising need of people that require assistance as they age, we call on Congress to double OAA Title III B over FY 2022 levels in FY 2023, for a funding level of \$797 million.

OAA 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 encourage lawmakers to build on COVID-19-relief funding for tribal aging programs and increase Title VI appropriations levels given the current and future needs of American Indian elders and the years of insufficient growth in funding to meet escalating need. ***We urge Congress to double funding for Title VI over FY 2022 in FY 2023 in order to reach at least \$72.5 million for Part A (nutrition and supportive services) and \$22.6 million for Part C (family caregiver support).***

The 2020 reauthorization of the OAA established a **research, demonstration and evaluation center for the Aging Network under Title II** to improve evaluation and research and to strengthen and promote advancement of the relationship between OAA programs and services and health outcomes of older adults. These efforts are vital to fully realizing the efficacy and efficiency of longstanding OAA programs as well as to evaluating innovations in service delivery to a growing population of older adults—an effort that the Aging Network’s response to the COVID-19 crisis has made even more important. However, without funding, this research center will not realize these important goals. ***As such, in FY 2023, we urge Congress to make the first investment in the updated vision of OAA Title II by investing \$75 million.*** This level was also recommended in the House-passed 2021 Build Back Better Act.

Note: Other USAgings’ appropriations requests can be found on pages 12-14, 17 and 20.

Medicaid Home and Community-Based Services

Historically, two-thirds of AAAs have played a key role in their state's Medicaid HCBS programs by performing assessments, leading case management and coordinating services. Yet AAAs have also evolved along with changing state Medicaid systems, and 44 percent of AAAs now contract directly with managed care organizations (MCOs) to assist in implementation of their state's managed Medicaid HCBS program.³

Just as they are OAA experts, AAAs are also critical in helping older adults and people with disabilities access Medicaid HCBS. Specific roles vary by state, but common AAA Medicaid HCBS roles (whether provided directly for the state or via a contract with an MCO) include needs assessment, functional eligibility determination, case management, care coordination, service provision and more. All AAAs can assist consumers with learning more about their Medicaid HCBS options.

It is through this lens that USAging members approach Medicaid policy: as Medicaid providers and/or as advocates for the needs of all older adults as charged in the OAA, which gives them insight into how this program can be more effective in meeting the needs of the population it is designed to serve.

Medicaid Is a Lifeline for Older Adults

Federal and state policymakers must respect the role that the Aging Network has served in developing and providing Medicaid HCBS, both in traditional waiver programs and managed care initiatives. USAging supports innovation in these areas but this innovation must not drive the unnecessary duplication or reinvention of existing systems that already serve older adults well. When considering short or long-term policy changes to Medicaid, it is imperative that Congress and the

administration understand the realities facing older adults receiving Medicaid.

The federal-state Medicaid partnership is the backbone of our nation's current LTSS (long-term services and supports) system and the HCBS waivers that enable millions of vulnerable older adults and people with disabilities to retain their independence. While Medicaid is the largest provider of HCBS, decades of underfunding and a national patchwork of programs leaves at-risk older adults who want to age in their homes susceptible to inadequate supports or to lack of access to essential HCBS.

Rebalancing to Save Money and Expand Access

As the largest public funding source for LTSS, Medicaid has been and will continue to be further affected by the rapid growth in size and evolving needs of our nation's aging population. Couple this with the enduring nature of COVID-19 and subsequent economic uncertainty, sustainable funding for essential Medicaid HCBS remains at risk nationwide, influencing an historic imbalance that favors institutional care for the Medicaid beneficiary. Rebalancing efforts—designed to correct for Medicaid's inherent bias toward more expensive, less-desired and, often in the pandemic, possibly more life-threatening institutional care—must be supported and expanded, and at the very least preserved.

Nationwide, more than 800,000 people are on waiting lists for Medicaid HCBS, with an average wait time of more than three years.⁴

We applaud the Biden administration's continued support for critical HCBS investments that address not only access to these essential services that help older adults avoid unnecessary nursing home care but also the need to expand and strengthen the direct care workforce holding up this system of in-home care. By including the 10 percent federal matching rate (FMAP) for Medicaid HCBS through March 2022 in the American Rescue Plan Act, Congress showed it recognized the current challenges. However, the scope and scale of needed investments must grow. We call on Congress to:

- **Make a major investment in Medicaid HCBS in 2022** to adequately address pressing workforce and access problems. The House-passed Build Back Better Act allocated \$150 million of the \$400 billion President Biden originally proposed and while USAging would like to see that investment level increase, it is imperative that this level of major investment be made swiftly to address current and anticipated future needs.
- **Remove the institutional bias** in Medicaid that allows states to make HCBS an optional service and not required as institutional care is. This would go a long way to rebalancing care for older adults: 59 percent of older adults and adults with physical disabilities receiving Medicaid long-term services and supports (LTSS) are living in institutional settings.⁵
- Originally part of the Affordable Care Act's rebalancing efforts, the Balancing Incentive Program (BIP) provided eligible states with enhanced flexibility and new funding to reform and rebalance their LTSS systems. However, because BIP expired in 2016, the next evolution of these rebalancing efforts is long overdue and should be authorized and funded in 2022. One measure, the bipartisan **HCBS Infrastructure Improvement Act**, would make investments in strengthening HCBS infrastructure to improve integration and accelerate initiatives that address the social determinants of health by addressing information technology, transportation, housing, workforce and caregiver supports.⁶

- Permanently authorizing the **Money Follows the Person** program to support individuals transitioning from institutional care to home or community-based settings.

Note: one of the most pressing Medicaid HCBS challenges reported by AAAs is securing sufficient direct care workers. This widespread workforce issue is addressed in our Strengthen Systems to Support an Aging Nation priority, which can be found on page 21.



Veteran-Directed Care Program

With a history of providing high-quality HCBS utilizing federal, state and local funding, AAAs have been a natural partner for the Veterans Administration (VA) on the Veteran-Directed Care program (VDC). AAAs have contracted with the VA to provide extended care services to our nation's veterans, tapping the AAAs' expertise in case management, provision of HCBS, information/referral and the delivery of other services. In a national survey of AAAs conducted in 2018, approximately 31 percent of responding AAAs reported involvement in the VDC program.⁷

The VDC program and the services it funds align well with the AAAs' mission and their person-centered approach as the program provides veterans with opportunities to self-direct their HCBS and continue living independently at home. Eligible veterans manage their own flexible budgets, decide what mix of goods and services best meet their needs, and hire and supervise their own workers. The flexibility of the program and the multitude of ways it can be used to meet a veteran's care needs creates an environment of success and increases the opportunity for veterans to remain at home.

With 4,400 veterans participating in 2020, the VDC program has more than doubled since its inception in 2017,⁸ but has only just begun to meet the need that exists among veterans for these critical services. However, this evidence-based program has laid the groundwork for much-needed expansion of HCBS options as the VA looks to care for the more than four million veterans projected to be eligible for nursing home care by 2039—double the figure eligible in 2019.⁹ Recognizing the value of home-based care options—especially as a viable and safer alternative to traditional institutionalized long-term care given the increased exposure risk to COVID-19 and other infectious diseases—the VA announced its intent to expand VDC programs to the remaining Veterans Administration Medical Centers (VAMCs) by 2026.¹⁰

We salute the recent commitment by the Biden administration to improve access to HCBS for our nation's veterans by expanding the program to all VAMCs. USAging looks forward to working with Congress and the VA to ensure the successful local delivery of VDC or other HCBS programs for veterans—and to ensure that AAAs can successfully serve these veterans in all parts of the country. To support the current VDC programs and the successful implementation and expansion of new VDC programs in the next four years, USAging calls on Congress to:

- **Improve consistency across VDC programs.** AAAs report inconsistent application of rules between VAMCs and varying levels of interest and referrals by VAMC workers responsible for promoting the program and sending contracted AAAs new referrals. As the VDC program expands nationally, USAging encourages the development of system-wide communication tools and programmatic guidelines for VDC staff and AAA partners to improve transparency and programmatic efficiency.
- **Develop policies that support the continuum of consistent patient-centered care across unique VAMC programs until a more consistent national model is in place.** VDC programs are established within each VAMC. When a VDC beneficiary under one VAMC moves their place of residence to one that is serviced by a different VAMC, sometimes their VDC benefit does not cross over to the new VAMC, or they experience variations in service delivery. This can create a critical gap in coverage and places an undue burden on the veteran and/or their caregiver to navigate.

Promote



Successful, Healthy Aging in Community

Promote healthy aging by supporting the community-based options that make it possible for older adults to age well and safely at home and in the community, for caregivers to get the help they need and for communities to be better equipped to support an aging nation.

Role and Impact of Area Agencies on Aging:

In addition to providing the wide range of home and community-based services mentioned previously, AAAs also serve older adults in need of additional services—and caregivers. AAAs are the local leaders in implementing the National Family Caregiver Support Program; in developing programs to reduce social isolation and loneliness among older adults; in providing evidence-based programs to promote healthy aging and the management of chronic conditions; in supporting accessible transportation options; in preventing and detecting elder abuse; and much more. By addressing these social determinants of health (SDOH) and supporting the key elements of successful aging through their programs and services, USAging members help make it possible for older adults to age well at home and in the community, prevent negative health and safety outcomes and costs, and strengthen their communities—and they do it in cost-effective, evidence-based ways that enhance their value.

Caregivers in Crisis

Family caregivers need more support—and they need it now. We must invest in these caregivers in myriad ways, to support them in doing these critical jobs. Without informal caregivers supporting a rapidly aging population, we will face, at minimum, national challenges including increased Medicaid and Medicare spending and, at worst, the unnecessary suffering of older adults.

Caregivers play a critically important role in the lives of our nation's older adults. Every year 53 million unpaid caregivers provide more than \$470 billion worth of support to family and friends.¹¹ The financial value of this unpaid care rivals the entire federal Medicaid budget.¹² Whether they recognize it or not, communities, states and the federal government depend on the work of unpaid caregivers to meet the HCBS needs of our nation's growing aging population.

Caregiver programs—such as the Older Americans Act's **National Family Caregiver Support Program** (NFCSP, OAA Title III E)—provide aid through training, respite, support groups and other programs those who care for friends and family members as they age. Though extremely valuable, given limited funding, the NFCSP does not begin to meet the need for these services. We urge Congress to expand federal funding for current caregiver support programs and to explore policy solutions to ensure that caregiver support becomes a vital component of state and federal LTSS-delivery reform.

The **NFCSP** funds local AAA or tribal programs that assist older caregivers and family members caring for older loved ones by offering a range of in-demand supports to family caregivers in every community. Steady and sustained increases are needed for this modest federal program that supports the 41.8 million caregivers for people age 50 and older¹³ and could prevent billions in more expensive institutional care costs being borne by taxpayers.



For FY 2023, we encourage Congress to double-over-FY 2022 its appropriations for the National Family Caregiver Support Program to reach \$388 million, the only national program supporting the family caregivers of older adults who provide the lion's share of long-term care in this country.

USAgings also supports continuing the **National Community Care Corps** via a \$5 million funding level in FY 2023. This ACL demonstration program is exploring models that engage trained volunteers to provide non-medical support to older adults and people with disabilities living in the community, in order to supplement other caregiving options. USAgings will also work with Congress to advance an authorization bill to ensure this innovative program can reach more communities.

Addressing Social Isolation and Loneliness

It's widely known that staying engaged and socially connected has tremendous health benefits and, conversely, that social isolation and loneliness among older adults leads to the deterioration of a person's physical and cognitive health, resulting in personal suffering and greater national expense. Prolonged loneliness for an older adult is as medically detrimental as smoking 15 cigarettes a day.¹⁴ Individuals who are socially isolated have an increased risk of heart disease, dementia, functional impairment and premature death.¹⁵ Federally, social isolation and loneliness cost the Medicare program an estimated \$6.7 billion annually—or an added \$1,600 per socially isolated beneficiary.¹⁶

To reduce isolation and avoid these negative health outcomes, we must create communities that support adults as they age—whether that's through an age-friendly or a dementia-friendly public initiative, or via intentional consideration of an aging population in all of a state, local government or community's policies and practices—or both. USAging administers [engAGED: The National Resource Center for Engaging Older Adults](#),¹⁷ which is funded by the U.S. Administration on Aging under authority in the Older Americans Act. The Center is an important resource for assisting the Aging Network in getting older adults connected to and engaged in their communities. USAging also administers a national public-private partnership to create communities that support people living with dementia: [Dementia Friendly America](#).¹⁸ Both efforts promote and support communities' efforts to engage older adults as they age.

Given the high incidence of social isolation due to COVID-19 and the steadily increasing numbers of older adults nationwide, USAging urges Congress to provide at least \$2 million to the U.S. Administration on Aging for engAGED to leverage the existing Aging Network infrastructure to combat social isolation and to create more safe social engagement opportunities for older adults across the country.

Transportation Options

The functional and health issues that may affect people as they age can often result in many older adults losing their ability to drive. Transportation is one of the most pressing needs for older adults who live at home and in the community, and yet it can be extremely difficult for older adults to find reliable, accessible and affordable options to get to the doctor, the grocery store, religious services or social events—all of which are critical to staying healthy, engaged and independent while living in the community.

Appropriators should ensure that the FY 2023 Department of Transportation appropriations bill includes at least \$7.5 million from the general fund for the Federal Transit Administration's (FTA) Technical Assistance and Standards Development Program. This program funds the [National Aging and Disability Transportation Center](#) (NADTC),¹⁹ a partnership between USAging and Easterseals that provides technical assistance, education and support to the aging, disability and transit communities to increase the availability and accessibility of transportation options that address the mobility needs of older adults and people with disabilities.

Another critical component to promoting transportation options for older adults is to ensure that **volunteer drivers**, an important resource in many communities for filling transportation gaps, are well supported. Current law has had a detrimental impact on the ability of aging and transportation programs to recruit and retain volunteer drivers. Bipartisan proposals to both update the volunteer driver reimbursement rate and ensure that there is no tax penalty for volunteer drivers should be considered by Congress in 2022.

Evidence-Based Prevention and Wellness

Community intervention programs improve health outcomes and reduce costs. These programs have been rigorously evaluated to ensure that they improve the health and well-being of—or reduce the incidence of disease, disability and/or injury among—older adults.²⁰

Supporting existing—and developing new—evidence-based prevention and wellness programs for older adults is imperative, given the nation’s aging population and growing rates of chronic disease. More than 80 percent of Americans age 65 and older have more than one chronic condition.²¹ Costs, both in terms of health care dollars and disability rates, are staggering. For all ages, health care spending on all chronic disease was \$1.1 trillion in 2016, and the total cost to the economy was an estimated \$3.7 trillion (20 percent of GDP).²² Among older adults, chronic conditions account for nearly 95 percent of health care expenditures²³ and limit the activities of millions of people, decreasing their productivity and ability to live independently.

Congress and the Biden administration should protect and expand evidence-based programs, including the following existing funding sources:

Older Americans Act Title III D delivers evidence-based health promotion and disease prevention programs to prevent or better manage the conditions that most affect quality of life, drive up health care costs and reduce an older adult’s ability to live independently. Commonly used interventions address the risk of falls, chronic diseases, mental health and medication management. However, at less than \$25 million in FY 2022, appropriations for Title III D are woefully inadequate and should be at least doubled to \$50 million in FY 2023.

USAgings urges Congress to increase funding for the **Chronic Disease Self-Management Program (CDSMP) and falls prevention** efforts administered through the U.S. Administration for Community

Living that are implemented locally. The Prevention and Public Health Fund currently provides the modest funding, \$8 million and \$5 million respectively, for these successful programs, and we urge Congress to significantly grow these activities and resources. We must invest in preventing the diseases and injuries that are a main driver of health care costs, and Congress should look beyond discretionary appropriations to find other ways to increase investment in these approaches.

Elder Justice

In addition to the significant human consequences, financial exploitation and elder abuse cost taxpayers and those affected billions of dollars annually.

The Elder Justice Act needs to be reauthorized in 2022. The House passed a \$4 billion elder justice reauthorization and modernization bill in 2021, but the Senate has yet to act. We strongly urge Congress to pass this critically important update to a landmark law and provide the needed resources.

USAgings urges appropriators to increase the existing funding for the Elder Justice Initiative at ACL, which focuses on Adult Protective Services, to at least \$15 million. Additionally, **Title VII of the Older Americans Act**, which supports efforts to prevent elder abuse and provides ombudsmen to residents of long-term care facilities, should be increased to at least \$35 million in FY 2023.

Gap-Filling Block Grants

Local agencies rely upon a myriad of funding streams to successfully implement aging programs, including several federal block grants that serve older adults at risk of hunger, abuse, unsafe living conditions and unnecessary institutionalization. USAgings supports the highest possible levels for the Social Services Block Grant, the Community Services Block Grant, the Low-Income Home Energy Assistance Program, the Community Development Block Grant and AmeriCorps Seniors.

Connect



Health Care and Aging Sectors to Improve Care and Reduce Costs

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

Role and Impact of Area Agencies on Aging:

As long-standing, trusted community resources on healthy aging and home and community-based services, AAAs are experts at providing programs and care that address social and environmental factors that affect health outcomes. These social determinants of health (SDOH) include, but are not limited to, providing access to housing, employment, nutritious food, community services, transportation and social support.

The Aging Network has an established local infrastructure that, with much-needed investments, can successfully support the integration of a more holistic health care delivery system. There is a long history of community partnerships between AAAs and health care entities but these relationships are evolving to more formal contracting relationships that allow for AAAs to be paid for their role in achieving better health outcomes. In a recent survey, 47 percent of AAAs report having health care contracts.²⁴ This work has led to innovative models of service delivery that improve health care, such as the development of AAA-led regional and statewide networks of CBOs ready that fill service gaps.



Even prior to the pandemic, the U.S. health care system was morphing from volume delivery to a value-based payment paradigm, placing more emphasis on the quality of care rather than the quantity of services provided. This evolution creates new opportunities for health care entities to work with AAAs and the Aging Network to better meet the health and wellness needs of our nation's aging population.

As medical and social systems explore and prioritize contracting and collaboration, the health care sector has taken a closer look at how social risks impact health—particularly for those who have chronic conditions or other complications that are expensive to manage. Addressing these factors improves long-term health and wellness outcomes. However, much work remains to fundamentally integrate the historically disparate medical and community-based care systems.

USAgings urges federal policymakers to recognize, engage and preserve the full potential of AAAs and the Aging Network in improving health and reducing costs, particularly in the following areas.

New Integrated Care Models Must Build On, Not Supplant or Exploit, the Existing Experts and Systems in the Aging Network

AAAs are instrumental in supporting older Americans at home. As a result, their targeted services can help achieve positive health and functional outcomes for older adults, including those with complex care needs. However, even though well-established as a community nexus for addressing older adults' SDOH needs, AAAs' contributions to overall health are too often overlooked by health systems, payers and policymakers. Or worse, health care providers and payers attempt to build their own systems of social care referral or service provision instead of leveraging the extensive expertise and long-standing services of AAAs, which have been providing person-centered care to older adults for decades. AAAs are the specialists on aging well at home and supporting older adults' multi-faceted care needs.

Another issue is that social care access referral platforms (SHARPs), which are often paid by health care payers to make referrals on behalf of their members to AAAs and other community-based organizations (CBOs), do not pay the AAA or CBO for the needed service. USAgings and AAAs must be at the table as these new systems are being developed and implemented so that there is not duplication, waste of resources or other unintended consequences such as poor service to older adults and their families. To be person-centered means providing an integrated experience for the consumer, taking the whole person and their needs into consideration and helping them access needed services. To do so requires that all of the systems—health care, social care and the technology vendors who want to assist communication between the two (i.e., SHARPs)—be in sync.

As such, we urge the Biden administration and Congress to recognize the role of AAAs and other CBOs in bridging the gap between acute and community-based care and ensure that they are also appropriately and adequately compensated for those roles in helping health care payers and providers meet patient care goals and quality benchmarks.

Specifically, we urge policymakers to:

- Maintain and strengthen person-centered consumer access to services—and assistance with planning and decision-making—with long-standing and trusted **Aging Network Information and Referral/Assistance (I&R/A)** platforms and services, which operate at the federal, state and local levels. New SHARPs and other apps from for-profit companies have recently arrived on the scene, promising the health sector that they alone can most efficiently connect patients to services that address health-related social needs. While technology can be an important tool in connecting the health care and social sectors, it is imperative that the core values of providing person-centered care (which often needs to be conducted in person) are not lost. Furthermore, the nearly 50-year-old Aging Network infrastructure that Congress has charged to actually make referrals, conduct thorough assessments, coordinate care and provide direct services to older adults with complex care needs should not be overridden, wasted or exploited by erroneously unloading patients on underfunded social services systems. AAAs already have I&R/A staff extensively trained to support older adults and caregivers, case managers who specialize in person-centered and complex care, and networks of providers at the community level to deliver all the other social care services their clients require.

Unfortunately, the implementation of SHARPs is often not done in collaboration with local leaders, such as AAAs, and/or does not provide the payment mechanism necessary to truly be a valuable service in connecting consumers to real local services. This can lead to inefficient systems, poor referrals, waiting lists for services and the needs of the consumers they are intended to serve not being met.

Another existing resource for consumers to access information about long-term services and supports (LTSS) is the **Aging and Disability Resource Center (ADRC)** model, which AAAs operate in cooperation with their local disability counterparts. ADRCs streamline information about public and private LTSS resources for consumers, using technology to better make available a state's aging and disability resources to ensure consumers benefit from maximum options and efficiencies. ADRCs are not separate entities, but rather programs operated at the state and local levels by the existing experts in I&R/A: State Units on Aging, AAAs and their counterparts in the disability network.

Congress should:

- provide at least \$23 million in FY 2023 for the ADRC model, also called “No Wrong Door” given its consumer-friendly approach, to expand access to this service nationwide; and
- insist that SHARPs acknowledge the role that AAAs and ADRCs play in coordinating services for older adults and family caregivers and managing local networks of service providers, and they pay them for any service delivery that comes with referrals.

- Ensure that **new social care models or coding standards or systems** take into consideration the extensive work already invested in by federal, state and local governments, such as the data collection under the Older Americans Act, Medicaid and other robust systems. Coordinating across multiple disparate systems is a major challenge, but if it is to be done successfully, it must take into consideration the realities and strengths of the social services world and not intentionally or inadvertently medicalize social care. To ensure this is the case, the Aging Network must be at the table as these coding standards or systems are being imagined, developed and implemented.

Without fully recognizing and supporting the value provided by existing cost-efficient systems, any new policy efforts will fail beneficiaries, unnecessarily undermine existing successful systems and potentially reduce the quality of care for older adults who most need these services.



Medicare

For more than 55 years, Medicare has provided vital acute health care coverage to older adults and people with disabilities. In 2020, Medicare covered nearly 63 million beneficiaries—or nearly one out of every six Americans.²⁵ Medicare is the country's largest health care payer, spending nearly than \$830 billion in 2020, or 20 percent of total national health expenditures.²⁶

Medicare's primary role to provide acute care in doctors' offices and hospitals to older adults and people with disabilities has historically overlooked the fact that the vast majority of factors that influence individual health exist outside of traditional medical settings. Health care outcomes and costs are driven, in part, by the SDOH. Moreover, the COVID-19 pandemic has radically shifted the course of the nation's largest health care program. According to an August 2020 study from the Commonwealth Fund, more than 200 Medicare policies and regulations were modified in response to the COVID-19 crisis—including the dramatic acceleration and adoption of telehealth.²⁷ While most of these policy adaptations are expected to expire, it is certain that COVID-19 has upended how health care—including through the nation's largest payer—is delivered now and into the future.²⁸

Addressing SDOH through Supplemental Benefits in Medicare Advantage

Despite the growing awareness of the inherent value of social services that address the SDOH and help older adults and caregivers get and stay healthy and independent, Medicare investments remain woefully inadequate to meet the growing need. Research has shown that non-medical risk factors in the physical environment and individual behaviors account for 80 percent of the factors that influence overall health.²⁹

The enduring pandemic has also placed significant stress on both public and private health care delivery systems. Because the COVID-19 crisis has spotlighted the importance of supporting access to community-based

services that address the SDOH, which largely drive health outcomes and costs,³⁰ policymakers must include and pay for opportunities to address these emerging realities for an aging population. Concurrently, other natural disasters like hurricanes and wildfires continue to highlight the intersection between the SDOH and disaster vulnerability that exacerbates long-standing disparities and social need.

Some groundwork to increase coordination between acute and home and community-based care has begun as health care payers and providers increasingly shift their focus. For example, in April 2018, the American College of Physicians released a set of recommendations to improve patient care by enhancing services addressing SDOH, including increased communication and collaboration with CBOs.³¹ This emerging understanding of the value of addressing SDOH and congressional efforts to modify the law has led to expanded options for MA plans to address non-medical risk factors for high-risk, high-cost and chronically ill beneficiaries—through the Special Supplemental Benefits for the Chronically Ill (SSBCI) available to MA plans—many of whom are older adults served by AAAs.

While SSBCI uptake by plans is increasing, there is still fairly limited contracting between MA plans and CBOs to address health-related social needs. Policymakers should consider expanding access to these health-related social services through:

- greater emphasis on plans contracting with AAAs and other CBOs to deliver these services;
- focusing on payment for the social care services themselves and not just referrals or technology to facilitate referrals; and
- considering specific codes that allow *all* plans to bill for these services.

Additional recommendations on SSBCI implementation should be considered by CMS and lawmakers, including the *Guiding Principles for New Flexibility Under SSBCI*, which USAging has endorsed.³²

Preserving and Expanding Care Options in Traditional Medicare

It is well past time to advance forward-looking proposals for Medicare to ensure that the growing population of Medicare beneficiaries has access to comprehensive coverage options under original, Fee-For-Service (FFS) Medicare. In 2022, policymakers should continue to evolve legislative solutions to remedy the historically myopic view of health care coverage under traditional Medicare. Opportunities to expand FFS Medicare to provide basic oral, hearing and vision care must continue to be explored and advanced. Evidence shows that neglecting these medical needs can lead to a deterioration of overall health, including an increased risk of dementia, social isolation and falls—resulting in increased health care costs over the lifespan.

Previous administrative and congressional action has focused primarily on expanding access to health-related supplemental services through Medicare Advantage. However, the case for improving care integration is equally compelling for all Medicare beneficiaries, not just the roughly 26 million or 42 percent of Medicare beneficiaries who are enrolled in MA plans.³³ We encourage policymakers to explore solutions that level the playing field between traditional FFS Medicare and MA to ensure that effective interventions are equally available to all Medicare beneficiaries.

Non-Biased Selection and Beneficiary Education is Essential

As Medicare grows more complex, it is essential that robust efforts are made to ensure that new and existing beneficiaries are as educated as possible about their benefits and how to use them. Existing efforts to provide non-biased, person-centered assistance in the form the State Health Insurance Assistance Programs (SHIPs) should be greatly expanded to ensure that those who need the most help selecting the best plan are able to do so. This is in the best interest of consumers, plans and taxpayers because education on how to most effectively use plan benefits drives better health.

The need for education is documented: a 2019 survey conducted by Anthem with USAging found that 59 percent of older Americans find navigating the health care system difficult, and more than half of non-retired older adults need more help understanding their benefits.³⁴ Nearly eight in 10 caregivers believe that they would be able to better help the person they care for manage their health if they better understood their benefits.³⁵ Given AAAs' existing role in providing Medicare education (two-thirds operate the local SHIP and nearly all provide basic education), the longstanding reputation for non-biased counseling, and the increased public awareness of and reliance on these resources during of the pandemic, it's essential that any changes reflect this existing strength and resource.

State Health Insurance Assistance Programs

USAging requests that Congress increase funding for SHIPs in FY 2023 to meet the ever-growing need among Medicare beneficiaries for one-on-one unbiased assistance and personalized counseling. 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.

SHIPs, which two-thirds of AAAs operate locally, help individuals whose complicated situations cannot be successfully addressed by 1.800. MEDICARE or www.medicare.gov, an important distinction.

With 10,000 boomers becoming eligible for Medicare every day, ***USAging calls on Congress to increase SHIP funding to at least \$80 million to reflect the growth in the older adult population and inflation over the past decade.***

Telehealth

The rapid expansion into telehealth, although done to respond to an emergency, has meant that many older adults living in rural areas now have easier access or have received access for the first time to medical and mental health services. In an enduring pandemic, a robust policy conversation should be had to ensure that the needs of all consumers, but especially older adults, are taken into consideration as health care policy advances.

But the “health” in telehealth should be broadly defined. Integration of telehealth techniques by AAAs during the pandemic has greatly helped USAging members serve more older adults, and safely. Whether it is for provision of wellness checks, mental health, nutritional counseling, medication management or care coordination, AAAs are finding new opportunities to expand (and sustain) access to critically needed HCBS for older adults. Additionally, if telehealth is to work for more older adults, hands-on support for using the technology involved will be critical to success. AAAs' experience with this level of direct support provided in older consumers' homes should be valued. They are navigators for older adults and are the nexus for access to aging services, so if new pilots or systems are developed to address the technology gap for older adults in accessing telehealth, AAAs must be involved.

It bears repeating that bridging the digital divide must retain a person-centered focus and not lose the broader view of an individual's in-person needs, especially for older adults living at home. There should not be a one-size-fits-all solution in a country of such diversity and with geographic, income, racial, access and other inequities. As the go-to local resource for older adult needs, AAAs bring that essential community and person-centered perspective to the table and influence successful innovation and future policy that supports health outcomes through comprehensive, efficient and strategic collaboration.

Finally, the importance of connectivity and varying levels across the country cannot be understated. Please see our technology recommendations on page 23-25 of the *Strengthen Systems to Support an Aging America* priority.

Strengthen



Systems to Support an Aging America

Create pathways to successful aging for everyone by supporting the workforce, technology, preparedness and other infrastructure needs that our nation's demographics demand.

Role and Impact of Area Agencies on Aging:

The Aging Network in general, and AAAs and Title VI programs in particular, play a pivotal role in ensuring the needs of our nation's most at-risk older adults are met during the COVID-19 pandemic. These local leaders on aging well at home played both formal and informal public health and disaster response roles, adapted programs to meet changing circumstances and technologies, and innovated rapidly to best meet the needs of their clients and communities. Since they work directly with older adult clients and are the on-the-ground agencies that coordinate a wide range of aging services across a community, AAAs are trusted local resources that bring incredible value to older adults, people with disabilities, caregivers and the public and private payers of services to these populations. To play these key roles, they depend upon a reliable workforce, access to technology for their agencies and clients, and cooperation and partnership with other public systems contributing to the health of older adults, such as public health and emergency preparedness systems.

According to US Census Data, in 2018, 16 percent of—or 52 million—Americans were 65 or older. With an estimated 10,000 people turning 65 each day: by 2030, an estimated 73 million—or one in five Americans—will be 65 or older, a full 20 percent of the population. Four short years later, in 2034, older adults are expected to outnumber children under 18 for the first time in history.³⁶

The aging population is also becoming more diverse, with the proportion of non-white older adults significantly increasing in the next several decades.³⁷ Among this rapidly growing—and increasingly diverse—demographic cohort, there is an overwhelming desire to age at home rather than in institutional settings.³⁸

That's why USAging urges policymakers to invest in national, state and local infrastructure that has a significant impact on the ability to age well at home and in the community. While the 2021 infrastructure bill tackled traditional infrastructure and the House-passed Build Back Better Act wisely addressed caregiving infrastructure investments, much more needs to be done. Several of the most pressing issues follow.



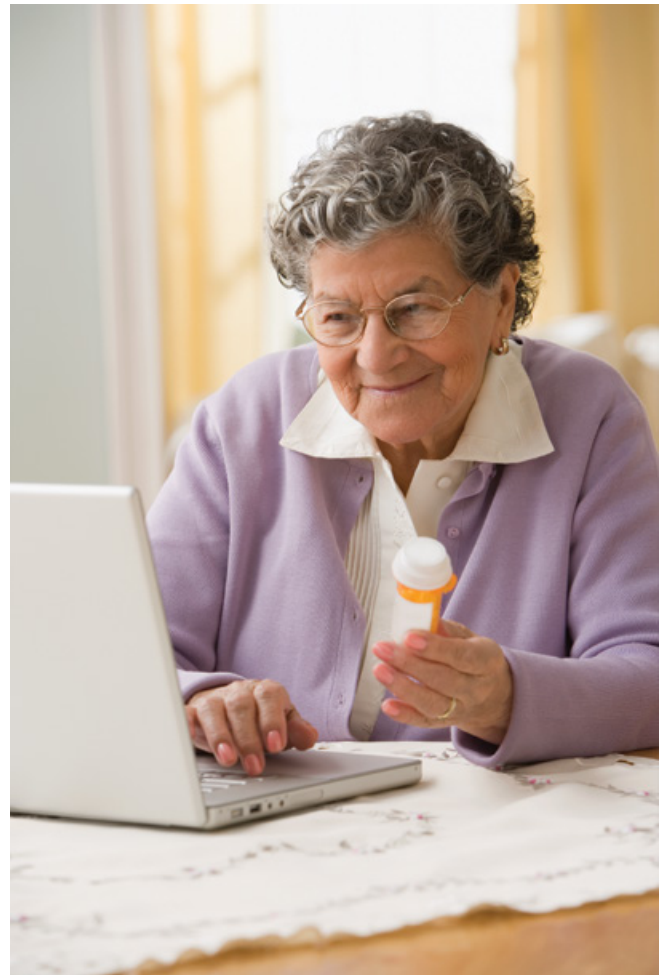
Workforce Challenges

Our nation does not have the long-term care workforce it needs. The alarms were raised long before COVID-19, but the conversation is even more pressing now. We do not have enough direct care workers to support the numbers of older adults who need personal, in-home or institutional support. The pay is low, the work is hard and the career ladder is nonexistent, so we have severe shortages of talent and yet will need millions more of these critical and undervalued workers in the next two decades. Across the board and regardless of the size of the communities they serve, USAging members report the same problems: not enough direct care workers to provide the care their clients currently require; tremendous turnover among the existing labor force; and rising wages in other industries that make it difficult to compete for workers. The labor shortage has also extended to other agency roles, such as information specialists and case managers who are now able to earn higher wages working retail jobs.

We urge Congress, the Administration and other decisionmakers nationwide to prioritize addressing these workforce shortages and longer-term training and retention challenges. Possible policy solutions include:

- Create a national task force to make recommendations on what needs to be done in the short-term and long-term to address this national crisis.
- Expand investment in OAA and Medicaid HCBS programs so states, AAAs and other providers can raise wages and compete for workers. (See *Invest in Cost-Effective Home and Community-Based Services*, pages 5-9, for details.)
- Elevate the profession of direct care worker through career ladders and advanced training opportunities. Consider changes to the scope of practice standards that would elevate the role of direct care worker.

- Increase the appeal of a direct care career path, not only via wage increases, but also the development or expansion of other benefits that define a more stable and desirable job, including expanded retirement and health care benefits, offering benefits for part-time workers, student loan forgiveness and other creative approaches.
- Encourage policies that address the everyday barriers workers face such as uncertain work hours as clients' needs abruptly change and limited opportunities for mentoring or on-the-job training, etc.
- Expand training programs to encourage more workers to go into aging services and direct care work. Also consider apprenticeships and integration of vocational opportunities for high school students that could provide a cross-generational benefit. We must build a workforce pipeline that reflects the urgent need our aging nation has for these professionals.
- Develop comprehensive immigration policies that reflect the need for a much larger direct care workforce and the provision of high-quality, consistent care to older adults and people with disabilities.
- Encourage and support pilots that promote innovation and entrepreneurial opportunities for individuals, companies and nonprofit organizations to boost the supply of direct care workers and agencies.
- Provide incentives to employers to hire or otherwise support non-traditional or under-tapped workers, such as older workers, the family members of care recipients, the underemployed or those interested in being self-employed.



Access to Technology

Technology is a component of a solution to the workforce challenges the nation faces, the rising aging population and the harms of social isolation and loneliness—but it is not a cure-all. The COVID-19 pandemic has exacerbated the consequences of the digital divide for people of all ages. The Aging Network used every new and existing tool at its disposal to reach and serve older adult clients with technology tools playing a significant role in making that possible. Yet too many older adults lack the ability to successfully use new technologies to connect to people or services, whether because of physical or cognitive challenges, because acquiring technology equipment is financially out of reach or because there is not broadband coverage where they live or, if it is available, unaffordable. The Aging Network has pioneered many solutions to these challenges and will, in many cases, continue

using the online options it created as older adults and the nation adjust to life once the pandemic wanes, but policymakers must understand that further investment and support will be needed to ensure older adults aren't left behind because of technology.

USAgging recommends that Congress and the administration consider the realities of older adults around technology when developing any policies that may help—or hinder—efforts to close the digital divide and improve the social engagement, health and well-being of older adults. Special attention should be paid to the following realities:

- Important government and other essential systems should not rely completely on online interactions. Offering telephonic assistance is a critical piece of ensuring equity in access to products and services, especially for many older adults. For some older adults, in-person, hands-on assistance is necessary—such as the help provided by the Aging Network.
 - Deploying technology to older adults to address social isolation, to expand access to health and social supports, and to reduce health and financial disparities is of tremendous importance. Yet, policymakers and professionals must factor in the need for accompanying, age-friendly and ongoing training on said technologies. More work should be done to identify evidence-based approaches to this training, as well as new funding sources created or existing resources supplemented to be able to provide this level of personalized assistance. Additionally, AAAs and other CBOs deploying technology to older adults directly need maximum flexibility in the use and tracking of these devices.
 - Common aspects of aging should be factored into quality design of any essential technology, such as vision loss and differences, hand-eye coordination and function, cognitive decline and other frequent realities of aging.
- Older adults living in rural areas are at a particular disadvantage: there is often reduced choice of services or providers, greater difficulty in reaching those resources over long-distances and without public transportation, and yet without broadband, technological solutions (e.g., online support groups, telehealth) often fail to fill the original gap.



Technology is not a cure-all when it comes to professionals who are addressing the needs of older adults, people with disabilities and caregivers. Increasingly, for-profit and other interests have invested in technology applications that, while they may have value as supplemental or efficiency tools for the delivery of aging services, should not be used to replace the unique and highly effective person-centered approaches deployed by the Aging Network.

From their nearly 50 plus years of experience, USAgging members know what it takes to engage with older adults, to support them, to prevent negative health outcomes, to provide services in age-friendly, dementia-friendly and culturally appropriate ways, to intervene in a crisis and to simply meet those clients where they are at all times. That person-centeredness is essential to the work we do and it's what makes the Aging Network so successful. A new app or platform may add some value to professionals or even some consumers—but it should never be seen as a replacement for the on-the-ground, hands-on work being done across the Aging Network. The clients we serve want, need and deserve personalized attention—and it's often the more effective way to address their needs.

Aging Network professionals also face realities in maximizing technology to better meet their collective mission. Policies should reflect these opportunities and challenges:

- New, technology-driven tools that can complement the person-centered, hands-on care that AAAs and their service providers offer. Examples of such current technologies being used by the Aging Network include robotic pets to reduce loneliness, automated medication management systems, safety notification systems in the home, phone and tablet-based case management systems and much more.
- The potential to use technology for greater social engagement of older adults in their communities, including intergenerational engagement and access to the Aging Network's diverse services (e.g., online classes, support groups, evidence-based health and wellness programs).
- With better technology, AAAs and their health care partners could better and more efficiently coordinate care across systems and agencies. The challenge is that there has been no investment in how to accomplish this within current silos and systems. USAging urges Congress to expand access to health care information technology resources to the Aging Network in particular, and the social services sector in general, to better facilitate integrated care, person-centeredness and to better address the SDOH.



Disaster/Emergency Planning and Response

COVID-19 proved just how critical the Aging Network truly is. The heroic efforts of AAAs, Title VI programs and service providers that served (and continue to serve) on the front lines in the early days, weeks and months of the pandemic showcased not only their commitment to helping older adults stay safe and well even in the hardest of circumstances, but also their ability to adapt and innovate quickly. And this adaptation and evolution continues two years into the pandemic. The connection and contributions AAAs make to public health were also evident to a degree perhaps not acknowledged before, with formal and informal partnerships springing up at every stage of the pandemic. AAAs and Title VI programs operated robust vaccine outreach and assistance programs as soon as the first vaccines were made available, redoubled efforts for booster shots and continue to reach those not yet fully vaccinated in their communities.

For non-health emergencies, AAAs and Title VI programs also offer incredible value. In natural or man-made disasters and extreme weather events, these on-the-ground entities understand where the most vulnerable older adults are, what they need and how to reach them. They also assist older adults in planning for emergencies and often play key roles in local emergency planning and response efforts.

As our nation continues to grapple with a public health emergency and a changing climate has led to more extreme weather events at greater frequency than ever before, USAging urges policymakers to understand the key role that our members can play in disaster preparedness and response. The Aging Network should be considered when:

- federal (and state and local) funding for planning and response efforts is being allocated and distributed;
- determinations of essential worker designations are being made;
- best practices and other guidance are being developed;
- technology around Geographic Information System mapping is being tapped and could be enhanced by Aging Network knowledge of these especially vulnerable populations of older adults and people with disabilities; and
- resources are deployed for recovery efforts.

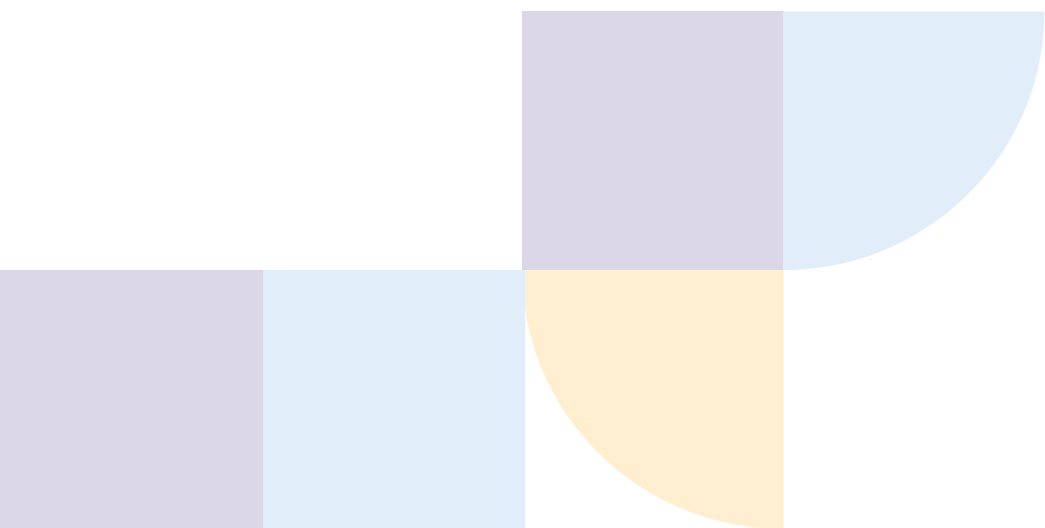
As with our recommendations in *Connect Health Care and Aging Sectors to Improve Care and Reduce Costs* (page 15), we are stressing the importance of tapping the incredible value of the Aging Network by coordinating and aligning systems and resources; investing in the Aging Network's capacity to expand their reach; recognizing their unique strengths in reaching not only older adults, but particularly hard-to-reach populations such as older adults with low-incomes, those from historically marginalized populations or vulnerable older adults; and preventing duplication or inefficiencies that only distract from the goal of supporting older adults in aging well at home and in the community.

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USAgging

USAgging is the national association representing and supporting the network of Area Agencies on Aging and advocating for the Title VI Native American Aging Programs. Our members help older adults and people with disabilities throughout the United States live with optimal health, well-being, independence and dignity in their homes and communities.

Our members are the local leaders that develop, coordinate and deliver a wide range of home and community-based services, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, transportation, evidence-based health and wellness programs, long-term care ombudsman programs and more.

USAgging is dedicated to supporting the success of our members through advancing public policy, sparking innovation, strengthening the capacity of our members, raising their visibility and working to drive excellence in the fields of aging and home and community-based services.



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