Leadership Council of Aging Organizations

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2015 White House Conference on Aging (WHCoA) Policy Catalog

The Leadership Council of Aging Organizations (LCAO) is a coalition of 72 national nonprofit organizations concerned with the well-being of America's older population. The following catalog of policy recommendations includes LCAO's White House Conference on Aging (WHCoA) work group suggestions and all ideas proposed by LCAO members, but are not vetted as coalition priorities.

The following policy recommendations are organized by the four WHCoA issue themes. Due to the diverse variety of issues that are categorized under Healthy Aging, policy recommendations in that section are organized by sub issues. The coalition priority policy recommendations, which are highlighted in the LCAO WHCoA Policy Priorities document, are listed in order at the top of the four issue theme sections. The top six recommendations for Elder Justice and Retirement Security and the top seven recommendations for Healthy Aging and Long Term Services and Supports are listed first in the sections. All other recommendations are numbered for ease of reference but the numbers are not indicative of any relative ranking. Policy recommendations listed below the line of asterisks are recommendations added to the catalog after the voting period.

As each WHCoA has a 10 year horizon, we further noted the relative time period in which the recommendation could likely be implemented. The designation short-term (ST), medium-term, (MT), and long-term (LT) following the bullets represents the recognition that some of these policy changes could be accomplished with executive action relatively quickly while others would require legislation and a longer time to implement.

Elder Justice

E1 • Create a dedicated stream of funding for Adult Protective Services to raise its funding to an adequate level across the country.(LT)

E2 • Develop a national Adult Protective Services system based on standardized data collection and a core set of service provision standards and best practices through the Office of Elder Justice and Adult Protective Services within the Administration for Community Living. (ST)

E3 • Banking regulations currently require reporting of suspected fraudulent transactions due to senior exploitation. Direct the Treasury Department to enhance reporting of data and outcomes from Suspicious Activity Reports (SARs) including giving feedback on outcomes to financial institutions who file SARs. Report SARs to local law enforcement and Adult Protective Services. (ST)

E4 • Ensure that federal victims' services funding is proportionately channeled toward older crime victims including elder abuse and financial exploitation.(ST)

E5 • Direct Center for Medicare & Medicaid Services (CMS), Department of Justice (DOJ), Department of Health and Human Services (DHHS), and other departments and agencies to create relevant elder abuse "101" e-trainings to be made available online and eventually required for all direct services employees in funded facilities. (MT)

E6 • Direct all federal agencies who are a part of the Elder Justice Coordinating Council to have elder abuse prevention information, including where to report elder abuse at the state and local levels on their respective websites, and do an inventory of all federal agencies which operate programs that serve older adults to ensure proper training, screening, and reporting of elder abuse and exploitation. (MT)

E7 • Distribute a fact sheet to all federal agencies that interact with local stakeholders that come in contact with older adults regarding the identification and reporting of elder abuse. To enhance the reach and impact, a communications campaign should be organized around World Elder Abuse Awareness Day and during Older Americans Month with all agencies and their various stakeholders in local communities promoting these resources in a concentrated time period. (ST)

E8 • Develop a federal elder justice research agenda lead by the agencies in the Elder Justice Coordinating Council. Further research will be foundational for future best practice efforts. (ST)

Retirement Security

R1 • Expand Social Security benefits and extend program solvency by increasing benefits across- the-board; instituting the Consumer Price Index for the Elderly (CPI-E), which reflects actual elder spending patterns; adding a caregiver credit, which recognizes interruptions in labor force participation to provide services to family members; lifting or eliminating the payroll tax cap; and opposing benefit cuts, including implementing the chained CPI. Social Security expansion should include Social Security survivor and spousal benefits and Medicare - among other federal benefits to all same-sex couples regardless of place of domicile. Any enhancements in Social Security benefits should be exempt from income and should not count for the purpose of Supplement Security Income (SSI) eligibility or benefit amount, so that the poorest beneficiaries would be able to benefit from these increases. (MT/LT)

R2 • Secure adequate administrative funding for the Social Security Administration (SSA) to increase staffing and office hours to reduce wait times for applicants and beneficiaries, as well as reinstitute the mailing of annual benefit statements (ST)

R3 • Update provisions for the SSI program through the SSI Restoration Act. The SSI income disregards have not been updated since its enactment in 1972. (MT)

R4 • Support reallocation of the Old-Age and Survivors (OASI) payroll tax to address the imminent funding shortfall in the Social Security Disability Insurance (SSDI) program. (MT)

R5 • Protect, preserve and expand private and public pensions and educate the public on the importance of pensions to families and to the economy through their role in funding infrastructure projects and creating jobs. (LT)

R6 • Improve notice for people eligible to transition to Medicare from Medicaid, employment-based health plans or the health care exchanges, including notices specific to same-sex couples to help seniors who currently incur out-of-pocket costs, gaps in coverage and a lifelong penalty for not enrolling in Medicare at 65 or for dis-enrolling from Part B in error. (ST)

Progress on retirement security in the short run is necessarily limited by existing retirement income and savings structures, especially reliance in the private sector on voluntary savings plans, and broader economic trends and conditions, such as long-term wage stagnation for most workers. Given this reality, the Administration should openly acknowledge and address the retirement income crisis in a way that recognizes the importance of intergenerational commitments and supports the expansion of the most successful anti-poverty program in American history, Social Security. The Administration should also take the following steps to improve outcomes for today's older Americans and working-age people preparing for retirement:

R7 • Ensure that the professional investment advice that workers and retirees get for their retirement savings is free of financial conflicts of interest and in their best interests by modernizing the outdated Department of Labor rules currently in effect. (ST)

R8 • Encourage retirement plan sponsors to provide education to workers and retirees about their retirement investment and distribution choices and how best to manage their money in retirement by updating and expanding the Department of Labor guidance on what constitutes investment education to include these issue explicitly. (ST)

R9 • Develop demonstration projects or partnerships with private-sector stakeholders to increase access to professional, conflict-free retirement investment advice among underserved low- and middle-income worker and retirees. Increasing access to this kind of investment advice will be especially important to myRA account holders who are required to roll their accounts over to private-sector IRA providers once they have accumulated $15,000 in savings. (ST)

R10 • Strengthen workplace retirement savers' understanding of their lifetime retirement income needs and how much income their savings will yield at retirement by requiring defined contribution plan sponsors to include lifetime income disclosures in individual account statements at least annually. (ST)

R11 • Improve fee and expense disclosures to defined contribution plan fiduciaries and participants and beneficiaries, including by requiring fees and expenses to be benchmarked to relevant peer groups so that users can more readily determine the reasonableness of what their plans are charged. (ST)

R12 • Change the SSA rules to waive overpayments incurred by individuals who, at the time of the overpayment, were under the age of 18 and were receiving the benefits through a parent, guardian or a representative payee; and issue a blanket waiver for overpayments incurred by married same-sex SSI recipients, who are collecting as single beneficiaries, because the federal government refuses to recognize their marriages. (ST)

R13 • Ensure that the US Department of Labor, during the current rulemaking process for the Workforce Innovation and Opportunity Act, fully consider recommendations from recent GAO reports about how to improve services to older workers, including adopting WIOA performance measures that do not discourage service to older workers and jobseekers. (ST)

R14 • Establish a resource center to gather and disseminate research and best practices related to older workers, similar to the Health Care and Training for Older Workers, (S. 708), the Older Worker Opportunity Act (S. 709), and to the Incentives for Older Workers Act. (ST)

R15 • Given the limited impact myRAs are likely to have on retirement savings for eligible workers, promote myRAs through community outreach that highlights potential eligibility for Saver's Credits. (Expanding eligibility for the Saver's Credit through legislative reform should be a medium-term priority so that more low-income individuals may take advantage of them and therefore have an opportunity to accrue meaningful savings through myRAs.). (ST)

While many people refer to the "three-legged stool" of retirement security, a more apt analogy would be a pyramid with Social Security, Medicare and Medicaid forming the stable base, traditional guaranteed pensions as the critical middle layer, and individual savings playing a smaller role. With this in mind, the Congress and/or the Administration should:

R16 • Enact legislation that establishes "place of celebration" as the standard used to recognize same sex couples across all federal programs, to ensure all couples are eligible to receive critical services and supports under Social Security, Medicare, Veterans Administration, and other federal agencies, regardless of where they live. We applaud the President for helping to eliminate

legal barriers for same-sex couples by including language proposing a place of celebration rule for Social Security in his budget. (MT)

R17 • Ensure that beneficiaries have access to the tools needed to help them make choices for Medicare, including adequate funding for the SHIP program. And ensure continued and expanded education about all aspects of Windsor implementation, to: beneficiaries, employers, SHIP networks, and 1800Medicare. (MT)

R18 • Improve low- and middle-income individuals' ability to save for retirement by expanding eligibility for the Savers' Credit, including by making it refundable and increasing the maximum income level. (MT)

True retirement security means that older adults have sufficient income needed to age in place with dignity in their communities, able to meet all basic monthly expenses. To move toward this goal, we call upon Congress and the Administration to:

R19 • Embrace public workforce investment, job creation, and lifelong learning policies that are equitable and non-discriminatory for all Americans, young and old, and actively include older workers who can and need or want to work. (LT)

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R20 • Assure fairness for Supplemental Security Income (SSI) recipients by targeting resources to implement a uniform system for inputting and tracking appeals of determinations to reduce or eliminate these subsistence benefits. This would prevent temporary interruptions of benefits that can cause permanent damage including loss of housing for SSI recipients, among whom are the poorest and most vulnerable seniors. (ST)

R21 • More broadly, the federal government could prioritize the collection of data related to sexual orientation and gender identity in its population-based surveys, including the U.S. Census Bureau's various surveys (e.g., the American Community Survey, the National Decennial Census, and the Current Population Survey). (ST)

R22 • Require grantees and recipients of HUD-insured loans and loan guarantees to be culturally competent on the needs of LGBT older adults through an approach that includes delivering ongoing training, tools and best practices. (MT)

R23 • Through the Low Income Housing Tax Credit Program (LIHTC), the U.S. Department of the Treasury—with HUD's involvement—could incentivize local housing and community development agencies to build LGBT-friendly, affordable senior housing developments in various parts of the country. (LT)

Healthy Aging

H1 • Count time spent in observation status towards the three-day prior hospitalization requirement to be eligible for the Medicare skilled nursing facility (SNF) benefit. (MT)

H2 • Fill information gaps for people approaching Medicare eligibility (including people not receiving Social Security) by developing and implementing an interagency approach to provide enhanced notification and support for individuals nearing Medicare eligibility. We encourage a strategic review and audit of existing materials and urge the White House to commit to the development of notices and other standardized materials to fill sorely needed information gaps. (ST)

H3 • Create a Medicare benefit that is affordable and comprehensive – includes Rx, vision, dental, hearing and long-term services and supports; eliminates the need for supplemental insurance; ensures access to a broad range of providers and minimizes out-of-pocket costs. (LT)

H4 • Ensure training in geriatric and geriatric principles for the entire eldercare workforce. (ST)

H5 • Implement innovative care coordination models that increases support and provides caregiver training. Adoption of such delivery systems will provide for better outcomes for those living with dementia AND their family caregivers as well as save overall healthcare costs. (MT)

H6 • Make the Qualified Individual (QI) program and the Medicare improvement for Patients and Providers Act (MIPPA) low-income outreach and enrollment funding permanent. (MT)

H7 • Establish dementia as a qualifying event for the Medicare home health benefit. (ST)

Medicare – Consumer and Low-income Protections

Strengthen consumer protections to ensure access to Medicare services and improve access to programs for low-income Medicare beneficiaries:

H8 • Strengthen MA and Part D appeals, namely through enhanced beneficiary notification and by streamlining the steps in the appeals processes. (ST)

Medicare – Enrollment and Beneficiary Support

Simplify and remove barriers to enrollment into Medicare and provide Medicare beneficiaries with access to personalized assistance, as well as simplify notices and tools to support beneficiary decisions:

H9 • Revise enrollment procedures to provide new Medicare enrollees the option to waive the 6-month retroactive enrollment to Part A, thereby eliminating the potential penalty that some individuals face. (ST)

H10 • Translate Medicare Materials, including Medicare & You, into more languages and include taglines in 15 languages on all notices and websites informing individuals of their right to language services and how to access them. (ST)

H11 • Increase decision-making support for people with Medicare, through increased funding for SHIPs, further consolidation of Part D and MA plan choices and more personalized and streamlined tools, including Medicare Plan Finder, the Annual Notice of Change (ANOC), Medicare & You and other beneficiary facing resources.(MT)

H12 • Amend the statute regarding Medicare enrollment during the Initial Enrollment Period to provide that Medicare is effective the month after enrollment, if after the individual's 65th birthday, or month of eligibility, thus reducing any gap in coverage. (MT)

Medicare – Coverage and Demonstrations

Expand coverage of services to include reimbursement for advance care planning and chronic disease management, and implement demonstrations to test additional models of care:

H13 • Implement a Medicare home health demonstration program that waives the part-time and intermittent care and homebound standards, allows greater flexibility relative to services provided, and covers services in the home that would be less costly than in a SNF or hospital. (ST)

H14 • Implement demonstration programs and pilot projects on chronic care management under Medicare provided by an interdisciplinary team of health care professionals within home health agencies to ensure a discipline-integrated, community care-based approach to care management. (ST)

H15 • Implement a demonstration project that would allow nurse practitioners, physician assistants, and other non-physician professional practitioners (NPPs) to order Medicare home health services (consistent with their scope of practice under state law). (ST)

H16 • Add reimbursement for assistance with advance care planning to the Medicare annual wellness visit and make payable the two new CPT codes for advance care planning. (ST)

H17 • Include chronic disease self-management education (CDSME) in new Medicare billing codes for complex chronic care. (MT)

H18 • Include CDSME as a billable service under the Welcome to Medicare exam and the up Medicare Wellness visit. (MT)

H19 • Expand the Patient-Centered Medical Home (PCMH) self-management quality standards to other delivery models for Medicare. (MT)

H20 • Eliminate or reduce barriers for Area Agencies on Aging and other community-based organizations to receive Medicare payments for on-line and community-based Diabetes Self-Management Education. (MT)

H21 • Provide Medicare coverage for a package of services, including: (LT)

- clinical diagnosis of Alzheimer's disease;
- care planning to provide newly-diagnosed individuals and their caregivers information about medical and non-medical options for treatment and support; and
- require documentation of the diagnostic evaluation and any care planning provided in an individual's medical record.

Miscellaneous Medicare Suggestions

H22 • Provide chronic disease self-management education online and community-based programs as a benefit for federal employees to reduce the impact of chronic diseases. (ST)

H23 • Increase beneficiary participation in Medicare's annual wellness exam. (ST)

H24 • Establish a Medicare palliative care benefit. (MT)

H25 • Increased funding for evidence-based chronic disease management education and falls prevention programs, as well as for National Family Caregiver Support Program (NFCSP) and Lifespan Respite. (MT)

H26 • Repeal and replace the Medicare therapy caps. (MT)

H27 • Create permanent SGR fix that includes making the QI program and the therapy cap exceptions process permanent and that is not paid for by increasing costs to beneficiaries. (MT)

H28 • Expand Opportunities for Home and Community-Based Care Under Medicare and Medicaid Through Demonstration Projects and Enforcement of the Olmstead Decision. (MT)

H29 • Protect Medicare beneficiaries from cost-shifting to ensure Medicare beneficiaries continue to receive important Medicare Part B preventive protections. (MT)

H30 • Improve outreach and transitions for beneficiaries transitioning from new Affordable Care Act coverage to Medicare and traditional Medicaid (LT)

Service Delivery – Access

Improve Access to Chronic Disease Self-Management and Falls Prevention Programs:

H31 • Provide technical assistance to states on how they could incorporate evidence-based chronic disease self-management education (CDSME) and fall prevention programs into Medicaid HCBS authorities, such as 1915(c), state plan options, health homes, and Money Follows the Person. (ST)

H32 • Provide CDSME online and community-based programs as a benefit for federal employees and veterans to reduce the impact of chronic diseases. (ST)

H33 • Increase funding for evidence-based CDSME and falls prevention programs. (MT)

H34 • Include evidence-based CDSME interventions as a covered Medicaid Health Home Service to improve health outcomes for people with multiple chronic conditions. (MT)

H35 • Provide funding to develop sustainable models for integrating community-based organizations that offer CDSME with health care providers to improve health care outcomes and save health care dollars. (MT)

Service Delivery – Workforce Training

Strengthen the eldercare workforce's ability to meet the needs of older adults and family caregivers:

H36 • Increase funding for the HRSA Geriatrics Workforce Enhancement Program (GWEP). (ST)

H37 • Reauthorize, and appropriate funds for, the HRSA Geriatric Career Incentive Awards (GCIA) program. (ST)

H38 • Fund the National Healthcare Workforce Commission. (ST)

Service Delivery – Services and Supports

Improve Services and Supports for People Affected by Specific Health Conditions:

H39 • Address the current crises in HIV and aging by improving care, services and supports for older adults with HIV/AIDS (by issuing treatment guidelines, considering demonstration projects, and requiring TA, CBA for providers). (ST)

H40 • Enhance older adult mental and behavior health by resuming funding for the SAMHSA Older Adult Behavioral Health Technical Assistance Center and associated grant program, which support implementation of evidence-based mental health practices. (ST)

H41 • Establish hospital and emergency department protocols for those living with dementia. (ST)

H42 • Ensure that health disparities that exist among ethnic minorities are addressed in measurable and comprehensive ways to include research and educating both seniors and providers. (ST)

Research and Data Collection

Initiate or increase research, data collection, testing, and clinical trials with respect to historically underserved populations, including older adults with and at risk for HIV and those with cognitive challenges.

H43 • Establish research on cognitive screening and its impact on individual care choices and identify new technologies that can test and track cognitive functioning. (ST)

H44 • Create incentives to promote clinical trials with special outreach to minority communities. (ST)

H45 • Improve NIH research (in areas identified by NIH Office of AIDS Research (OAR) and by reconvening the aging working group) (ST/MT)

H46 • Improve HIV testing rates among older adults (through targeted prevention campaigns, encouraging routine testing of all adults, expanded culturally competency for testers, technical assistance and capacity building assistance to all primary and other care providers, and ensuring Ryan White recipients target older adults) (ST/MT)

H47 • Improve data collection on HIV/aging (by providing data on HIV testing rates and the total number of HIV tests conducted annually among people age 50+ and by providing better data on AIDS-related morbidities and mortality rates). (ST/MT)

Health Disparities/ Inclusiveness

Reduce barriers to providing and accessing basic needs, with special attention to disparities related to education, income, sexual orientation, gender identity, race, ethnicity, language, and other factors.

H48 • Foster inclusive, affordable housing and ensure compliance with current LGBT housing protections by issuing specific guidance w/r to HUD's Equal Access Rule (EAR) in HUD 202 and other elder spaces; identifying LGBT older adult housing challenges in HUD surveys and research, by collecting LGBT data from state/local fair housing complaints, under the EAR in HUD 202, and in other elder spaces; and incentivizing local housing and community development agencies to build LGBT-friendly, affordable senior housing through the LIHTC. (ST)

H49 • Streamline and simplify SNAP application, enrollment and recertification for older adults in all states. Older adults are woefully under-enrolled in SNAP and waivers to reduce barriers to SNAP have been successful in some states. (ST)

H50 • Launch a nationwide campaign to ensure that all older Americans, regardless of education, income, or community, have access to the Internet (building on lessons from the outreach efforts to older persons during the conversion to digital television in 2009). Here's the latest research on the persistent digital divide among older Americans: https://www.benton.org/blog/deeper-dive-data-seniors-and-internet. (ST)

H51 • Create a national program—modeled on the federal government's new "Promise Zones" Initiative—that supports communities' efforts to become more age-friendly, including dementia-friendly communities. (MT)

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LGBT Health

H52 • Encourage State Units on Aging (SUAs) and Area Agencies on Aging (AAAs) to enter into new cooperative arrangements with organizations that serve LGBT individuals and require SUAs and AAAs to consider LGBT cultural competency in funding providers of services and supports. (MT)

H53 • Require SUAs and AAAs, and providers of services and supports, to take affirmative steps to participate in LGBT cultural competency trainings and establish LGBT-culturally competent practices and procedures. (MT)

H54 • Prioritize research and development grants for organizations working to improve the health, long-term care, and access to culturally responsive services for LGBT older adults. (ST)

H55 • Report on the number of LGBT individuals reached through activities carried out under the Older Americans Act and the effectiveness of those activities in reaching LGBT older adults. Conduct studies and oversee data collection on the service needs of LGBT older adults. Require

data collection and analysis on the effectiveness of the SUAs and AAAs in targeting services at LGBT older adults. (ST)

H56 • Develop appropriate protocols, demonstrations, tools, or guidance for use by SUAs and AAAs, to ensure successful implementation of data collection requirements. (ST)

H57 • Require long-term care ombudsmen to collect and analyze data relating to discrimination against LGBT older adults in long-term care settings. And require the Director of the State Long-Term Care Ombudsman Programs' annual report to include the effectiveness of long term care ombudsman services in meeting the needs of LGBT individuals. (MT)

H58 • Update relevant surveys to include questions on sexual orientation and gender identity, and employ methodologies that ensure that sample sizes of LGBT older people are large enough for statistical analysis. HUD administers a range of studies related to housing that could benefit from questions on sexual orientation and gender identity, including but not limited to: the American Housing Survey (which studies a broad range of housing subjects); the Family Report (which tracks HUD-assistance housing programs, including the housing needs of special population groups); and the Family Options Study (which assesses how interventions support families experiencing homelessness). (ST)

H59 • Engage in new research to continue testing the prevalence of housing discrimination against LGBT older people - in the rental market, in the sale of housing, in lending, and in the vast array of senior housing communities. (MT)

H60 • Survey state and local entities – such as state and local human rights agencies - that currently collect data on sexual orientation and gender identity, to discern the housing barriers facing LGBT people (as HUD did in advance of developing the Equal Access Rule), with a specific focus on older adults. (ST)

H61 • Encourage these entities to work with LGBT stakeholders in their communities and to develop programming that improves their LGBT cultural competence and better engages LGBT communities. (ST)

H62 • Under the Equal Access Rule and through the Fair Housing Initiatives Program (FHIP), fund organizations and projects focused on promoting awareness and assistance with respect to fair housing and equal opportunity among LGBT older people. (LT)

H63 • Issue explicit guidance to grant recipients under HUD's Section 202 program—as well as other applicable programs targeting older adults—that housing discrimination against LGBT people is unlawful under HUD's Equal Access Rule. (ST)

H64 • Take appropriate steps to assess and monitor the extent to which grant recipients under Section 202 and other HUD programs are complying with the LGBT protections outlined in the Equal Access Rule. (MT)

H65 • Ensure that any future efforts to collect data through a Section 202 national reporting system include questions on sexual orientation and gender identity. (ST)

H66 • As HUD develops demonstrations related to enhancing the HUD 202 program and other demonstration programs - ensure that any further demonstrations comply with LGBT protections outlined in the Equal Access Rule. (ST)

H67 • HHS should issue treatment guidelines for the clinical care of older people with HIV, with specific attention to cultural and linguistically competent care when dealing with older people of color and LGBT elders. (ST)

H68 • HRSA-HAB should consider demonstration projects to address the specific needs of an aging epidemic, particularly in light of the well-documented comorbidities. (MT)

H69 • HRSA-HAB AETCs to be re-bid in 2015, should include HIV/aging-specific training/TA/CBA from all proposers in response to a rapidly aging epidemic, and require training of all providers, not just those in receipt of Ryan White money. (MT)

H70 • HHS OHAIDP should convene a meeting with SAMHSA, HRSA-HAB and others to ensure that SAMHSA's very substantial resources are appropriately targeting the mental health and substance use services needs of an aging epidemic, not least a focus on depression. (ST)

H71 • DPC/ONAP/ACL should consider how to secure targeting of services and supports and data collection on HIV positive older adults under the Older Americans Act. (ST)

H72 • The National Institutes of Health (NIH) should support more research on HIV and aging, including research on women, LGBT people and various communities of color. (MT)

H72 • Research should look closely at differences within more marginalized and less studied subgroups of these populations (e.g. transgender people, Southeast Asian communities). (ST)

H73 • NIH should support research in the priority areas identified by the NIH Office of AIDS Research (OAR) Special Working Group on HIV and Aging, including but not limited to multi-morbidity management, behavioral health needs and caregiver support resources. (MT)

H74 • NIH should reconvene the NIH-OAR aging working group to assess progress on its recommendations since early 2012 and address research gaps, particularly with regard to older adults. (MT)

H75 • The CDC should dedicate resources to prevention campaigns and interventions that target older people age 50 and older. To ensure that these campaigns reach older people of color and LGBT older people, these campaigns should place a specific emphasis on working with organizations that engage these populations to ensure cultural and linguistically competent messaging, representations, and implementation. (ST)

H76 • The CDC and the United States Preventative Services Task Force should re-examine their testing recommendations to encourage regular HIV testing among people older than 65, to increase "routine" testing of all older adults up through at least their early 70s, and disseminate the guidelines to ALL primary care providers. (CDC data suggests it is cost-effective to test all older adults at least up through their early-mid 70s, i.e., the prevalence rate is in excess of 0.1%). (ST)

H77 • HRSA-HAB should encourage Ryan White recipients to use testing resources to specifically target older adults by ensuring planning councils include such testing as a priority and contracts are secured with the organizations most able to reach these individuals. (ST)

H78 • HRSA-HAB AETCs should include training/TA/CBA to disseminate HIV testing best practices and approaches among ALL primary and other care providers with the aim of increasing routine testing among ALL older adults. (ST/MT)

H79 • In a related vein, expand cultural competency training for testers and providers aimed at reducing homophobia, elder sex phobia, ageism, HIV fears/myths, etc. and thereby increase routine testing of ALL older adults. (ST/MT)

H80 • Increase partnering across HIV services/testing networks, the aging network, and faith-based community organizations to improve testing rates among older adults. (ST)

H81 • With CDC and other support, such as the LGBT philanthropic community, develop and disseminate HIV testing/prevention/PrEP/PEP social messaging and marketing campaigns targeted at the most at-risk older adults. (ST)

H82 • Advocate among allies in the LGBT and HIV communities to increase HIV-related grants and advocacy from the LGBT philanthropic community to better address the needs of at-risk older adults. (ST)

H83 • Include White House Office of Faith-based and Neighborhood Partnerships in efforts to reduce homophobia and HIV fears/myths and increase HIV testing among older adults, including specific efforts with faith-based organizations. (ST)

H84 • The CDC should integrate its new five-year incremental data for people age 50-85 into its routine HIV surveillance reports on people age 49 and younger. (ST)

H85 • The CDC should provide data on HIV testing rates among older people, as well as the total number of HIV tests conducted annually among people age 50 and older. (As one example, data that shows the age at which HIV infection occurs, as opposed to when HIV is detected, would be particularly informative.) (ST)

H86 • The CDC should provide better data on AIDS-related morbidities and mortality rates, given the high rates of AIDS among older people. All of this data collection and reporting should include breakdowns by race, ethnicity, sexual orientation and gender identity to better capture the realities of older people of color and LGBT older people with HIV. (ST)

Native Americans

H87 • Older American Indians/Native Americans are the most economically disadvantaged elders in the nation. And yet tribal organizations receive just $32 million under the Older Americans Act Title VI to try to meet the nutrition, supportive and caregiving needs of these elders. Significant investment—in both technical assistance/training/capacity-building and financial resources—should be made to improve the health, independence and well-being of older Indians. (ST)

Suicide Prevention

H88 • Provide funding to support research and development of prevention programs to address older adult suicide. (MT)

Case Transition Metrics

H89• Area Agencies on Aging (AAAs) and other Community-Based Organizations (CBOs) are part of an important paradigm shift that requires changes within a historically rigid medical model of health care delivery. Particularly, as key partners within the CMS-led Community Based Care Transitions Program (CCTP) funded through the ACA, AAAs and CBOs have demonstrated that once released from the hospital, the critical support for an individual's health and recovery happens at home and in communities. However, current readmissions and enrollment metrics evaluating CCTP performance do not adequately or accurately assess program performance. CMS should adjust these metrics to better reflect the health gains and cost savings achieved through care transitions activities. Additionally, to ensure the progress made through care transition investments is preserved after the current CCTP demonstration ends, care transitions activities should be reimbursable under Medicare. (MT)

Transportation

H90 • Research has shown that a critical factor in successful and healthy aging is the availability and accessibility of senior mobility and transportation services. The need for transportation services will only grow with the increase in the aging population. Therefore, significant investments must be made to support access to transportation and transit options, particularly those supported under the Federal Transit Administration's (FTA) section 5310 program. Additionally, investments in technical assistance for senior mobility programs must be increased and preserved under the Highway Trust Fund account to allow for further demonstration, outreach and training activities to meet the growing needs of the aging and transit communities. (MT)

Livable Communities

H91 • The rise in the number of aging citizens will affect the social, physical and economic fabric of our nation's cities and counties. This demographic shift will dramatically influence local policies and efforts to plan for health and human services programs, land-use decisions, housing and transportation investments, public safety and disaster response, workforce and economic development, education and recreation options, and volunteerism and civic engagement initiatives. Federal leadership and investment in livable and sustainable communities is essential to ensure that local governments plan for and implement broad long-term community infrastructure and services systems to meet the needs of the aging population to grow old with maximum independence, safety and well-being in their communities. (MT)

Volunteerism

H92 • Volunteerism is a critical component of healthy aging, both for those who volunteer (who enjoy improved health benefits) and those who receive services they might otherwise not. Older adult volunteers are critical to the delivery of aging services and play multiple roles including delivering meals to the homebound, serving as volunteer drivers, making calls to frail older adults, providing counseling assistance on Medicare Part D, to name only a few. The federal government must continue to invest in new ways to recruit, train and retain volunteers. (MT)

Veterans

H93 • The growth of the Veteran aging population and the desire of these veterans to self-direct their care has led to a rapid expansion of the Veterans 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. The VA must continue investing in and expanding access to options for self-directed care, and respect veteran preference to receive HCBS over more costly, often unwanted, nursing home care. (MT)

Long Term Services and Supports (LTSS)

L1 • Develop a national system to finance and provide access to high-quality, culturally-competent LTSS for all Americans that ensures the elimination of Medicaid's historical

institutional bias, and which is consistent with the joint principles on LTSS financing previously adopted by LCAO and the Consortium for Citizens with Disabilities (CCD). (LT)

L2 • Eliminate the Medicare requirement that a beneficiary must be "homebound" as narrowly defined in current law and implementing regulations in order to receive ongoing home care coverage. (MT)

L3 • Increase funding for federal programs supporting family caregivers, including the National Family Caregiver Support Program and the Lifespan Respite Care Program. "Family caregiver" is defined as: family members and families of choice (i.e. partners, friends, neighbors, etc. of the individual's choosing) (ST)

L4 • Develop and promote unique approaches to offer and fund improved team-based training for LTSS care providers, including direct-care workers, family caregivers, and health care professionals. (MT)

i. Training should include emphasis on cultural competency and geriatric and gerontological principles.
ii. Suggested approaches include: a) development and dissemination of CMS guidance for states on LTSS workforce training and ensuring the availability of federal matching funds for such training; b) funding of pilot projects to develop career ladders for direct-care workers; c) focusing a WHCoA listening session or regional forum on the issue of training for direct-care workers and family caregivers.

L5 • The institutional bias in Medicaid should be eliminated to provide access to home and community-based services for eligible low-income adults through all state plans without the need for waivers and to eliminate the waiting lists frequently created by waivers. (LT)

L6 • Create a Medicare long-term care benefit, with eligibility tied to a need for assistance with a certain number of Activities of Daily Living (ADLs). (MT)

L7 • Enhance, improve and extend the Balancing Incentive Program (BIP) and Money Follows the Person (MFP) and further improve mechanisms for ensuring that Medicaid beneficiaries can choose home and community-based LTSS. (MT)

L8 • Report on the number of LGBT individuals reached through activities carried out under the Older Americans Act and the effectiveness of those activities in reaching LGBT older adults. Conduct studies and oversee data collection on the service needs of LGBT older adults. Require data collection and analysis on the effectiveness of the SUAs and AAAs in targeting services at LGBT older adults. Develop appropriate protocols, demonstrations, tools, or guidance for use by SUAs and AAAs, to ensure successful implementation of data collection requirements. (ST)

L9 • Require coverage of voluntary advance care planning under Medicare, Medicaid, and other federally funded programs. This could include, but is not limited to, strategies such as (1) making payable the two new CPT codes for advance care planning and (2) adding reimbursement for assistance with advance care planning to the Medicare annual wellness visit. (ST)

L10 • Extend the family caregiver assessment provision in the 1915(i) HCBS state plan option to other Medicaid HCBS authorities. (ST)

L11 • Mandate state reporting of rebalancing measures for MLTSS and duals demos consistent with recommendations made in January 2014. (ST)

L12 • Resume funding for the successful SAMHSA Older Adult Behavioral Technical Assistance Center and grant program to support implementation of evidence-based mental health practice. (ST)

L13 • Expand the Pre-Admission Screening and Resident Review Program (PASRR) program, currently in use only in from Medicaid-certified facilities, to include individuals applying for admission to other types of long-term service facilities. (ST)

L14 • Establish a state innovation fund, creating a federal grant program to provide two types of awards: State Planning Grants and, if applicable, Pilot Project Planning Grants. The grants could be used in states to support both planning and implementation projects that focus on the LTSS needs of their population. (ST)

L15 • Have Medicare and Medicaid provide a 24-hour hot line and website for advanced illness and end of life information. (ST)

L16 • New Medicaid managed care regulations should include robust consumer protections, with a particular focus on LTSS consumers, including: improved language access and focus on cultural competency in long-term services and supports; appeal and hearing rights that are consistent with 42 CFR 431, Subpart E; and protections for continuation of services pending appeals/hearings without regard to the expiration of prior authorization periods as long as the appeal is filled in a timely manner. (ST)

L17 • Encourage the White House to give guidance to human resource directors on developing guidelines for policies and procedures supportive of family caregivers. (Sally emphasized this should not mean selling of products.) (ST)

L18 • The White House should adopt/use the WHO definition of “health care” which would incorporate the services provided by direct-care workers. Currently, in the U.S., the services provided by direct-care workers are considered outside of health care. (ST)

L19 • The Administration should incorporate direct-care worker related quality measures into HHS programs. Examples include some recommendations from the NQF health workforce report released in August 2013 related to training & the development of core competencies in the care of older adults, and related to diversity & retention, such as the assessment of demand for particular occupations based on census data. (ST)

L20 • Require long-term care ombudsmen to collect and analyze data relating to discrimination against LGBT older adults and other individuals in long-term care settings. And require the Director of the State Long-Term Care Ombudsman Programs' annual report to include the effectiveness of long term care ombudsman services in meeting the needs of LGBT individuals and other marginalized individuals. (ST)

L21 • Issue an Executive Order barring discrimination on the basis of sexual orientation and gender identity in nursing homes, long term care settings, and any entity that serves older adults and receives federal funds. (ST)

L22 • Boost dissemination and adoption of multi-payer models for health and LTSS, such as PACE or other similar models that are based on shared savings and extend to Aging Network providers. (MT)

L23 • Provide funding for more research on LTSS financing models. (MT)

L24 • Reform the Family Medical Leave Act to address employer discrimination against family caregivers. (MT)

L25 • Provide individuals with a person-centered care plan, including information for individuals and family caregivers. (MT)

L26 • Include direct-care workers and family caregivers in the interdisciplinary care teams and models. (MT)

L27 • Identify barriers to LTSS provider coordination and support pilot projects to develop comprehensive networks of LTSS service providers including solutions to integrating acute care and LTSS networks. (MT)

L28 • Require State Units on Aging (SUAs) and Area Agencies on Aging (AAAs) to take affirmative steps to improve LGBT cultural competency, such as: requiring providers to participate in LGBT cultural competency trainings and establish LGBT-culturally competent practices and procedures; entering into new cooperative arrangements with organizations that

serve LGBT individuals; and considering LGBT cultural competency in funding providers of services and supports. (MT)

L29 • Enable the National Family Caregiver Support Program to support the Long-Term Care Ombudsman Programs' efforts to create family councils in nursing homes. (MT)

L30 • Ensure a registered nurse is on staff in a skilled nursing facility, 24 hours a day, seven days a week. (MT)

L31 • Increase the ratio of social services staff to residents in Medicare- and Medicaid-certified nursing and skilled nursing facilities to ensure that residents receive high-quality psychosocial care. (MT)

L32 • Require states to submit a detailed Olmstead compliance plan each year and establish firm deadlines with penalties for non-compliance to encourage states to rebalance their Medicaid programs by increasing the availability of home and community based care and reducing reliance on institutional care. (MT)

L33 • Modernize Medicare by permitting nursing home level of care (NHLOC) entitled consumers to choose adult day services in lieu of nursing home placement. (MT)

L34 • To improve our current system of Long-Term Services and Supports and to prepare for the growing demand of LTSS, we recommend that we ensure the availability of supportive services and evidence-based programming for older adults and their caregivers, work to enhance the effectiveness and implementation of evidence-based technology-enabled care, expand efforts to measure the quality and outcomes in LTSS, focus on workforce development, and consider a combination solution for LTSS financing. (LT)

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L35 • Issue an Executive Order barring discrimination on the basis of sexual orientation and gender identity in nursing homes, long term care settings, and any entity that serves older adults and receives federal funds. (ST)

L36 • The Older Americans Act, which provides a wide range of services to older adults and family caregivers, must be reauthorized in a timely fashion to ensure uninterrupted service delivery and supports that preserve the ability of millions of older adults to live at home and in the community. Funding lost to sequestration and other arbitrary budget cuts in recent years must be restored to meet the rising need for services among this growing demographic. (ST)

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L38 • Dedicate CMMI funds to test the efficacy of social work led care coordination models to reduce preventable hospitalizations and rehospitalizations for older adults. (ST)

L39 • Conduct an analysis of workforce characteristics, including social work staffing, in CMMI- and PCORI-funded projects serving older adults and family caregivers. (ST)

L40 • Study the impact and effectiveness of the Equal Access Rule on LGBT people in aging and long-term care settings, which includes evaluating current data on fair housing complaints based on sex and gender non-conformity, and specifically evaluating complaints in HUD's TEAPOTS system to identity complaints based on gender non-conformity. (MT)

L41 • Within the OAA, include funding for professional workforce training (including social work), as was done in previous OAA authorizations, to ensure a sufficient cadre of professionals with gerontological and geriatric expertise to serve the growing population of older adults. (MT)

L42 • As states, spurred on in some cases by changing federal laws and programs, have moved to managed care models for their Medicaid programs, it is critical that the Aging Network be a bridge to integrate acute and home and community-based services so that the quality of LTSS for older adults is not compromised. In order for reforms to be successful, we must tap the proven experience of the Aging Network 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, the result will fail beneficiaries, unnecessarily undermine existing successful systems, and potentially reduce the quality of care for vulnerable populations. (MT)

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