

# LeadingAge's POLICY VISION

*An Aging Services System for the 21<sup>st</sup> Century that  
is Bold, Equitable, Sustainable, and Transformative*



LeadingAge®

## About LeadingAge

LeadingAge represents more than 5,000 nonprofit aging services providers and other mission-minded organizations that touch millions of lives every day. Alongside our members and 38 state partners, we use applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the entire continuum of aging services. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home. For more information visit [leadingage.org](https://www.leadingage.org).

# Table of Contents

- Introduction** ..... 1
- The Six Elements of the LeadingAge Policy Vision** ..... 3
  - ELEMENT ONE Financing Long-Term Care** ..... 4
  - ELEMENT TWO Make American Communities a Good Place to Grow Old ..** 5
  - ELEMENT THREE Home and Community-Based Services** ..... 6
  - ELEMENT FOUR Affordable, Accessible, and Service-Connected Housing** 8
  - ELEMENT FIVE 21<sup>st</sup> Century, 24/7 Models of Care that are  
Places People Want to Live.....** 9
  - ELEMENT SIX Workforce** ..... 11
- Conclusion** ..... 13

# Introduction

As Americans live increasingly longer lives, it is time to ensure that our nation and communities are good places to grow old. It is time to create and finance service systems that are predictable and equitable, support individual choice, and enable people to live their best lives even when they experience functional impairments. LeadingAge proposes this comprehensive vision for a new and revitalized system of aging services in this nation, and the steps courageous policymakers can take to achieve it.

The LeadingAge vision is undergirded by a fair public-private partnership to finance long-term services and supports. The vision includes universally available community assessments of eligibility and needs, and a wide array of settings in which to receive care and services. Today, many lower income individuals who need care are forced into more restrictive settings by outdated financing structures. The LeadingAge vision is setting neutral. To accomplish this, our proposal includes an entitlement for senior housing for all who qualify—so there can be equity across all older people seeking services regardless of where they live.

One of the starkest lessons of the pandemic is that this nation is not ready to serve its rapidly aging population. Over a half century ago, national lawmakers enacted the Medicare program—an audacious vision guaranteeing health care to every American over 65. A generation later, the Americans with Disabilities Act (ADA) offered a sweeping affirmation of right to access for Americans with disabilities. It's time to finish the job. Those who are poor enough to qualify for Medicaid can access long-term care, as can those wealthy enough to finance their own care—but everyone else is on their own.

Half of those who turn 65 years old today will need some paid help with basic activities like eating and using the bathroom. Yet there are no organized provisions to equitably provide that help. It's time for the United States to join the rest of the developed world and ensure that older adults can access the care they need and maintain their dignity and independence for as long as possible.

We must fix the disorganized, patchwork system that most people do not discover until they or a loved one needs care—or when there is a shock like the COVID-19 pandemic. If we do not take steps to address the challenge of repairing the infrastructure for aging—and building and paying for a robust service system—generations will be paying for our omission for years to come.

By 2030, an estimated 74 million Americans, more than 20% of the population, will be age 65 or older.

Those 85 and above—the group most likely to have physical and/or cognitive functional challenges and need long-term services and supports (LTSS)—constitute the nation’s fastest growing demographic group. Absent an equitable, comprehensive, and sustained national response, the well-being and safety of millions of Americans will be jeopardized by these realities:

- Families bear the lion’s share of the burden, providing as much as two-thirds of all LTSS help. While most are motivated by familial obligation, they often have no other choice because they cannot afford to pay for care and are not (yet) poor enough to qualify for Medicaid.
- Most older Americans and their families, when they realize they need help, discover that they are unprepared to cover the cost. Many find out only then that Medicare does not include an LTSS benefit. Personal savings fall extremely short of what will be needed for care, home modifications, and other retirement needs.
- The overwhelming majority of seniors want to “age in place” in their own homes and communities. Yet most homes and communities lack the structural features and support services that can make independent living a safe, realistic option.
- For many who do need 24/7 care, particularly those with only Medicaid to rely on, nursing homes are the only option. Most of today’s nursing homes were built on a mid-20th-century hospital-based model. They are regulated using a system put in place in the 1980s. Modern, homelike, consumer-focused 24/7 care is hard to find, especially when Medicaid is the payer.
- Many would prefer to receive care in the community, but the current supply of housing that is affordable to the nation’s seniors with the lowest income is woefully inadequate. As more individuals with low- and modest-incomes enter the senior ranks, this supply shortage will become acute.

The LeadingAge Blueprint for a Better Aging Infrastructure outlines our proposals for immediate changes that bring us back from the pandemic and prime the pump to move into an organized, predictable, and financed future. This document articulates the elements of that future.

Our vision is that when older people meet an eligibility standard for help with ADLs, they will be able to have peace of mind knowing that their needs will be addressed. Everyone will know where to go to obtain services and provisions will be in place to help cover the cost of care. Individuals can choose to receive services in the community. For those who need residential care, these places are consistent with 21st-century physical and services standards and are places where people want to live.

This package of reforms is based first on the principle of equity; every working person will contribute to the fund that supports it and, like Medicare, everyone who meets the eligibility criteria will be able to receive benefits. Benefits will be consistent and easy for consumers to access. Instead of simply being lauded as “heroes,” the professionals who provide care will be both publicly appreciated and fairly compensated.

Benefits may be used across settings, but attempts will be made to support people in the community, if that is their preference, with residential options available if needed. Providers across the system, regardless of setting, will be held to strict standards of transparency, accountability, and systems of continuous quality improvement. Oversight will be collaborative, not focused on policing and punishing.

# The Six Elements of the LeadingAge Policy Vision

A comprehensive vision for the future must: be undergirded by a viable **financing plan**; offer equitable **choice of the setting in which people receive services**; provide a **clear entry and navigation point** to support long-term care and aging services needs and preferences over time; and include provisions that make aging services a great place to work, ensuring an **available, well-trained workforce** to meet the needs of the aging population.

This vision includes six elements, which are interdependent and designed to fit together. For each, we outline action steps that Congress, the Executive Branch, or the private sector could take to achieve the reform vision—with a focus on **policy actions** that will be required at the federal/national level. Additional state and local policy actions may complement these proposals. The research and programmatic activities that can support this vision are not included.

## LEADINGAGE POLICY VISION: SIX ELEMENTS

- 1 A financing system that: recognizes that this will involve new public spending and that the money must come from somewhere; acknowledges we have underinvested; and promotes personal choice and equity.
- 2 A community services infrastructure that provides frail older adults and their families a one-stop shop to determine eligibility, assess needs, and offer service coordination.
- 3 Home and community-based models of care that are available to all who choose them and are responsive to changing consumer needs.
- 4 Additional housing units for low-income individuals who qualify, so no one experiences homelessness, and no one has to go to a residential LTSS setting simply because they cannot afford a home in the community in which to receive HCBS.
- 5 Residential models of care that meet the needs of those who require 24/7 care and are places where people want to live.
- 6 A special focus on the professionals who provide care, ensuring they are trained, qualified, and fairly compensated.

## ELEMENT ONE

### Financing Long-Term Care

**A federal-private partnership program that promotes equity by ensuring everyone who needs long-term care can receive it.**

- Establish a federal program that offers catastrophic long-term care coverage (also referred to as “back end” coverage) after a waiting period that varies based on individual resources.
- Establish a national eligibility standard (2+ ADL need standard or comparable cognitive impairment) and a consistent, equitable eligibility determination system.
- Enact a 1.0% payroll contribution, split between employers and workers, beginning at age 40. Require at least 40 quarters (10 years) of payments, similar to Social Security.
- Individuals may use their benefits to pay for services in the setting that best meets their needs and circumstances.
- Work with the private market to create a variety of appealing time-limited products that are affordable to those with middle income to fill the gap while eligible individuals wait for the catastrophic benefit to begin.

The country has arrived at this crossroads by backing into paying for long-term care. The pandemic has forced us into the realization that we must be intentional in addressing the needs of our aging population. These services are not free. The kind of quality care we all want for ourselves and our loved ones costs even more. We can manage the cost if policymakers take reasonable steps to make it happen and if, like Medicare and Social Security, everyone pays their fair share. We can provide care that will support family caregivers and complement the care they provide.

The state of Washington led the way with its Long-Term Care Partnership Program, and other states are looking at similar approaches. There are political challenges, but, increasingly, policymakers are facing facts in the same way the creators of Medicare faced them in 1965. Addressing the gaping flaws in our aging services system in an equitable, intentional way will take courage.

This proposal is based on one developed by Marc Cohen and Judy Feder for the Office of the Assistant Secretary for Planning and Evaluation in HHS. It is also based, in part, on the approach currently being circulated by Rep. Tom Suozzi (D-NY) in his WISH Act (Well-Being Insurance for Seniors to be at Home).

Medicaid is the principal public funder of nursing homes and home and community-based services (HCBS). However, Medicaid is increasingly unable to rise to the challenge of supporting the care that eligible people need. State-determined Medicaid rates cover approximately 80% of the cost of care and do not change, in many states, for years at a time. Home and community-based services are, in most states, not sufficient to serve all who need help or meet the needs of those with no informal caregivers. The standard nursing home business model involves providing relatively well-funded Medicare post-acute care to short term beneficiaries to make up the gap between Medicaid reimbursement and the cost of long-term care.

LeadingAge envisions a financing system that preserves Medicaid for the individuals most financially in need and combines private financing with public catastrophic protection. The gap between when an individual is functionally eligible for the LTSS program, combined with either a waiting time or a spending cap, will be filled with new private products that are affordable to people with middle incomes because the products are time limited.

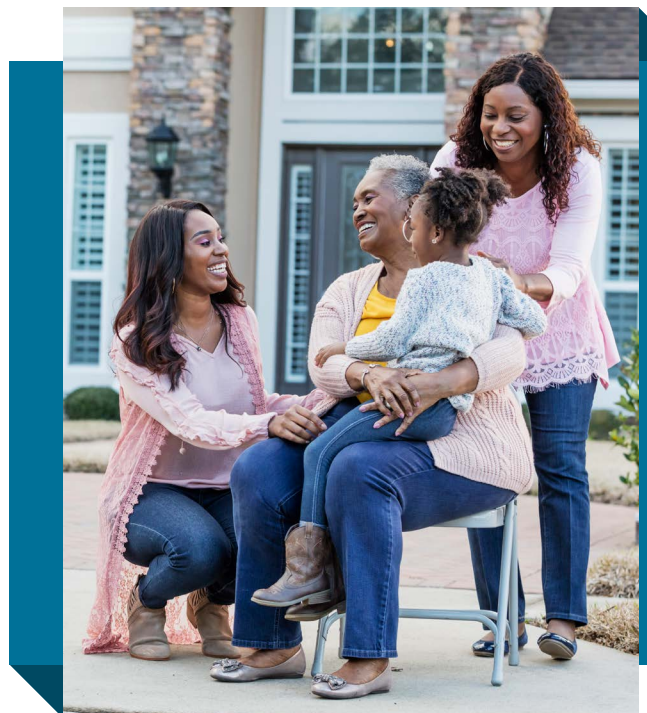
Once a person hits the catastrophic limit, monthly benefits begin. The dollars may be used to purchase long-term care and assistance in any setting that the individual and their caregivers select. In some cases, the funds paid out will cover the full cost of care, in others it will offset the costs.

## ELEMENT TWO

### Make American Communities a Good Place to Grow Old

**A system to help people who need LTSS with assessment, eligibility determination, finding providers, and navigating their changing care needs.**

- Enact legislation (or revitalize the Older Americans Act) to support an Aging Services Hub in every community to:
  - » Conduct needs assessments and care planning for older adults who request help.
  - » Assist older adults and their family members/caregivers in identifying appropriate services and service providers, including service coordination.
  - » Coordinate aging and social services in collaboration with local hospitals and physician groups.
  - » States may contract with these organizations to manage Medicaid HCBS.
- Require the Secretary of HHS to allocate grants to states as capital investment funds to establish local aging services hubs, with priority given to Area Agencies on Aging who meet certain criteria—otherwise to be competitively bid with preference to organizations that raise matching private dollars or secure commitments from third parties for in-kind support.
- Require the National Academies of Sciences, Engineering, and Medicine to conduct a study that produces recommendations on how Older Americans Act programs can more fully meet their intended mission by partnering with Medicare and Medicaid, the Department of Veterans Affairs and public health programs, as well as the new financing program envisioned here.





This element of the vision is tied closely to some of the objectives in the Older Americans Act from the time it was originally enacted in 1965 as a corollary to Medicare and Medicaid. Among other aims, it set out to “...assist our older people [and] secure equal access to [...]:

- The best possible physical and mental health [...] without regard to economic status.
- Suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford.
- Full restorative services for those who require institutional care. [...]
- Retirement in health, honor, dignity—after years of contributing to the economy. [...]
- Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.”

The Aging Network is funded primarily through grants to states. Funding has not kept pace with inflation or demands of an increasing population of older people. Given limited funding, states are required to target services to those with the greatest economic and social need. Under the LeadingAge proposal, it is likely alternative funding mechanisms will need to be established.

It is one thing to have funds to spend on LTSS, it is another for the nation to offer a predictable, equitable system to ensure that people can spend the funds wisely. The LeadingAge vision proposes to revitalize and expand services available through the Aging Network to accommodate increasing numbers of people who will seek out services now that they have the means to pay for help.

## ELEMENT THREE

### Home and Community-Based Services

#### Options that meet individual and caregiver needs.

- Permanently increase the federal medical assistance percentage (FMAP) by 10% for all LTSS, including HCBS.
- Create jobs and raise wages for home care workers—and all LTSS workers.
- Establish an LTSS innovation fund to help states and locally based entities test innovative models that expand HCBS.
- Design and implement CMMI demonstrations that provide fully integrated health services and LTSS.
- Remove operational and policy barriers to PACE (Program for All-Inclusive Care to the Elderly) growth.
- Enact policies that ensure fair reimbursement for home health, PACE, and other HCBS that are delivered using telehealth.

Most people who need LTSS prefer to receive it while living at home or in the community, for as long as possible. Services provided at home and in community-based settings offer families the flexibility to complement paid or formal care with informal care. Although the LTSS financing system proposed in this paper is site neutral, LeadingAge expects that most people will want to remain in their own home or live with relatives to use their LTSS benefits. We further anticipate that many family members and other informal caregivers will want to continue assisting loved ones, complementing formal services.

CMS guidance on the 10% increase in the federal share of Medicaid enacted in the American Rescue Plan indicates that the temporary increase will allow Medicaid beneficiaries to receive services in the setting of their choice. To offer the widest range of choices, we recommend that the federal increase be applied to LTSS in whatever Medicaid-supported LTSS setting the individual chooses to receive them, whether residential or HCBS. Individuals who continue to receive robust packages of HCBS will potentially remain in the community longer.

Further, as discussed under element six, workforce, essential to the LeadingAge vision is President Biden's American Jobs Plan provision to solidify the care economy by creating jobs and raising wages and benefits for home care workers.

Several aspects of this LeadingAge policy vision rely implicitly on consumer preference to remain at home and in the community, and on the equitable availability of an array of HCBS across the nation. There is room for growth, development, and coordination of HCBS. We suggest four pathways to growth:

- LeadingAge supports the Biden campaign proposal to establish an LTSS innovation fund to help states test innovative models that expand HCBS.
- The CMS Center for Medicare and Medicaid Innovation should support the development and implementation of models that have at their center a long-term care provider and that, like the PACE program, ensure that the comprehensive medical and social needs of participants are all met.
- During the pandemic, many PACE providers shifted away from center-based services, but continued to meet participant needs at home, often relying on telehealth. However, researchers found that many older adults, especially those who were older than 80 years old, low-income, from marginalized communities, and/or rural, lack access to the necessary internet capability to participate in audio-video telehealth. Audio-only telehealth visits were permitted and reimbursed under a waiver. This authority should be made permanent.
- Medicare beneficiaries' use of telehealth increased during the pandemic. Individuals unable to leave their homes were able to use not only health care, but also home health, PACE, and other LTSS. It is time to remove all geographic restrictions on telehealth and to provide fair reimbursement for this essential care.

## ELEMENT FOUR

### Affordable, Accessible, and Service-Connected Housing

**Services that meet the housing needs of older adults with very low incomes to ensure they are not housing cost-burdened; provide service coordinators in all low-income senior housing communities for individuals who have a low or moderate need for help; and enable those who do become eligible for Medicaid LTSS or the new LTSS benefit to remain in the community as long as possible.**

- Create an entitlement to affordable subsidized rental housing for eligible older adults.
- Over the next 10 years, expand the supply of housing rental subsidies to meet the needs of all eligible seniors.
- Ensure every federally subsidized apartment building with a predominantly older adult population has an adequate number of service coordinators and at least a full- or half-time wellness nurse, community health worker, or similar professional.
- Identify policy solutions that enable residents of low-income senior housing to connect to HCBS quickly and efficiently, so that when they experience significant functional impairments they can remain in the community as long as possible.
- Establish a national home modification program to help older adult owners and renters stay in their homes, including but not limited to a federally supported expansion of Project CAPABLE.
- Connect affordable senior housing providers, Area Agencies on Aging, and Continuum of Care systems to prevent and end homelessness among older adults.

The number of low-income older adults is increasing. Before the pandemic, the number of older adult renter households with very low incomes paying more than half of their incomes for housing was increasing. Since January 2020, millions of older adult workers have left the workforce; many

will involuntarily retire while others, history tells us, will be among the last to benefit from any future economic recovery. (<https://www.economicpolicyresearch.org/jobs-report/over-half-of-older-workers-unemployed-at-risk-of-involuntary-retirement>)

Affordable, accessible, and service-connected housing is critical to successful aging in America. For many older adults, affordable housing will bring the stability needed for stronger physical and mental health. For others, accessible housing and/or services will be necessary to remain in independent living. The lack of affordable housing is a barrier to achieving these goals.

Supply must be expanded. Because the incomes of the millions of older adults in need of affordable housing are too low to pay market rents or the most modest of mortgages, public



intervention is necessary. Building new subsidized apartment buildings through HUD's successful Section 202 Supportive Housing for the Elderly program brings not just affordable housing to a neighborhood, but also the critical Service Coordinator. These coordinators connect residents to the services they need to age in their independent housing for as long as they choose to do so.

Having a home, a place to live in the community, is vital for anyone before they can receive HCBS. Low-income senior housing should always include options for coordinating services, so residents are not forced to move into nursing homes when needs arise. Residents should have access to help from service coordinators and, if they become functionally eligible, Medicaid.

Moderate- to low-income senior homeowners may need some help remaining at home in the community, should they start to experience functional or cognitive decline. In these cases, Project CAPABLE—which includes an assessment by a nurse and an occupational therapist, plus a small grant to cover home modifications and a handyman who works with the RN/OT team—should be expanded and made available to renters and homeowners.

## ELEMENT FIVE

### 21<sup>st</sup> Century, 24/7 Models of Care that are Places People Want to Live

#### **A reimagining and modernization of nursing homes.**

- Create homelike physical environments that serve a small number of people to a building or neighborhood; each with its own kitchen and dining area; and a private room and bathroom for each resident.
- Establish a fund/loan program for retrofit and rehabilitation of older nursing homes and construction of new ones.
- Provide incentives to integrate other aging services, including using a hub model.
- Provide incentives to offer intergenerational services on site, such as schools, day care centers, community recreation centers, employment service centers, etc.
- Completely redesign quality assurance and safety in a manner that creates places that feel non-institutional and homelike. Start with the findings of the National Academies' nursing home study. Include continuous quality improvement and collaborative enforcement.
- Mandate transparency in all aspects of financing, operations, and structure.

Providing more affordable homes in the community, more service coordinators on site in senior housing buildings, connecting expanded Medicaid HCBS to housing, and offering Project CAPABLE and other home modification assistance for low- to moderate-income homeowners will enable more older people to live in the community.

President Biden and leaders in Congress are on the right track with big proposals to expand HCBS to more people, ensure there is equitable access to quality care in communities, and create more good jobs in caregiving. But addressing only HCBS as a policy choice is short sighted—a comprehensive system cannot wipe away the needs of the small number of older people with insufficient informal caregiver coverage and multiple functional impairments and/or advanced dementia.

There will always be some who require a residential setting where care is provided around the clock. For this small number of people with the highest level of need, nursing homes have filled the need for quality care and safety—if individuals qualify for Medicaid or have private resources to pay out of pocket.

LeadingAge envisions community care homes that are small, homelike, and intentionally and structurally integrated with the surrounding community. They are good places to live and good places to work. They will serve those who are likely to need help for the rest of their lives.

Most of today's nursing homes are constrained by a number of long-standing challenges. The pandemic has added new wrinkles. Further, it has laid bare the years of inadequate funding and lack of attention by policymakers. Nursing home occupancy before the pandemic hovered around 80% nationally; after dropping to about 60%, it is now back up to 68%.

Since the end of the last century, the nursing home business model has adapted to inadequate Medicaid financing by moving beyond the mission of providing long-term care to also offering relatively well-reimbursed, short-term, post-acute care services. This aligned well with changes in health care reimbursement to move people out of hospitals after an acute care stay.

In this bold vision for change, since long-term care is also recognized as needing to be adequately reimbursed, the two distinct types of care can be provided separately. Medicare should not subsidize Medicaid. Instead, Medicaid rates should be sufficient to cover long-term care without providers having to rely on other sources to subsidize care. Using the recommendations of the National Academies of Sciences, Engineering, and Medicine's nursing home study, long-term care settings could focus on the business of long-term care instead of being regulated as institutional or "mini-hospital" providers. Organizations that opt to also provide post-acute care would do so as a separate service.

But nursing homes, for most people, are the last option. Federal regulation and state enforcement of it gives today's nursing homes the look and feel of small hospitals rather than homes. Perhaps the best indicator that nursing homes are the least preferred option for most people is that when they need 24/7 help, most people who have sufficient resources to pay out of pocket opt for assisted living or memory care.



## ELEMENT SIX

### Workforce

#### **A valued aging services workforce and an aging services sector that is a great place to work and develop a career.**

- Permanently increase the federal Medicaid match to support a living wage for workers in all aging services settings, with accountability provisions that demonstrate the funds went to worker salaries and benefits.
- Enact the National Apprenticeship Act of 2021 and fully finance apprenticeships in aging services.
- Enact the Direct Creation, Advancement, and Retention of Employment (CARE) Opportunity Act to recruit, retain, or provide advancement opportunities to direct care workers across the continuum of aging services.
- Create and implement H2Age, the LeadingAge LTSS guest worker proposal.
- Enact other immigration reforms that give EB-2 and EB-3 priority status (for green cards) to aging services workers.
- Create a service corps of nurses, social workers, and therapists who are incentivized to go into staff shortage areas (e.g., rural communities, disadvantaged urban communities) where it is very difficult to recruit clinicians in LTSS settings.
- Provide the resources for HRSA to develop data on the variation in demand and supply of LTSS staff across occupations and settings.
- Mandate a GAO study of the options that are available at the federal level to ensure that states and localities adopt a living wage for all workers.

The coronavirus pandemic shed new, much-needed light on the valuable work that nursing assistants, personal care aides, and home health aides carry out each day as they provide life-sustaining services and supports to older adults who are especially susceptible to COVID-19.

These professional caregivers—often referred to as direct care workers—have always played an important role in LTSS, but the pandemic exacerbated and highlighted the challenges they experience on the job each day. The health crisis also raised awareness of how much consumers and aging services organizations depend on these workers to provide care, and exposed deficiencies in the LTSS system that are likely to challenge this workforce far into the future.

Not all these challenges will disappear once we are able to stop the spread of the coronavirus. Instead, the LTSS workforce will face long-term challenges that were exposed by the pandemic and must be addressed immediately so we can continue providing high-quality services and supports to a rapidly growing older population in the years to come.

The structural, supply, and environmental changes proposed in this bold vision, combined with an intentional financing system for care, will require more workers. But it will also make aging services a great place to work. LeadingAge envisions a direct care workforce that is a professionalized workforce. Similar to professionals in other fields, direct care professionals would:

- Receive high-quality, competency-based training.
- Earn a living wage and receive meaningful benefits commensurate with their competency levels.
- Enjoy good working conditions and skilled supervision.
- Have access to a variety of career advancement opportunities.
- Be respected and appreciated by their employers, care recipients, and the public.

An intentionally structured and financed aging services system, one we all support, will require a revitalized aging network. People experiencing the need for functional supports in their later years will have access to the dollars they need to buy care. More providers will be needed; and they will compete for consumer dollars. Mission-driven providers have always aimed to provide services that are person-centered and high quality; these services will be in high demand.

Special attention needs to be paid to the entire workforce employed in LTSS settings, including the range of clinicians and management staff who create the infrastructure for the care that is delivered. As we focus on the direct care staff, we also need well-trained nurses (including nurse managers), therapists, social workers, pharmacists, etc., who are specifically trained and provided incentives to work and thrive in LTSS settings.

Ensuring that we can pay workers fairly, offer training and advancement opportunities to grow and retain staff, and create new pipelines for the workforce, will not be accomplished in one policy move, but rather through many concurrent solutions. The solutions we outline here are federal policy solutions. Many of the complementary tactics will involve state and local activity, as well as individual provider approaches.



# Conclusion

The pandemic exposed the hard truth that the United States is one of the few countries in the developed world that does not have a universally available, publicly funded LTSS system. As the population continues to age rapidly, it is past time for the U.S. to join Norway, Germany, Japan, the Netherlands, Scotland, Spain, and others by making provisions to help address these inevitable needs that half of all older Americans experience. We should be at least as resilient as other developed countries, able to see and plan for demographic trends.

Along with a system to pay for care, we will need a dependable, well-organized structure so that when people begin to need LTSS, they will know where to go to access and navigate care. At the same time, as more funds are available, we must modernize both home and community-based and residential care, to ensure consumers can purchase high-quality care tailored to their needs and situations. In the case of the lowest income adults experiencing housing insecurity, additional housing will be needed so that if the need arises, they will have equal opportunity to take advantage of HCBS in a home-based setting. Finally, the modernized, better-funded LTSS system for a growing older population will produce jobs. We must take steps today to ensure that these are good jobs with opportunities for growth.

As a nation we can make this happen. We have the responsibility to our older citizens, and it is incumbent upon policymakers to take steps to make it happen.



## Connect With Us



2519 Connecticut Avenue NW  
Washington, DC 20008



202-783-2242



[leadingage.org](http://leadingage.org)



[facebook.com/LeadingAge](https://facebook.com/LeadingAge)



[instagram.com/leadingage](https://instagram.com/leadingage)



[twitter.com/leadingage](https://twitter.com/leadingage)