



UPDATE ON FEDERAL AGING, DISABILITY, AND LONG-TERM SERVICES AND SUPPORTS POLICY

Damon Terzaghi
Senior Director
NASUAD
August 29, 2019

Agenda

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- HCBS Settings;
- Electronic Visit Verification
- CMS and State Initiatives on Health and Welfare;
- HCBS Quality Initiatives; and
- Person-Centered Planning.

HCBS Final Rule: January 16, 2014



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- Applies to Medicaid HCBS delivered through 1915(c) and 1115 waivers and 1915(i) and 1915(k) state plan options
 - ▣ PACE programs are not included in the rule
- Designed to promote full access to benefits of community living in the most integrated setting appropriate
- Mandates conflict-free assessments and case management services
- Mandates a person-centered planning process and plan for services
- Establishes mandatory requirements that define an HCBS setting

HCBS Settings rule

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- General requirements focus on individual choice, autonomy and integration into the broader community.
- Additional requirements for Provider controlled settings
- Settings that are not HCBS include: Nursing Homes, IMDs, ICF/IDs and Hospitals
- Settings that are presumed not to be HCBS and subject to CMS heightened scrutiny review include:
 - ❑ Settings in a publicly or privately-owned facility providing inpatient treatment
 - ❑ Settings on grounds of, or adjacent to, a public institution
 - ❑ Settings with the effect of isolating individuals from the broader community of non-Medicaid individuals
- State compliance process: states must submit transition plans to describe how their systems will come into compliance
 - ❑ CMS provides initial approval when the state finishes review and plan for compliance of state law, licensure requirements, regulation, and policy is complete;
 - ❑ CMS provides final approval when state finishes assessment and plan for compliance of all settings serving individuals receiving Medicaid-funded HCBS.

HCBS Settings Rule

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- Settings rule deadline – extended to March 17th, 2022.
- New CMS Guidance: March 22, 2019
 - ▣ Clarifies the third prong of *settings that isolate* to focus on the experience of the individual and their opportunities for community integration;
 - ▣ Provides additional clarification on rural settings, settings that do not receive Medicaid funding, and the processes for states and providers to come into compliance with the rule;
 - ▣ <https://www.medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf>
- As of August 21, 2019, 45 States had initial STP approval:
 - ▣ States that don't have initial approval: IL, ME, MA, NV, NJ, TX
 - ▣ 16 States had initial and final STP approval: AK, AR, CT, DC, DE, ID, KY, MN, ND, OK, OR, SD, TN, UT, WA, WY

Electronic Visit Verification

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- The 21st Century CURES Act mandates that state Medicaid programs have electronic visit verification for:
 - ▣ Personal care services by ~~2019~~ 2020;
 - ▣ Home health services by 2023.
- Six data elements required as part of EVV:
 - ▣ Type of service performed;
 - ▣ Individual receiving the service;
 - ▣ Date of the service;
 - ▣ Location of service delivery;
 - ▣ Individual providing the service;
 - ▣ Time the service begins and ends.
- If a state does not have the system in place, they receive a decrease in FMAP:
 - ▣ Begins at 0.25% and grows to 1% over time;
 - ▣ Does not apply to all Medicaid services – FMAP only cut for the noncompliant services
 - Despite this, FY16 spending on personal care services was \$14 billion in the 34 states with data available
 - Even this modest penalty could result in tens of millions of dollars lost in a state

■ Challenging timeline:

- The one year delay alleviated the immediate concerns, but there are ongoing challenges with procurement, design, and installation;
- States may receive a 1 year reprieve from the FMAP cut if they made a “good faith effort” and experienced “unavoidable delays”:
 - CMS released a form that states can use to apply for a reprieve with on May 30, 2019
 - States were able to request the exemption beginning on July 1, 2019
 - As of August 21, 2019, 2 states had approved exemptions
- States must submit an Advance Planning Document to secure approval for increased federal funding to implement EVV or else fund it at lower match rates:
 - 34 states had submitted APDs as of May 28, 2019
- Competitive procurements and potential appeals will be lengthy, and there are questions about sufficient vendor capacity;

- Implementation across the country varies greatly:
 - ▣ Several states, such as TN, KS, CT, OH, OK, and FL had EVV operational, in many cases before the CURES Act passed
 - Even those with operational systems had to make changes and/or expand to include additional populations or collect additional data points to meet the CURES act requirements
- Concerns from stakeholder/advocacy groups regarding:
 - ▣ Maintaining flexibilities inherent in self-direction
 - ▣ Privacy/autonomy
 - ▣ Impact on direct-care workforce
- New guidance published in August provides states with flexibilities, but may be difficult to implement given the lateness of the release
- Various workgroups, including CMS EVV collaborative & NASUAD EVV Committee, are working to share information and address implementation issues

- Federal Health and Welfare Investigations and Findings:
 - OIG & GAO reports highlighting gaps in Medicaid HCBS monitoring systems:
 - OIG:
 - <https://oig.hhs.gov/oas/reports/region1/11400002.asp>
 - <https://oig.hhs.gov/oas/reports/region1/11400008.asp>
 - <https://oig.hhs.gov/oas/reports/region1/11600001.asp>
 - GAO: <https://www.gao.gov/products/GAO-18-179>
 - Joint report from ACL/OIG/OCR on promising practices
 - <https://oig.hhs.gov/reports-and-publications/featured-topics/group-homes/group-homes-joint-report.pdf>
- Basic Takeaways: more must be done to monitor, remediate, and prevent critical incidents in order to protect health and welfare of HCBS participants

- CMS Response: Developed “Special Review Teams”
 - Three-year initiative to improve health and welfare protections for HCBS participants;
 - Contract with IBM/Watson health group;
 - Provide technical assistance, including on-site visits, to help improve policy and practice;
 - Collect and disseminate best practices from around the country.
- Stated goal is to visit all 51 states & DC; however, resource constraints may not allow this to occur.
- Four criteria are used to prioritize states for the assistance:
 - One or more HCBS programs are due for renewal in the following year;
 - One or more promising practices have been identified;
 - On-site technical assistance has been requested by the state;
 - Challenges in monitoring beneficiary health and welfare have been identified.

Quality Measurement

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- In HCBS, quality/outcomes measures are often person-based and focus on survey reported data and include:
 - Quality of life measures
 - Access to care
 - Member satisfaction
- Other measures look at institutional vs. HCBS placements, timeliness of care plans, and adverse incidents such as falls
- Several entities are working to develop and strengthen HCBS quality measures:
 - CMS - HCBS CAHPS;
 - NASUAD - NCI-AD;
 - NASDDDS - NCI;
 - ACL – Research Center on Outcomes Measures; and
 - MLTSS Health Plan Association.

Key Takeaways and Next Steps

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- *Quality measurement in LTSS is hard*
 - ▣ The person-centered nature of programs makes measuring the value and outcomes nebulous;
- Ongoing development of measures likely to continue through the future:
 - ▣ Some standardization may occur but much will remain state-driven;
- Next Steps:
 - ▣ CMS has established a workgroup with states to identify and improve quality measurement activities within Medicaid HCBS programs;
 - ▣ Potential inclusion of additional HCBS-related items in the Medicaid Scorecard: <https://www.medicaid.gov/state-overviews/scorecard/index.html>
 - ▣ Core set of measures may be expanded to include some LTSS measures: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>

Person-Centered Planning

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- The HCBS final rule established additional requirements regarding person-centered plans in Medicaid programs
- Other entities, such as ACL, are focused on improving person-centered practices too
 - ▣ ACL's No Wrong Door initiative emphasizes person-centered practices
- ACL awarded a grant to establish the National Center on Advancing Person-Centered Practices and Systems:
<https://ncapps.acl.gov/>
 - ▣ Goal is to provide technical assistance, resources, and learning collaboratives to improve practices across the country
 - ▣ 15 states were selected to receive technical assistance through the NCAPPS: AL, CO, CT, GA, HI, ID, KY, MT, ND, OH, OR, PA, TX, UT, VA



For additional information:

Damon Terzaghi: dterzaghi@nasuad.org

NASUAD

241 18th Street S, Suite 403

Arlington, VA 22202

www.nasuad.org

202-898-2578

Update on Federal Aging, Disability, & Long Term Services and Supports (LTSS) Policy

Dan Berland, NASDDDS

August 29, 2018

NASDDDS

National Association of State Directors of Developmental
Disabilities Services

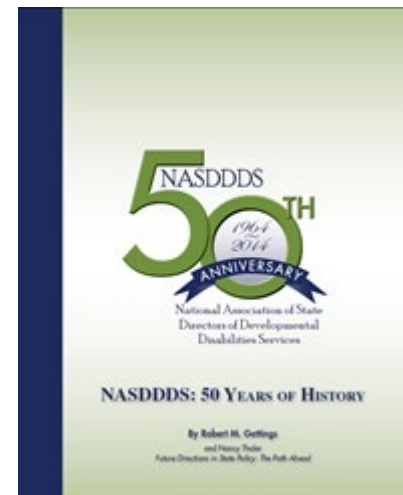
NASDDDS

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) represents the nation's developmental disability agencies in 50 states and the District of Columbia providing services and supports to children and adults with intellectual and developmental disabilities and their families.

The NASDDDS mission is to assist member state agencies in building person-centered systems of services and supports for people with intellectual and developmental disabilities and their families

NASDDDS

National Association of State Directors of Developmental Disabilities
Services

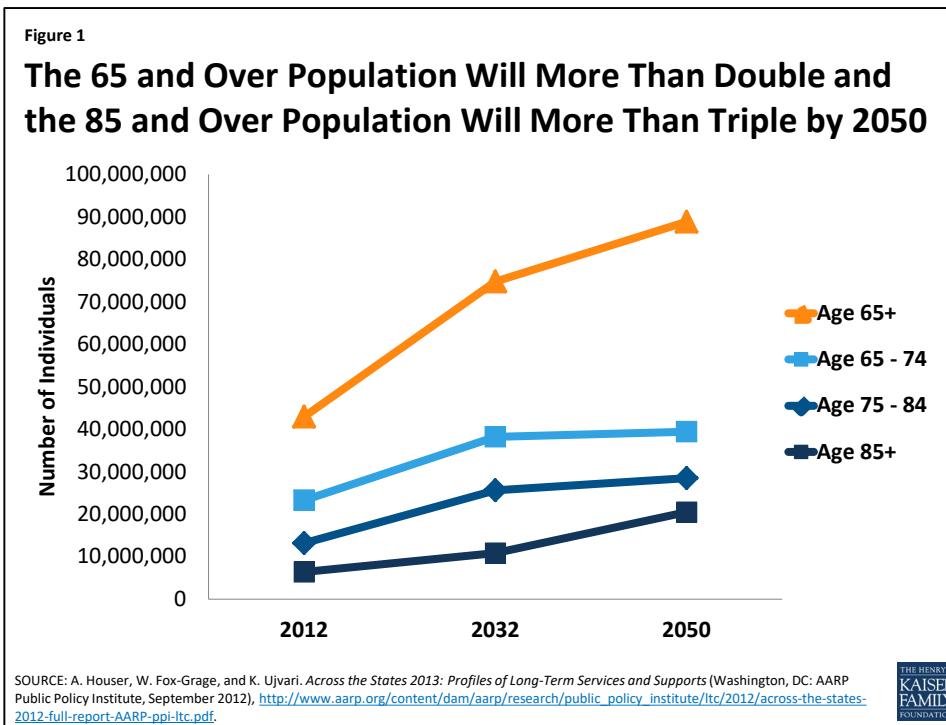


Catalysts of Change

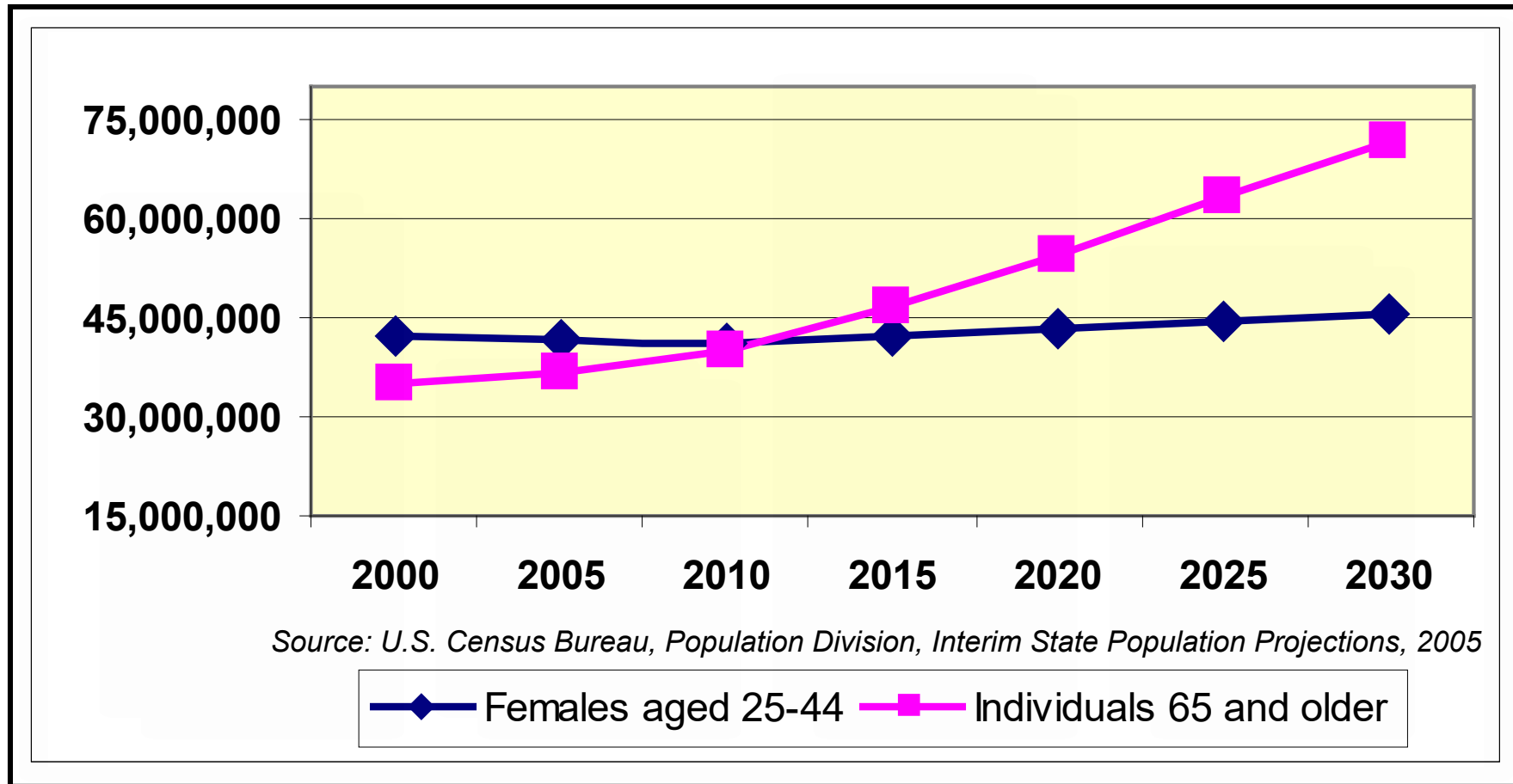
- Demographics and Financial Considerations
- Evolving expectations of individuals and families
- Federal regulations

States, providers, self-advocates and families as well as other partners are juggling a historically unprecedented number of changes

Demographics: Demand

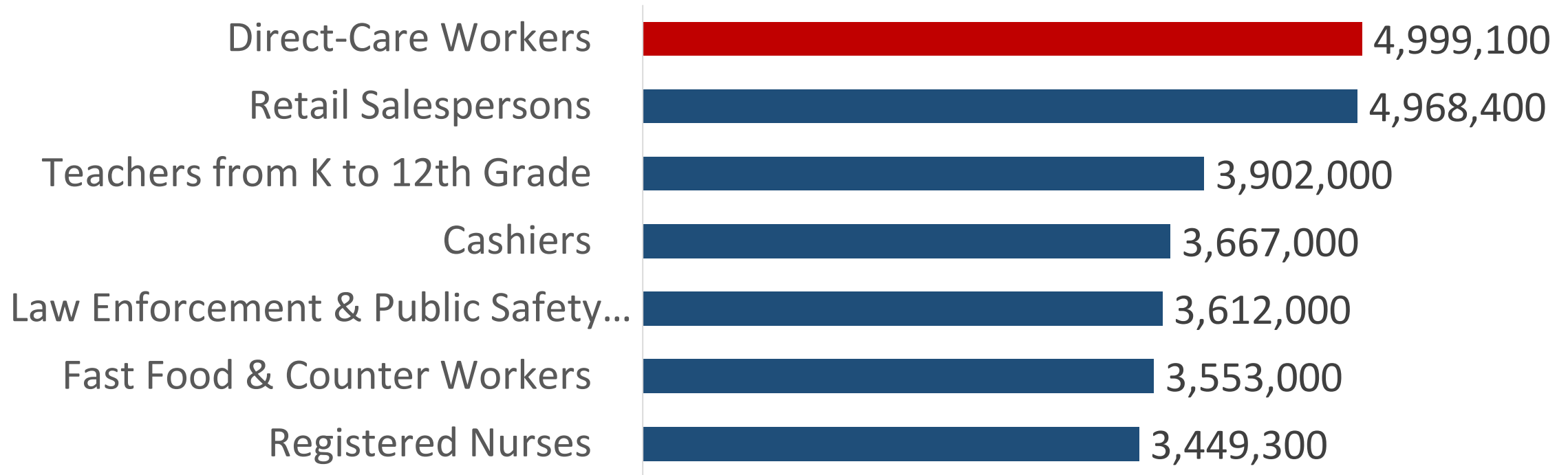


Workforce Will not Keep Pace with Demand



Direct Care Workers

Largest Occupational Groups in the U.S., 2020



From: Occupational Projections for Direct-Care Workers 2012–2022

<https://phinational.org/wp-content/uploads/legacy/phi-factsheet14update-12052014.pdf>

Workforce Crisis

- Wages hover at or just above minimum wage for most states- and nationally have stagnated for more than 10 years
- Turnover is as high as 60% annually in some states
- Cost to replace staff is estimated at \$4,000+
- It's not exclusively about money – and one time allocations are not the answer

NASDDDS

National Association of State Directors of Developmental
Disabilities Services

Federal Policy Recommends Workforce as a Quality Domain: NQF HCBS Domains and Subdomains

Human and Legal Rights

- Freedom from abuse and neglect
- Informed decision-making
- Optimizing preservation of legal & human rights
- Privacy
- Supporting exercise of human & legal rights

Person-Centered Planning & Coordination

- Assessment
- Coordination
- Person-centered planning

Service Delivery and Effectiveness

- Delivery
- Person's identified goals realized
- Person's needs met

System Performance & Accountability

- Data management and use
- Evidence-based practice
- Financing and service delivery structures

Workforce

- Adequately compensated with benefits
- Culturally competent
- Demonstrated competencies when appropriate
- Person-centered approach to services
- Safety of and respect for the worker
- Workforce engagement and participation
- Sufficient workforce numbers dispersion and availability

Recommended Steps from June 2018 Workforce Summit

- Bureau of Labor Standards develop occupational title specific to direct support profession
- Improve data collection options on relevant workforce outcomes
- Promote increased use of technology-enhanced supports and self directed options
- Creation of a professional development program and career ladder for this position – and co-existing rate adjustments for higher qualified professional staff

NASDDDS

National Association of State Directors of Developmental
Disabilities Services

NASDDDS Recommendations

- Pipeline Programs for Direct Service Providers (DSPs) to support recruitment of new employees into the Direct Support Professional field.
- Call for GAO report on effectiveness of DOL's employment training administration (ETA) through WIOA.
- Adoption of technology infrastructure development and training grants for states and service providers
- Federal support for research into factors contributing to turnover, beyond low wages
- Medicaid or ACL grant directed at building provider capacity.

NASDDDS

National Association of State Directors of Developmental
Disabilities Services

Money Follows the Person

- First authorized through FY 2011 by the Deficit Reduction Act of 2005 (DRA, P.L. 109-171)
- Extended through FY 2016 by the Patient Protection and Affordable Care Act (ACA, P.L. 111- 148, as amended)
- In total, up to \$4 billion in funding
- Up to \$1.1 million each year authorized for research including a national evaluation of the program

Money Follows the Person

- Forty-four states and the District of Columbia participated over the course of the program
- Enhanced Match for transition services for one year
 - personal care assistance
 - assistive technologies
 - home modifications
 - security deposit payment
- Rebalancing Funds
 - Expanding capacity
 - Access to Housing
 - Training DSPs
- As of 2016, 75,151 transitions

Money Follows the Person

- As of 2016, 75,151 transitions
- Mathematica evaluation found significant Medicaid savings:
 - Evaluators estimated MFP resulted in a total of \$204 to \$978 million in savings from 2008 to 2013 in beneficiaries' first year after transitioning
 - In the first year after transitioning, monthly Medicaid expenditures per beneficiary declined by an average of:
 - \$1,820 (23 percent) for adults age 65 and older
 - \$1,783 (23 percent) for individuals with physical disabilities
 - \$4,013 (30 percent) for individuals with IDD

Money Follows the Person

- Program expired in 2016
- Series of short-term reauthorizations
- Bipartisan, bicameral effort to reauthorize legislation (Portman/Cantwell in Senate; Guthrie/Dingell in House)
- Expected to be included in Medicaid Extenders Package
 - Changes the institutional residency period from 90 days residing in an institution to 60 days
 - Continue “qualified residence” criteria under current MFP instead of aligning it with the HCBS settings rule.
 - Length of reauthorization still a question

Employment

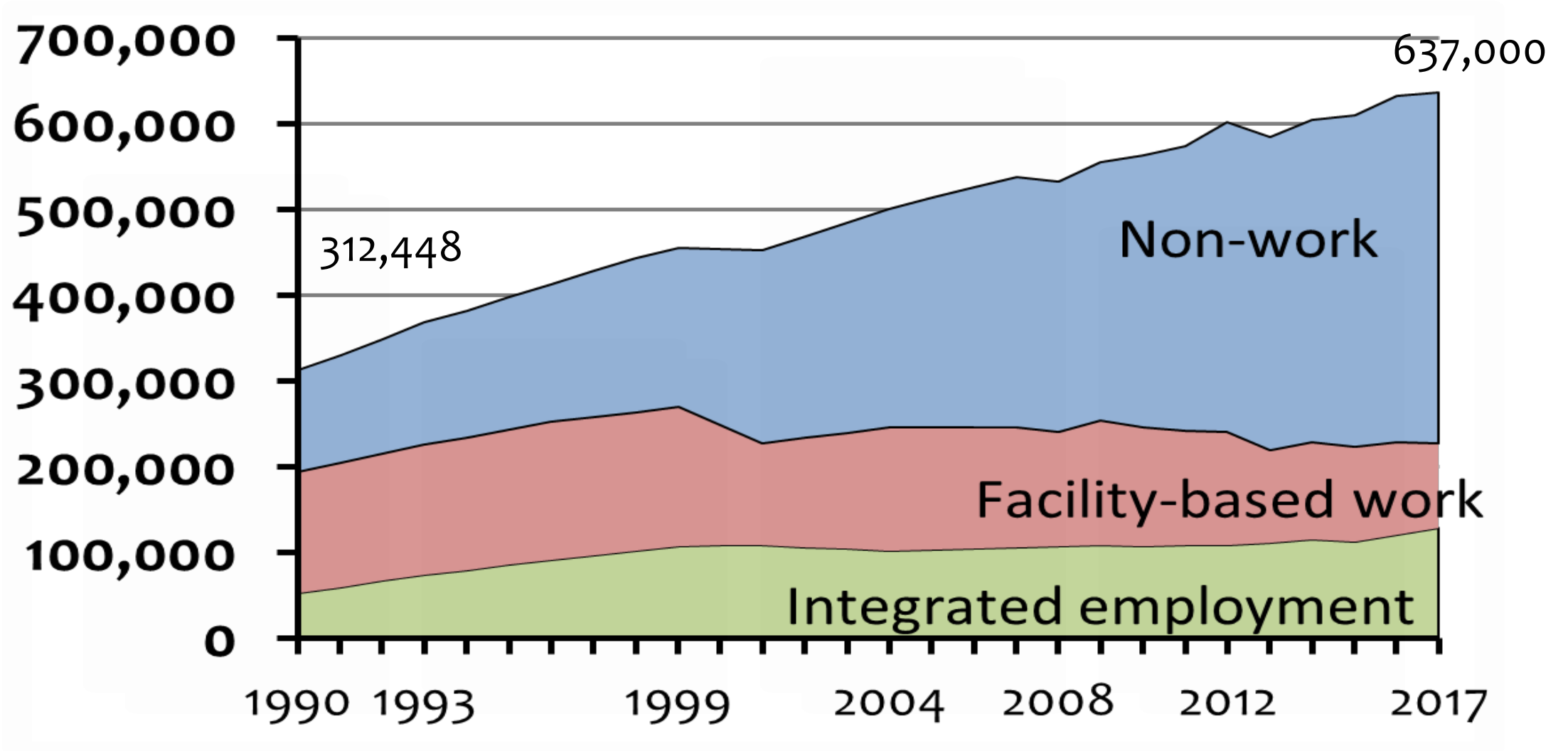
- Continuing discussion about eliminating 14C (subminimum wage)

Certificates by Category

Active 14 c certificates by category

	November 2013	January 2016	July 2018
Community rehabilitation programs	2744	2417	1459
Business certificates	166	94	39
School-work experience programs	270	142	183

Number in Employment and Day Services



Source: ICI National Survey of State IDD Agencies 2017

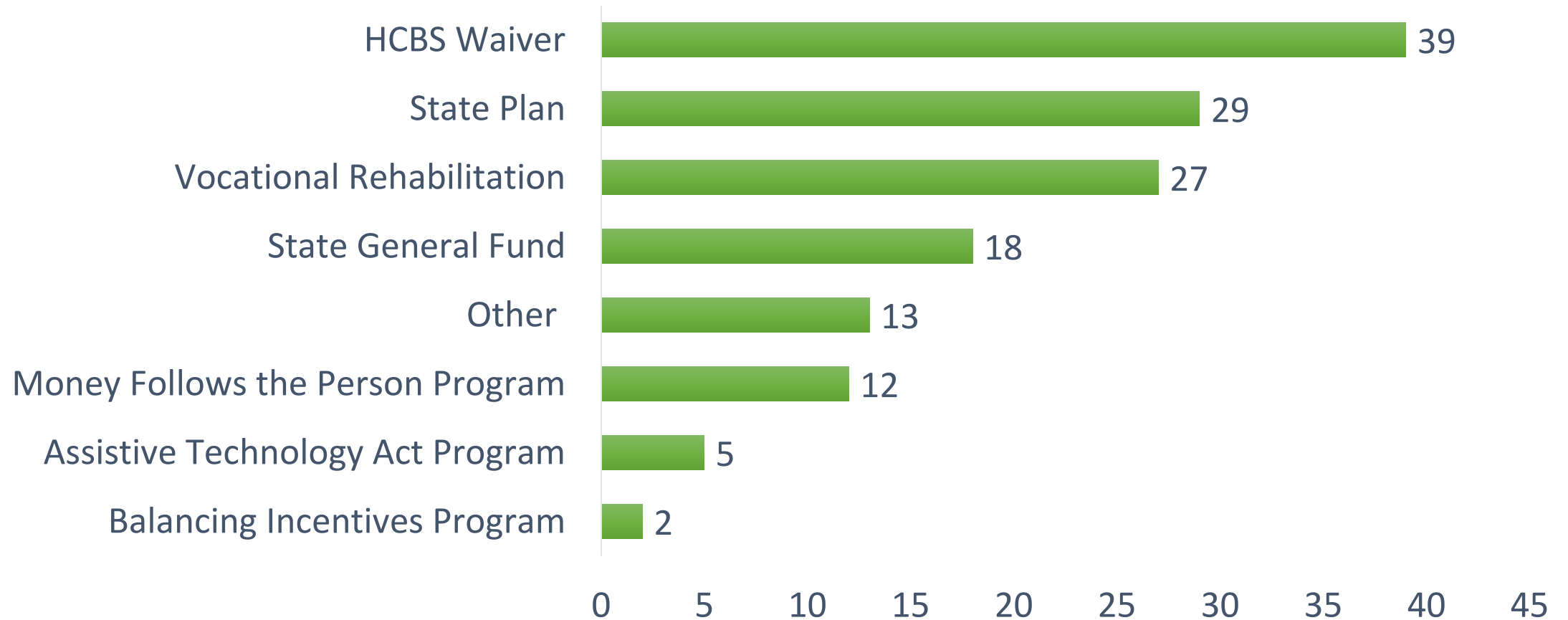
14 (c) Legislation:

- Transition to Independence-incentives to transition people from sheltered workshops to integrated employment; did not repeal 14(c)
- TIME Act-3 year phase out of 14 (c)
- Raise the Wage-Democrats' major minimum wage bill includes a 6 year phase out
- Transformation to Competitive Employment—6 year phase out; includes grant funding to states and providers for CIE infrastructure

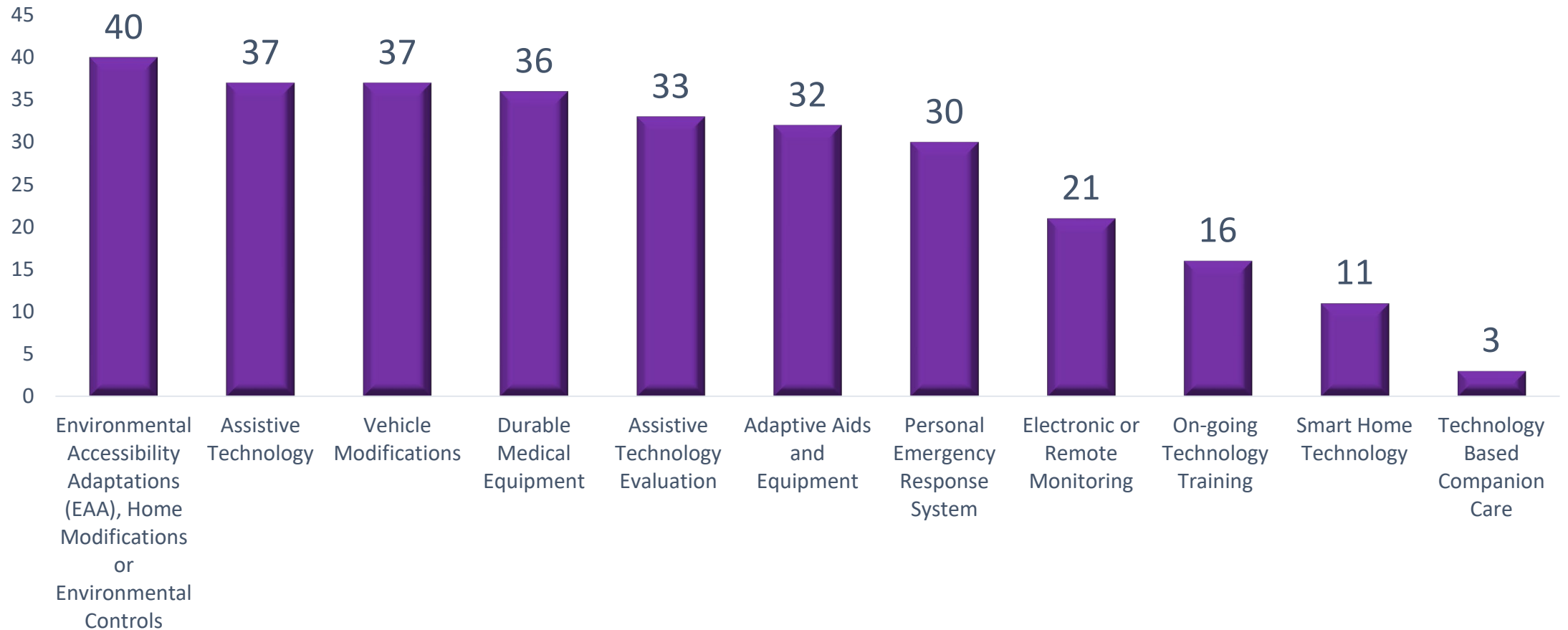
Technology as Solution?

- Technology solutions can:
 - Increase independence
 - Reduce reliance on staff
 - Improve workforce efficiency
- Technology solutions must:
 - Be deployed in a person-centered manner
 - Not be adopted solely as a means of cost cutting or staff convenience
 - Not replace functions best provided by on-site staff

Federal Funds are Utilized to Purchase Technology Services, Applications, Devices or Other Technology Solutions



What Technology Services and Supports Does Your State Currently Fund?



Technology as Solution?

- Opportunities:
 - Telehealth
 - Remote monitoring
 - Smart homes
 - Communication devices
 - Adaptive equipment
 - Transportation technologies
 - Medication reminders
 - Mainstream devices (iPads, Alexis, Ring)
 - Information technology for workforce
 - Digital kiosk
 - EVV?????

Technology as Solution?

- Challenges:

- Will the waiver or other Medicaid authorities always cover if the device is used for purpose beyond work and community living?
- Ensuring technology increases independence and improves quality of life
- Employing technology in a way that meets participant need and comfort
- Ongoing training
 - DSP turnover



advocacy | action | answers on aging

Update on Federal Aging, Disability & Long-Term Services and Supports Policy

Autumn Campbell, Senior Director, Public Policy & Advocacy

HCBS Conference 2019
August 13, 2019



advocacy | action | answers on aging

Autumn Campbell
Director, Public Policy and Advocacy
acampbell@n4a.org

1100 New Jersey Ave, SE, Suite 350,
Washington, DC 20003
202.872.0888

www.facebook.com/n4aACTION

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Connecting You to Community Services



Aging and Disability
BUSINESS INSTITUTE

Connecting Communities and Health Care



engAGED

The National Resource Center
for Engaging Older Adults

Aging Policy Update Agenda

Overview, Status and Advocacy Needed:

- Older Americans Act Reauthorization
- FY 2020 Budget and Appropriations
- Other Important Issues on the Policy Horizon



NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING
POLICY BRIEF

What the 116th Congress Needs to Know About an Aging America

The 116th Congress must adopt policies that address the unprecedented and long-term shift in our country's age demographics that have been ushered in by the maturing of America's baby boomer generation. By 2030, 73 million—or one in five—people in America will be 65 or older.¹ Federal priorities must address the opportunities and needs of an aging population.



MANY PLACES, IN EVERY REGION of the country but especially in rural areas, are already grappling with an historic population shift, with ratios of older adults far exceeding the current national average, and available services unable to keep pace with the growing need. However, by 2035, all communities must be prepared to address these demographic realities when, for the first time in the nation's history, the population of adults 65 and older will outnumber children younger than 18.²

Furthermore, at some point in their lives a majority of this growing population of older adults—nearly 70 percent or almost 80 million people—will need an average of three to five years of long-term care (LTC; also called long-term services and supports) as they age.³

These demographic milestones are not simply blips on the U.S. Census radar. They are mile markers on a longer road toward a significantly older nation. It is critical that lawmakers at all levels of government recognize that, unlike at any other point in our history, demographics demand, and must drive, a policy agenda that:

- Enables people's ability to live in their homes and communities as they age;
- Improves the health and well-being of the fastest-growing demographic cohort in our country while effectively managing expenditures; and
- Preserves the original intent and structural integrity of Medicare, Medicaid, Social Security and other vital aging programs upon which millions of older adults rely.

This Policy Brief for the 116th Congress is an update to the National Association of Area Agencies on Aging's (n4a) *What Policymakers Must Know About an Aging America*, which was published in January 2017 at the outset of the Trump Administration. **In the months and years ahead, we encourage policymakers in the 116th Congress to pursue ambitious but achievable strategies to advance policy solutions and promote innovative best practices that improve support for older adults and caregivers in their communities.**

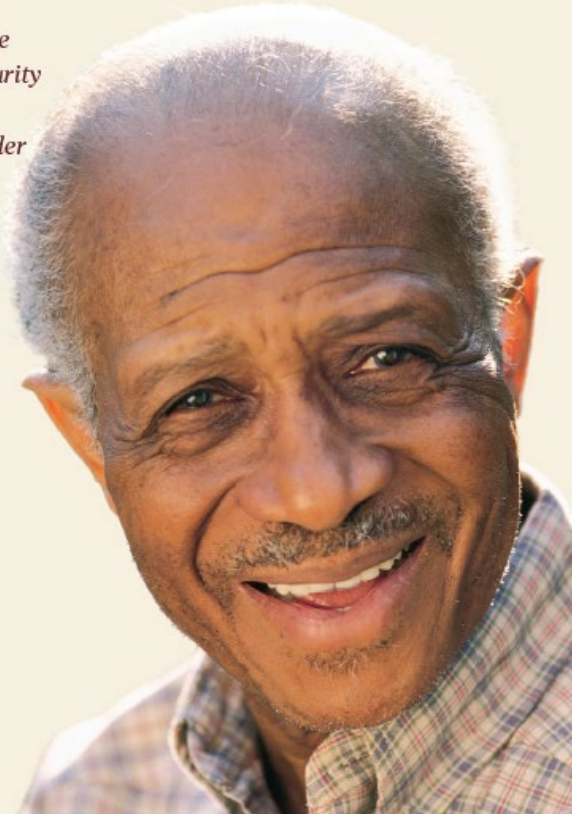
We hope the efforts of lawmakers to develop policy proposals that will affect older adults and caregivers, and their access to services at home and in the community, will reflect and advance the following key aging principles.

¹n4a also publishes a comprehensive set of our annual *Policy Priorities*. Current n4a *Policy Priorities* are available online at <https://www.n4a.org/policypositions>.

2019 Policy PRIORITIES



Promote the health, security and well-being of older adults



NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING



NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING
POLICY BRIEF

Recommendations for the Reauthorization of the Older Americans Act

The Older Americans Act authorization will expire at the end of FY 2019. As it has for every past reauthorization, n4a will work with policymakers and stakeholders to update this vital Act, which supports millions of older adults and caregivers annually.



A Foundation for the Future of Aging Services

THE OLDER AMERICANS ACT (OAA) was first signed into law in 1965 as part of President Lyndon Johnson's "Great Society" initiative aimed at eliminating poverty and injustice among the country's most vulnerable populations. Fifty-five years ago, President Johnson shared the vision that this Great Society "is a challenge constantly renewed, beckoning us toward a destiny where the meaning of our lives matches the marvelous products of our labor." The OAA was enacted as part of these Great Society programs to help fulfill that destiny for millions of older Americans by implementing a nationwide network of community-based services to ensure that sustained health, independence and dignity could follow a lifetime of hard work.

Today the vision and mission of the Older Americans Act is even more important than it was five decades ago, as our nation faces an unprecedented demographic shift. In the next five years, more than 18 million people will turn age 65. By 2030, 73 million—or one in five—people in America will be 65 or older. And in addition to being historically large in size, this population is also living longer. Between 2020 and 2030, the number of people 85 and older is projected to rise by 35 percent; for people age 100 and older, it's an amazing 52 percent growth

rate.¹ And there may be only one near-universal opinion among this cohort: an estimated 90 percent of them want to age in their own homes and communities rather than in institutional settings.

Enabling aging in place should be a national commitment regardless of party affiliation or geography. In fact, both Republican and Democratic lawmakers have espoused aging in place as an important policy goal for our country. Achieving it, however, requires that policymakers address significant challenges and seize new opportunities to elevate effective person and family-centered approaches that promote health and independence as people age. Fostering a society in which aging at home and in the community is not only the collective desire but also the national expectation requires us to recognize, protect and bolster the foundation upon which this goal was built.

The Older Americans Act is that foundation, and as federal policymakers consider the Act's reauthorization, n4a urges Congress and the Administration to work toward policy decisions that honor the longstanding intent of the OAA while seeking legislative strategies that enable the existing services network to adequately meet the needs of this nation's rapidly growing aging population and their caregivers.

n4a.org

National Association of Area Agencies on Aging

Typical (Theoretical) Process

- Advocacy groups develop recommendations
- Committee of jurisdiction staff (Senate HELP Committee, House Education and Labor Committee) start exploring the Act, the issues, thinking about Member interest and timing
- Administration proposal?
- Champions begin honing in on issue(s) to take up, working with groups
- Hearings or roundtables
- Bill development (many ways to occur)
- Markup, committee approval
- **Advocacy needed to keep bill moving, get it to the floor**



Richard J. Fiesta, Chair

Leadership Council of Aging Organizations (LCAO)

Consensus Recommendations for the 2019 Older Americans Act Reauthorization

Introduction

The Older Americans Act (OAA) is the major federal discretionary funding source for home and community-based services for older adults. Programs supported through the OAA include home-delivered and congregate nutrition services, in-home supportive services, transportation, caregiver support, community service employment, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older adults, and other supportive services. These programs provide vital support for those older adults who are at significant risk of losing their ability to remain in their own homes and communities, or who need support and advocacy in long-term care facilities.

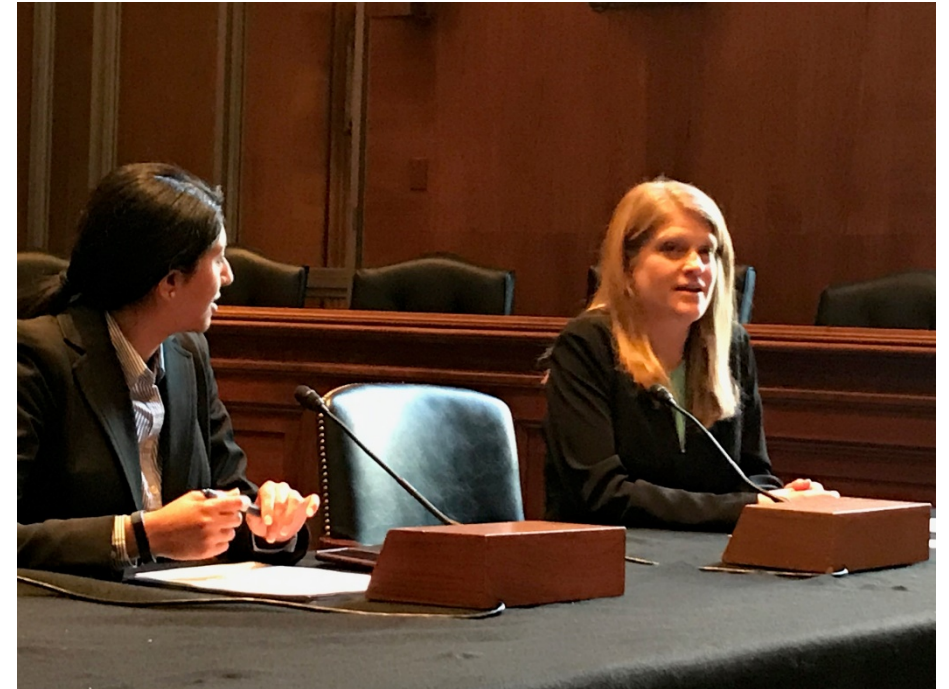
In addition, OAA funds resource centers that support the work of the Aging Network by addressing a variety of needs, including access to benefits, elder justice, multigenerational service and volunteering, legal services, financial literacy, long-term care ombudsman training, and targeted services to minority and special populations in need.

<https://www.lcao.org/files/2019/05/LCAO-Consensus-Recommendations-OAA-Reauthorization-2019FINAL.pdf>

LCAO Priorities

- Need for higher authorization levels
- Research and Development, Title IV
- Ombudsman & Elder Justice
- Caregiving
- Targeted populations
- Nutrition & Supportive Services
- Local Flexibility
- Workforce, SCSEP

Top 10 recommendations include 6 from n4a's priority list



Trump Administration Recommendations

- Eliminate the cap on Title III E NFCSP funding for grandfamilies/kinship caregivers (now at 10% of total III E federal and state funding) ✓
- Increase small state admin. minimum to 750k from 500k (for when 5% is less than this amount) ?
- Eliminate the Right of First Refusal for local governmental entities when a new AAA needs to be designated, or a new PSA created ✗

116TH CONGRESS
1ST SESSION

S. _____

To modernize the Older Americans Act of 1965, and for other purposes.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

A BILL

To modernize the Older Americans Act of 1965, and for
other purposes.

1 *Be it enacted by the Senate and House of Representa-*

2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Modernization of the
5 Older Americans Act Amendments”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.
Sec. 3. References.
Sec. 4. Definitions.

TITLE I—MODERNIZING DEFINITIONS AND PROGRAMS UNDER
THE ADMINISTRATION ON AGING

Sec. 101. Reauthorization.

Senate Draft Bill

- Bipartisan, so nobody got all they wanted
- Lots of reports for AoA to do!
- No new programs
- Hesitant to add new definitions
- Modernizing, but also queuing up the next reauthorization
- No authorized funding levels yet, nor solution to “hold harmless”
- Mostly driven by ideas from the Aging Network, Senate champions; a few from those who just showed up for reauthorization

Senate Draft Bill

Caregiving

- Encourages caregiver assessment (not mandatory), best practices, AoA technical assistance, report to Congress
- Report on social isolation and how Network addresses it
- Lifts cap on III E grandfamilies funding
- Extends RAISE for 5 more years

Nutrition

- States encouraged to be more flexible on C to C transfer
- Adds nutrition service provider definition
- Study on unmet need for nutrition programs

Senate Draft Bill

- Attempt to help on business arrangements
- Title IV evaluation & demonstrations
- Age-friendly efforts (turns federal coordinating body on aging into one on “healthy aging and age-friendly communities”)
- Cross-federal study on home modifications
- Updates language on multi-generational demos
- GAO Report on cost-sharing and voluntary contributions

NOT in the Senate Draft Bill

- Right of first refusal
- Title VI provisions (yet?)
- Title V changes
- Changes to eligibility age/requirements or targeting language (e.g., early-onset Alzheimer's, LGBT)
- References to advanced illness, dementia
- Home care ombudsman (just a best practice report update)



Where Are We Now?

- **Senate:** Released draft bill June 5, *STUCK ON FUNDING FORMULA*
- **House:** Working on draft bill—to be released in late August?
- **n4a Now:**
 - Meetings with key offices, responding to language, cleaning up as much as we can
 - Working through legislative language with House leaders
 - Developed materials for grassroots, especially member education (n4a.org/oaa)

What You Need to Do Now

- **ALWAYS (and again):** Make sure every member of Congress in your state's delegation **knows how the OAA helps their constituents**, your community, and federal taxpayers
- **NOW!:** Use our OAA toolkit, use sample alert to **activate your grassroots**, reach out to media, etc.
- **KEEP IT UP:** This could be done by September, or it could stall out, so stay flexible.

www.n4a.org/oaa

Older Americans Act

GET THE FACTS



For more than 50 years, the Older Americans Act (OAA) has connected older adults and their caregivers to services that help older adults age with health, dignity and independence in their homes and communities—where they want to be! **In 2019, Congress must again reauthorize this vital federal program that serves every community in the country.** With the rapid growth of America's aging population, it's essential that Congress make wise investments in critical OAA programs and services!

Why Is the OAA Important? The OAA...

Enables aging at home and in the community where people want to be.

The OAA provides the person-centered services and supports that can help older adults be better able to age where they want—in their homes and communities—thus avoiding more expensive medical or institutional care. Examples include meals, in-home help, transportation, home modification, legal services and many other supportive services that keep older adults healthy and independent.

Supports caregivers.

Family caregivers are the backbone of the nation's long-term services and supports system. The OAA provides vital supports to caregivers to bolster their ability to continue caring for their loved ones.

Strengthens communities.

OAA services are delivered through a nationwide network of community-based agencies and service providers that know and can best meet the needs of older adults in their communities.

Protects vulnerable older adults.

Through programs like the Long-Term Care Ombudsman Program, the OAA helps to identify and prevent the abuse and neglect of older Americans.

Prepares us for the future.

The country is aging at an historic rate. Every day 10,000 people turn 65, and the vast majority of people want to age in place. If society is going to be prepared for an aging nation, we need to invest in the cost-effective programs, such as those provided by the OAA, that allow people to stay healthy and independent while living in the community!



Visit n4a.org/OAA to learn more about the Older Americans Act



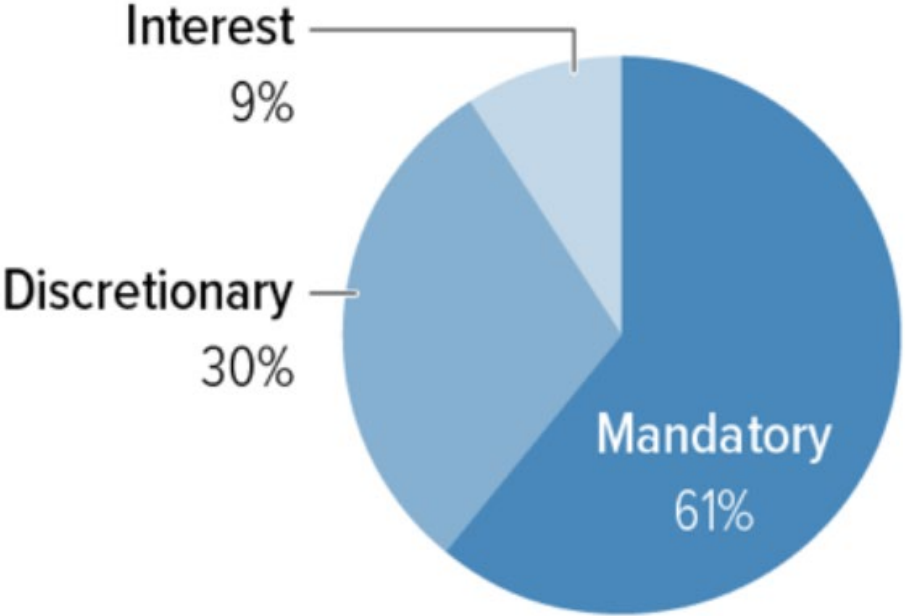
Federal Budget: Stop the erosion of vital human needs programs from undermining the health and wellness of older adults by securing a bipartisan budget agreement for FY 2020 and FY 2021. Any agreement must prevent sequester-level cuts and share relief equally between the non-defense and defense discretionary categories.

FY 2020 Appropriations: Invest in Older Americans Act and other supportive services that help older adults live successfully and independently in their homes and communities.

Invest in Cost-Effective Aging at Home and in the Community

Most of the Federal Budget = Social Security and Major Health Programs (Mandatory Spending)

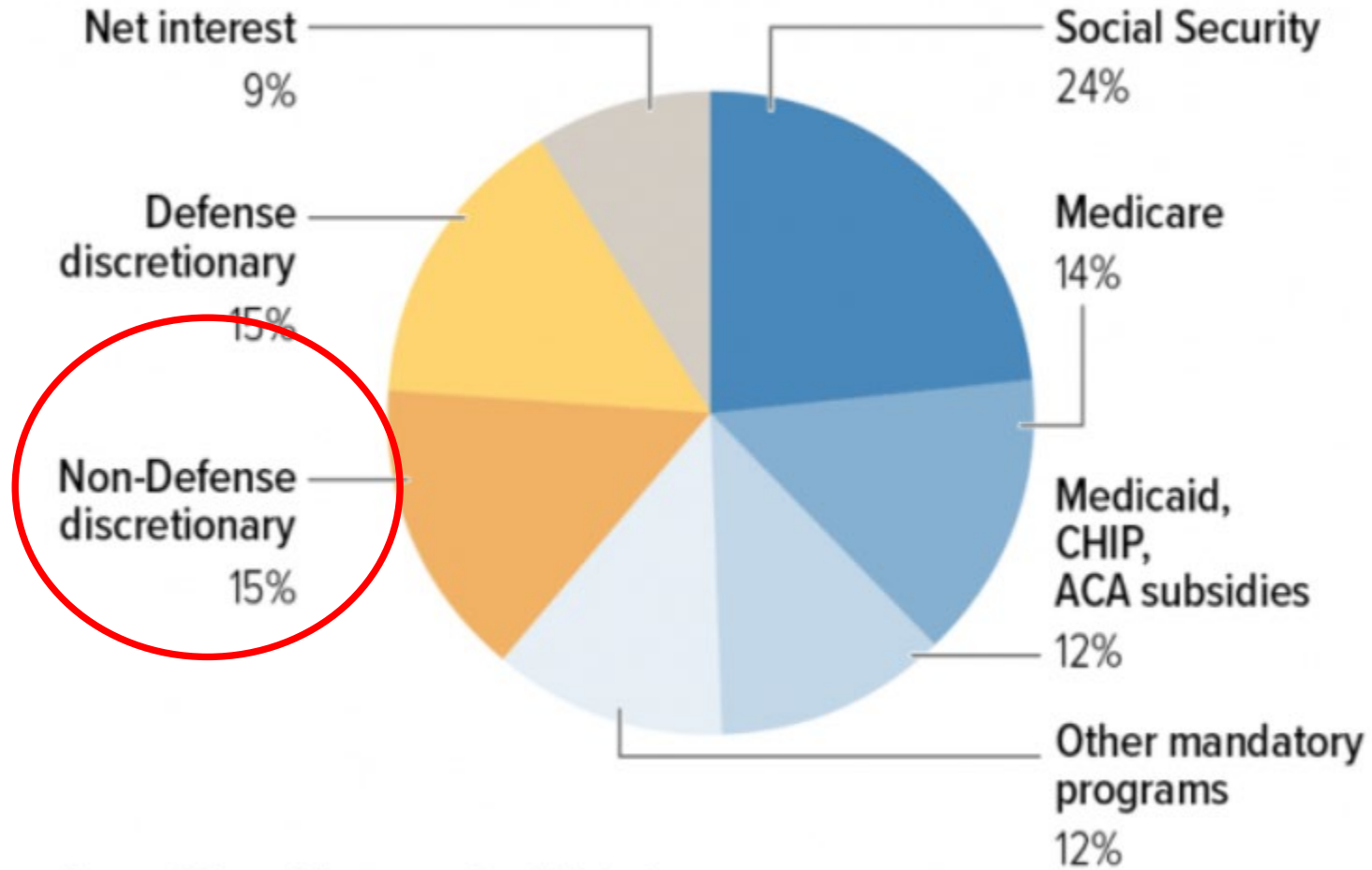
Components of Federal Spending, Fiscal Year 2019



Source: : Congressional Budget Office

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

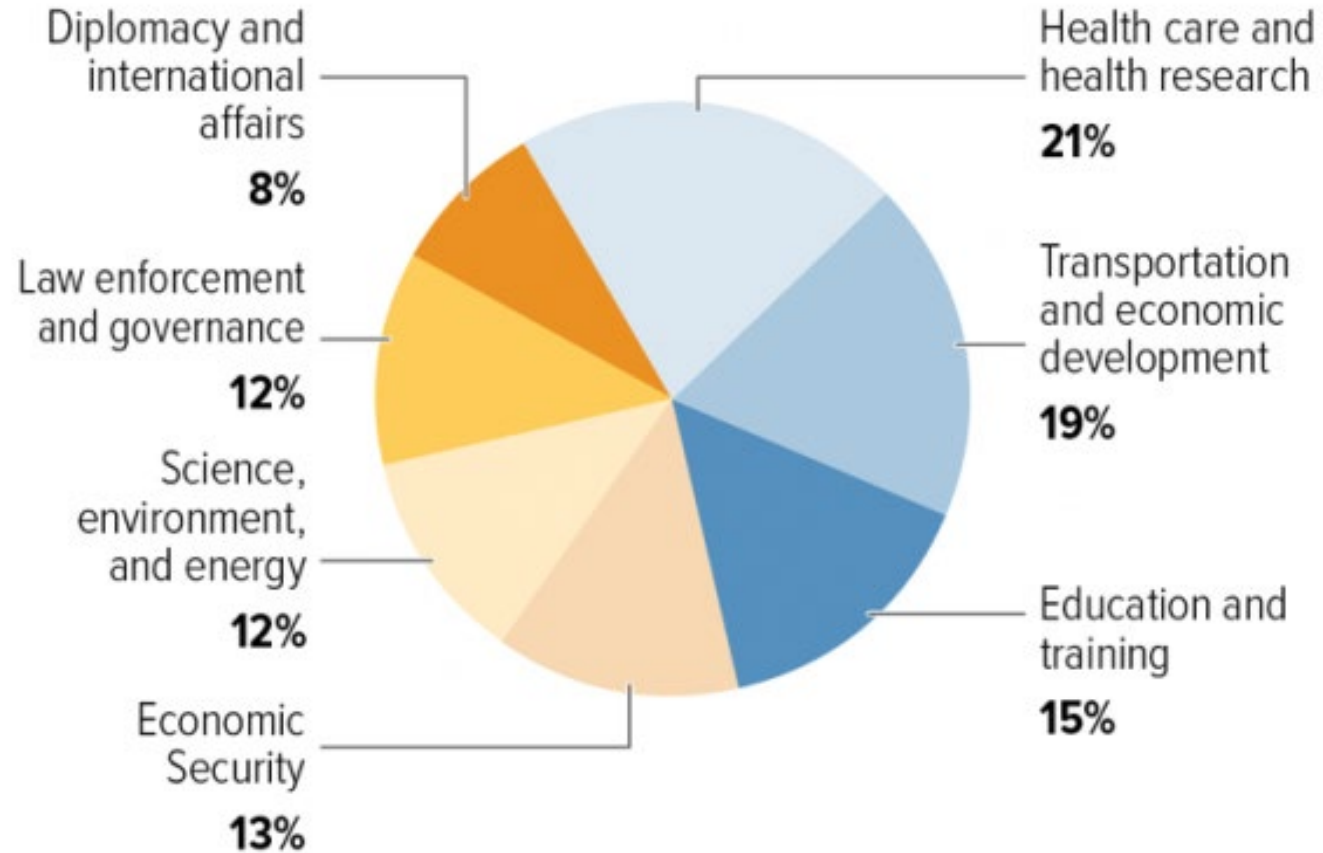
Federal Spending, Fiscal Year 2019



Source: Office of Management and Budget

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Non-Defense Discretionary Spending, FY 2017



Source: CBPP calculations using Office of Management and Budget data

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Federal Budgeting 101 (in theory)

- President's Budget (blueprint, mixes spending and proposals)
- Congressional Budget Resolution (no force of law, big picture)
- Congress: Appropriations process, 12 subcommittees produce 12 spending bills
- Appropriations passed signed into law
- For mandatory programs (e.g., Social Security, Medicare), changes to the authorizing statute must occur outside of the appropriations process

Reality? First budget often gets ignored, second one often skipped, action is in the appropriations bills

Trump Administration Budget FY 2020

- Deep cuts to Non-Defense Discretionary (domestic) programs overall (5% cut from FY 2019 overall)
- 12% cut to HHS overall; 17% cut to HUD
- 5% cut to the Section 202 program
- Eliminates the Public Housing Capital Fund, the HOME program, and the National Housing Trust Fund; asks Congress to raise rents for HUD-assisted households
- “Flat” funds most core OAA programs, but cuts III E/VI C caregiver programs, ombudsman, Title V SCSEP
- Other cuts at ACL to SHIP, evidence-based health programs, Alzheimer’s programs, elder rights, ADRCs
- Cuts/eliminates critical domestic programs serving older adults (SSBG, CDBG, CSBG, LIHEAP)
- Guts Medicaid by \$1.5 trillion with block grants/per capita cap (states will limit HCBS) and cuts to Medicare by \$800+ billion

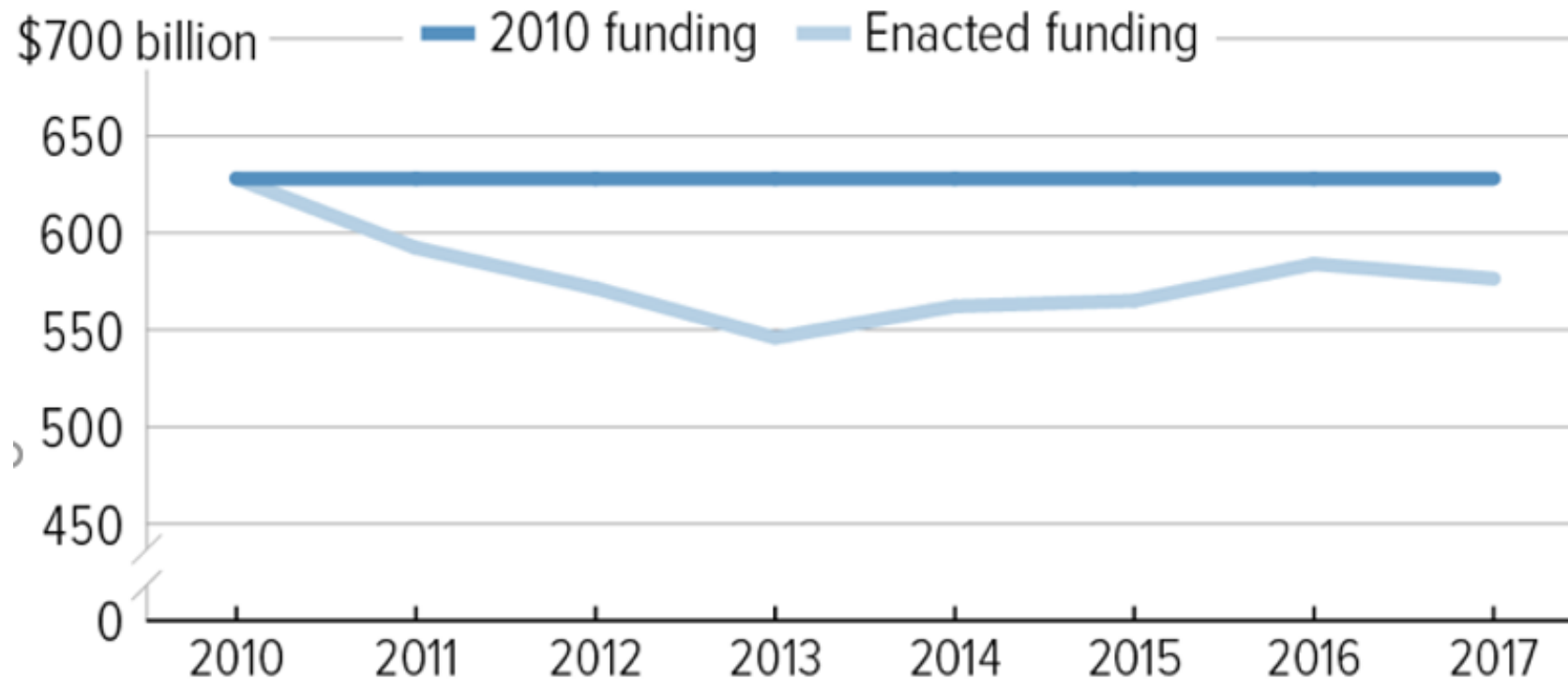
Budget & FY 2020 Appropriations

- **President's Budget** (March; DOA)
- Congress started the **appropriations process** late due to shutdown
 - House Labor/HHS bill had great wins
 - House T-HUD bill had great wins
 - Senate to come in September
- **Budget caps deal necessary in FY 2020**
 - Budget Control Act of 2011
 - Last budget deal lifted the caps for FY 2018 and FY 2019
 - Congress passed Budget Deal on July 26

Despite Several Budget Agreements to Avoid Deep Cuts...

Non-Defense Discretionary Funding Cut by \$400 Billion From 2011 to 2017

In billions of 2019 dollars



2019 Bipartisan Budget Agreement

July 24, 2019 Legislative Update



Two-Year Budget Deal Poised Approval Bipartisan Agreement Would Lift Budget Caps through FY 2021

July 24, 2019

On the cusp of the upcoming congressional August recess, this week Senate Minority Leader Chuck Schumer (D-NY) and House Speaker Nancy Pelosi (D-CA) joined leaders from the White House and Treasury Department to announce the outline for a two-year agreement that would lift overall budget caps for discretionary programs and alleviate the threat of another round of sequestration cuts. The measure would also suspend the federal debt limit for two years through July 2021, which take concern around defaulting on the federal debt off the table through the 2020 election.

The 2019 Bipartisan Budget Agreement for FY 2020 and 2021 increases overall budget caps for non-defense discretionary (NDD) programs by \$88 billion in FY 2020 to \$621.5 billion, which is about a 16 percent boost from the budget limits established in the 2011 Budget Control Act and a \$34 billion (5.6 percent) over FY 2019 funding. In FY 2021, NDD funding would total \$626.5 billion. The bipartisan deal would be the latest in a series of two-year changes to the BCA and would lift the too-stringent caps on discretionary programs

- Lifts both Non-Defense and Defense spending caps
 - NDD = +\$34 billion to **\$626.5 billion**
 - Includes funding for 2020 Census
 - \$77 billion in spending offsets
- Suspends the Federal Debt Ceiling through Summer 2021
- Does not include other policy changes



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[FULL COMMITTEE PRINT]

Union Calendar No. _____

116TH CONGRESS
1ST SESSION

H. R. _____

[Report No. 116-___]

Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2020, and for other purposes.

TABLE 1

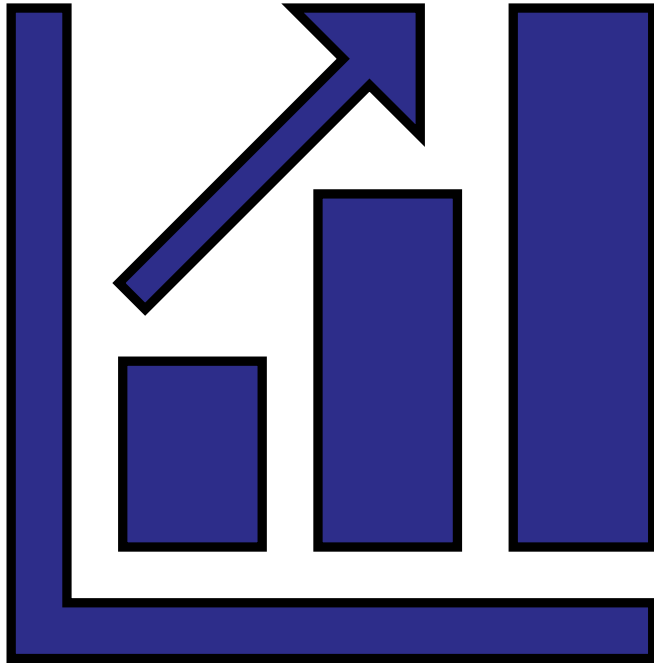
Discretionary Funding – Appropriations or “Budget Authority”

Amounts subject to the BCA caps, in billions of dollars

	2019 levels	2020 levels		2020 Caps vs. 2019 levels	House plan vs:	
		BCA caps	House allocations		2019 levels	BCA caps
Defense	647	576	664	-71	+17	+88
<u>Non-Defense (NDD)</u>	<u>597</u>	<u>543</u>	<u>631</u>	<u>-54</u>	<u>+34</u>	<u>+88</u>
Total	1,244	1,119	1,295	-125	+51	+176

Note: The figures in this table exclude allocation adjustments and scorekeeping adjustments that are outside the BCA’s caps; see Table 2 and Appendix Table 1 for NDD figures that include them. May not add due to rounding.

House Labor/HHS Highlights



- **III B Supportive Services** by \$37 million (~10 percent) to **\$422 million**
- **III C1 Congregate Meals** by \$29.6 million (6 percent) to **\$525 million**
- **III C2 Home-Delivered Meals** by \$53.6 million (21 percent) to **\$305 million**
- **III E Family Caregiver Support** by \$19 million (10 percent) to **\$200 million**
- **Title VI** Parts A and C by 11 percent
- **SHIPs** by \$5.9 mil to **\$55 million**

What You Need to Do Now

- **ALWAYS (and again):** Make sure every member of Congress in your PSA's delegation **knows how the federal discretionary funding you receive helps his/her constituents**, your community, and federal taxpayers
- **NOW!:** Use n4a's advocacy resources and templates to activate your networks to **push the Senate to match the House levels!**
- **KEEP IT UP:** Depending on the budget deal, we could be looking at a long fall of CRs

Advocacy Tools for FY 2020 OAA Appropriations

Join our efforts to protect funding for Older Americans Act (OAA) and other federal aging and health programs that support older adults and their caregivers! We hope the following resources help you take action, as well as engage local advocates in your area to speak out!

- [April 4 n4a Advocacy Alert](#)
- [n4a's Letter to Congress](#)
- [Template Letter to Congress](#)
- [Template Grassroots Alert](#)
- [Key Committees for 116th Congress, 1st Session](#)
- [Congressional Visit Tips](#)
- [Take Action!](#)
- [One-Pager on OAA Title III B](#)
- [Talking Points for Advocates](#)
- [Advocacy Leave-Behind Card](#)
- [Policy Priorities](#)

www.n4a.org/approps2020



Important Aging Issues on the Policy Horizon

Legislation and Regulation



Medicaid and Medicare Policy Updates

Medicaid

- Money Follows the Person and Spousal Impoverishment Protections—House and Senate Action
- Administrative approval and implementation of Medicaid cuts and work requirements

Medicare

- CHRONIC Care Act implementation and Medicare Advantage Call Letter
 - Implemented access to Special Supplemental Benefits for the Chronically Ill (SSCBI) opening door for wider coverage of meals, transpo, social services
 - Clarified that MA plans can work with ACL-funded programs
 - Potential new funding stream but we're not the only ones chomping at the bit!
- ***MIPPA: Provide outreach to low-income Medicare beneficiaries to increase enrollment in Medicare low-income assistance programs***

Other Issues n4a Is Watching

Legislative Action

- Elder Justice
- Lifespan Respite Care Reauthorization
- Geriatrics Workforce Enhancement Program (GWEP)
- Caregiver Corps

Regulatory Issues

- Changes to Poverty Threshold Measures
- ***SNAP Administrative Restrictions***
- ***Changes to Immigration Policies affecting seniors and caregivers***



Other Issues n4a Is Watching

Proposed SNAP Changes

- Restrict broad-based categorical eligibility for the Supplemental Nutrition Assistance Program (SNAP)
- Eliminates the state option to use Broad Based Categorical Eligibility (BBCE), which is currently used by over 40 states
- Redefines Categorical Eligibility to:
 - “ongoing and substantial [cash] benefits”
 - “non-cash TANF benefits...those that focus on subsidized employment, work supports and childcare”
- Increase administrative workload for states in both determining SNAP eligibility and reporting on Categorically Eligible benefits
- Previously considered and rejected by Congress in the bipartisan Farm Bill
- Total estimated impact = 3 million SNAP beneficiaries, including 600,000 seniors

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

7 CFR Part 273

[FNS-2018-0037]

RIN 0584-AE62

Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP)

AGENCY: Food and Nutrition Service (FNS), USDA.

ACTION: Proposed rule.

SUMMARY: Section 5(a) of the Food and Nutrition Act of 2008, as amended, provides that households in which each member receives benefits under a State program funded under part A of Title IV of the Social Security Act (SSA) (also known as Temporary Assistance for Needy Families (TANF) block grants¹) shall be categorically eligible for the Supplemental Nutrition Assistance Program (SNAP). Currently, SNAP regulations broadly interpret “benefits” to mean cash assistance and non-cash or in-kind benefits or services from any TANF-funded program.² In operation, this has allowed categorical eligibility for SNAP to be conferred on households based on receipt of minimal benefits issued by TANF-funded programs which may not conduct a robust eligibility determination and do not meaningfully move families toward self-

Other Issues n4a Is Watching

Public Charge Changes

- Vastly expand reasons to deny admission or revoke lawful permanent resident status to immigrants
- Expands the categories of public benefits considered in making public charge determination
 - All Medicaid programs
 - Supplemental Security Income (SSI) and cash assistance
 - Housing assistance
 - Supplemental Nutrition Assistance Program (SNAP)
- Negative factors also include
 - Age
 - Limited English proficiency
 - Medical conditions, including disabilities
- Significant workforce considerations: 1 in 4 direct care workers are immigrants; immigrants more likely to be family caregivers
- Proposed in 2018; 250,000+ comments opposing; published August 14, 2019; effective October 14, 2019; litigation underway



This document is scheduled to be published in the Federal Register on 08/14/2019 and available online at <https://federalregister.gov/d/2019-17142>, and on [govinfo.gov](https://www.govinfo.gov)

9111-97

DEPARTMENT OF HOMELAND SECURITY

8 CFR Parts 103, 212, 213, 214, 245 and 248

[CIS No. 2637-19; DHS Docket No. USCIS-2010-0012]

RIN 1615-AA22

Inadmissibility on Public Charge Grounds



advocacy | action | answers on aging

Autumn Campbell

Senior Director, Public Policy & Advocacy
acampbell@n4a.org

www.facebook.com/n4aACTION

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