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LCAO Priority Policy Recommendations

The Leadership Council of Aging Organizations (LCAO) created a Working Group for the White House Conference on Aging (WHCoA) (“Working Group”) to make recommendations to policy makers which could be implemented to improve the lives of older Americans. The Working Group solicited recommendations from all LCAO members and created a catalog of all policy suggestions for each of the 2015 Conference theme issue areas. Then LCAO collectively prioritized the recommendations within the four themes of Elder Justice, Retirement Security, Healthy Aging and Long Term Services and Supports. This document reflects the recommendations with the highest prioritizations, in order of votes received, within each of the four themes.

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.

The LCAO’s Policy Catalog of all recommendations is also available on our website, lcao.org, and upon request.

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 • 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)

E5 • Ensure that federal victims’ services funding is proportionately channeled toward older crime victims including elder abuse and financial exploitation. (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)

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)

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)

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)