



# The Trusted Voice for Aging



OUR VISION: AN AMERICA THAT VALUES OLDER ADULTS & THOSE WHO SERVE THEM

## WHO WE ARE

LeadingAge represents more than 5,400 nonprofit and mission-driven aging services providers and other organizations that touch millions of lives every day. Alongside our members and 36 partners in 41 states, we use advocacy, education, applied research, and community-building to make America a better place to grow old.

We are a strong community of nonprofit and mission-driven aging services providers serving older adults across the country, united by a collective commitment to a common vision and set of ideals. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults with high-quality care and services—and those who serve them—wherever they call home.

## CRITICAL AGING SERVICES ISSUES

### Affordable Senior Housing

Affordable senior housing allows older adults with low incomes to live in apartments with rents that are reasonably priced, while relying on local services and supports to age in their community. Three federal funding sources primarily support it: the Department of Housing and Urban Development (HUD), the Department of Agriculture's Rural Housing Service, and the Department of the Treasury's Low-Income Housing Tax Credit program. Only half of HUD-assisted senior housing has a service coordinator, the linchpin between residents and home and community-based services.

- Enact robust affordable senior housing funding in Fiscal Year 2025.
- Fund more service coordinators.
- Improve and expand the Low-Income Housing Tax Credit program.

> **9.3 MILLION POSITIONS** will need to be filled—only in direct care—between 2021 and 2031. *(Source)*

### Aging Services Workforce

The population of the United States is undergoing a dramatic shift. The number of adults over the age of 65 will increase by nearly 50%, from 58 million in 2022 to 83 million in 2050. There simply are not enough caregivers to meet the care needs of older adults. This complex challenge requires innovative policy solutions that expand and strengthen the aging services workforce pipeline.

- Streamline and expand immigration pipelines for nurse and direct care professionals.
- Expand access to learning opportunities.
- Support innovative training and testing models.

**LeadingAge and our 5,400+ nonprofit and mission-driven aging services providers call on Congress to support critical legislation in areas that touch millions of lives every day.**

## Hospice Benefit

Hospice is specialized, expert care and support for people who are terminally ill, with a life expectancy of six months or less, and their families. Care is delivered by an interdisciplinary team, including private homes, assisted living, and nursing homes. Hospice care is holistic and includes clinical care from physicians and nurses, aide support, social work, chaplains, bereavement services, and volunteers.

- Expand hospice services to ensure access and caregiver support.
- Fortify the hospice workforce.
- Enact targeted reforms to ensure appropriate oversight.

## Medicaid, HCBS & PACE

Millions of people use long-term services and supports in home and community settings, and institutional. Medicaid home and community-based services (HCBS) are vast: personal care in a home or residence, adult day, home care, non-medical transportation, assisted living, and home-delivered meals. States have different terms of coverage and payment methodologies for HCBS. Some care in the home and community is funded through other sources of public financing. Programs of All-Inclusive Care for the Elderly (PACE) provide comprehensive medical and social services for older adults, many of whom are dually eligible for Medicare and Medicaid benefits. Coordinated care teams enable participants to remain in the community.

- Maintain and expand HCBS.
- Improve and expand the PACE program.

## Medicare Advantage & Integrated Services

With 33.1 million Medicare beneficiaries (more than 50%) now enrolled in Medicare Advantage (MA), the disadvantages—inappropriate care denials, shortened service lengths, lack of coordination for dual-eligibles, burdensome prior authorizations, and inadequate payments to service providers—are mounting.

Our advocacy aims to ensure MA beneficiaries have equitable access to care and services, while also preserving providers' financial viability.

- Ensure transparency and adequacy of MA Plan provider payments.
- Support dual-eligible integration programs.
- Encourage CMS to reduce administrative burden for providers who work with MA plans.

## Medicare Home Health

Medicare home health care consists of skilled nursing, physical therapy, occupational therapy, speech therapy, aide services, and medical social work provided to beneficiaries in their homes. To be eligible for Medicare's home health, beneficiaries must need part-time or intermittent skilled care to treat their illnesses or injuries and must be unable to leave their homes without considerable effort.

- Ensure access to Medicare home health through adequate payment and expanded workforce.

## Nursing Homes

Older adults who cannot safely be in their own homes receive person-centered care in nursing homes that support their health, safety, and well-being. Typically, these older adults require help with ADLs, the fundamental skills required to live independently—bathing, dressing, eating, toileting, walking, and transferring from a chair or a bed. Nursing homes provide care to people with chronic conditions and co-morbidities requiring around-the-clock care, long-term care, and rehabilitation services such as wound management and physical, occupational, speech, and IV therapies.

- Stop the federal minimum staffing mandate.
- Fix the nursing home CNA training lockout.
- Ensure Medicare coverage for skilled nursing care following hospital stays.