Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities
Administration for Community Living
U.S. Department of Health and Human Services
Washington, DC

September 15, 2024

Dear Interagency Coordinating Committee Members:

LeadingAge is grateful for the opportunity to comment on the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities' Strategic Framework for a National Plan on Aging.

"To achieve great things," Leonard Berstein said, "two things are needed: a plan and not quite enough time." The work of the Interagency Coordinating Committee (ICC) to create a National Plan on Aging comes not a moment too soon for our rapidly aging nation faced with a highly fragmented healthcare system and ever-pressing health-related social needs.

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 applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the continuum of services for people as they age, including those with disabilities. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home.

In 2022, just as Congress was about to direct the Administration to establish a national plan on aging, LeadingAge began urging the Biden Administration to establish a White House Office on Aging Policy within the Domestic Policy Council. "The unfortunate result of our scattered approach is severely inadequate support for older adults in our country and redundancies and gaps across programs. This affects quality of life for older individuals and takes extraordinary tolls on communities and families, particularly those of color," LeadingAge wrote to President Biden on December 14, 2022.

As the ICC's National Plan on Aging progresses, LeadingAge believes it should be coordinated through a DPC Office on Aging Policy. An Office on Aging Policy at the highest level of government will demonstrate the Plan's importance and allow all Administrations to most effectively coordinate diverse facets of policy that affect older people.

Cross Cutting Themes

LeadingAge supports the four cross-cutting values outlined in the Strategic Framework, person-centeredness, inclusion, respect, and collaboration and innovation, and also believes that any National Plan on Aging must ensure its elements reflect certain cross-cutting themes, including:

- Equity. Policies and programs that do their best to ensure all older adults receive the services they need regardless of their age, income, race, gender, sexual orientation, ability, language, and other abilities will be the best programs and policies to meet the needs of all older adults.

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- Geographic Diversity. Older adults live in rural, suburban, and urban areas, each of which have their own opportunities and challenges for access to aging services. Policies and programs must take these into account to be successful and sustainable.
- Sufficient Funding. Aging services, including long-term care workforce and that local and national infrastructures that support aging services, deserve the funding necessary to be affordable, successful and sustainable.

Highlighting a Significant Missing Component
As discussed in our comments, LeadingAge is mystified by the lack of consideration and support for a strong residential care component in the Strategic Framework. Today, 1.3 million older adults live in the nation's 15,300 nursing homes and millions more live in assisted living and life plan communities. According to the Administration on Community Living, while the duration and level of long-term care needed will vary from person to person, 35% of people will use nursing home care. The need for adequate reimbursement levels, effective survey and certification processes that focus on quality care, a robust and competitively paid aging services workforce, and a basic acknowledgement that some peoples' needs will necessitate care at the level provided by quality nursing homes should each be reflected in the Plan on Aging. Regardless of who you are, a quality nursing home should be available to you, and it should be supported by resources and an infrastructure commensurate with how we value older adults in the United States.

Funding
No plan or vision or framework can come to life without necessary resources. Underfunding aging services, its workforce, and its administration work against healthy aging and health-related social needs, thus making healthcare costs more costly in the long run. As development of a Plan takes shape, LeadingAge urges the ICC to use the power of a National Plan on Aging to include recommendations on how much the U.S. should be spending on the Plan's components. This will make the plan more actionable by policymakers and will help stakeholders rally around its vision.

DOMAIN 1: Age-Friendly Communities

Purpose and Engagement
Social isolation can affect people of all ages but driven by shrinking social networks and the increasing prevalence of older adults living alone, individuals over 60 are at increased risk. Negative impacts of social isolation include depression, anxiety, and increased risk of death. Current estimates suggest that 43% of adults over 60 report experiencing social isolation.

LeadingAge members across the aging services continuum report a growing number of clients experiencing social isolation and are often called upon to provide care and respond to and combat the effects of loneliness. We applaud efforts to support age-friendly communities, with a particular emphasis on combating social isolation. We recommend the Strategic Framework include opportunities for older adults to volunteer in care settings such as nursing homes, affordable housing, Programs for All-Inclusive Care for the Elderly (PACE), and hospice.

Programs like the Retired and Senior Volunteer Program (RSVP) and the Senior Companion Program (SCP) should provide training to prepare volunteers to work with individuals in care settings. Additionally, we encourage RSVP, SCP, and other volunteer programs to develop flexible and accessible volunteer opportunities that allow older adults living in congregate settings to engage in volunteer programs, particularly through virtual connections.

Social Connection
Aging service providers play a crucial role in combating social isolation among older adults. To do so effectively providers need a robust framework of accessible tools and resources that support clients across a variety of settings. These include physical locations, such as community and senior centers, as well as digital platforms that enable and leverage opportunities for virtual interactions. Providers must be empowered to develop whole-person care plans that extend beyond medical diagnoses and harness the full spectrum of care and support available locally and virtually. These should include training for staff to recognize signs of social isolation and understand its impact on older adults' health and well-being. We also support the Bipartisan Infrastructure Law's intent and encourage the expansion of broadband access to all communities to support virtual connections.

Accessibility and Universal Design
LeadingAge supports efforts to improve accessibility of the nation's housing stock and universal design elements in housing and other built environments. We recommend additions to the Focus Area Statement to include age-appropriate and cross-disability approaches to housing design and accessibility protections. This is further addressed in our recommendations for Domain 2.

Transportation
LeadingAge members frequently coordinate transportation for clients. However, a constricted workforce and lack of resources often make it difficult for older adults to access destinations, including life-sustaining supports and services. This is particularly the case in rural and underserved communities. Many older adults live significant distances from supportive and health care services, which makes access to services difficult particularly for older adults with low incomes. Older adult households in rural areas are more likely to be retired and tend to have lower incomes than their urban counterparts. We must support and sustain the development of robust, age-ready transit systems that connect older adults with essential services in both urban and rural areas.

Economic & Financial Security
Of Health People 2030's four goals for Economic Stability, only one includes older adults ("reduce the proportion of people living in poverty"). While targets to meet the other three goals were met or are "improving," the goal to reduce the number of people living in poverty has seen "little or no detectable change." In 2023, the national American Community Survey poverty rate for people aged 65 and over was 11.3%, up from 10.9% in 2022 and the third year in a row that the poverty rate increased for this age group. The United States must do more to reduce poverty among older adults and to reduce harm to older adults because of poverty, like lack of nutritious food, lack of safe and accessible housing, lack of healthcare. The National Plan on Aging should identify strategies to lift all older adults out of poverty.

We support efforts to sustain and preserve economic stability for older adults. Building financial knowledge across the age span empowers consumers to make informed decisions, manage their resources effectively, and ensure they are able to age in a setting of their choosing. We are encouraged by the efforts of federal agencies to support financial planning for older adults as they approach retirement. However, we believe that this should extend throughout the lifespan. For younger adults, we encourage the framework to include opportunities for education related to saving and retirement planning. This may include a variety of partners, including high schools, universities, employers, and financial institutions. Education should include estimated costs of care and prompts to adjust retirement savings to accommodate changing health needs throughout the lifespan.

Many older adults depend on critical safety net services, but many eligible older adults are not receiving the benefits they need. For example, according to a recent study, nine million eligible older adults are not accessing benefits like the Supplemental Nutrition Assistance Program (SNAP) and Social Security Income (SSI). Understanding the full scope of benefits eligibility is a critical part of maintaining health and wellness. We support cross-enrollment efforts that assess eligibility for all programs through a single point of contact. We encourage the full inclusion of care providers in that system. We urge increased collaboration between post-acute care providers and local benefit administrators to coordinate eligibility screenings and enrollment wherever people live.

Employment

Aging service providers are in the midst of a workforce crisis that is expected to deepen over the coming decade. A variety of roles are impacted, but nurses are in significant demand. Recent surveys indicate that as many as four million nurses are planning to retire by 2030. Simultaneously, the U.S. is experiencing a contraction in nursing faculty; according to the Special Survey on Vacant Faculty Position, there were nearly 2,000 full-time faculty vacancies at nursing schools in October of 2023. The anticipated wave of retirement, combined with a significant shortage of nurse faculty and the desire of many older adults to maintain some employment, provides a critical opportunity to leverage the skills and talents of nurses nearing retirement.

We encourage a broad view of employment for older adults and urge the inclusion of policy initiatives that encourage flexible employment options for soon-to-be or newly retired nurses to act as nurse faculty. This should include incentives to maintain or reactivate recently lapsed nurse licensure and may include short term low or no cost "bridge programs" that provide the tools and resources for clinical nurses to transition to faculty roles.

Age-Friendly Health Systems

LeadingAge members are on the front lines of healthcare and housing and are adept at working with a variety of partners across the aging services continuum to support the comprehensive and coordinated delivery of healthcare and social services for older adults. Our members are deeply engaged with their local health leaders as they adopt the Age-Friendly Health System (AFHS) framework and the 4Ms (*Matters, Medication, Mentation, and Mobility)*. Many of our nursing home members have participated in the Action Community program, a seven-month program to accelerate the reliable practice of the 4Ms in an active community of learners and testers. We encourage the continuation of learning opportunities like Action Communities as well as their expansion to additional providers, particularly those providing care and services in the community, such as PACE, home care, home health, and hospice.

DOMAIN 2: Coordinated Housing and Supportive Services

Housing has long been known as a key determinant of health, and access to service-enriched housing for older adults is foundational to healthy aging. We applaud the Strategic Framework's emphasis on coordinated housing and supportive services.

While the framework reviews current needs and approaches related to housing and services for older adults, the framework stops short of fully encompassing the scope of the issue facing older adults and their housing needs. The framework also neglects to propose aspirational solutions for the service-enriched housing crisis faced by our country today.

We recommend the following considerations for each focus area.

Housing Stability through Coordinated Services
Health and housing are intricately linked, and older adults need supportive services in order to age in their homes and in their communities. The current framework describes the various programs and initiatives underway to address heightened coordination between the government's housing and health sectors, such as Medicaid Section 1115 demonstration authority that allows states to cover up to six months of certain housing stability costs. However, as of late 2023, the demonstration authority has only been approved in seven states.

Rather than relying on the patchwork of small-scale pilots and fledgling initiatives currently outlined in the framework, we urge the Plan on Aging to set out a vision for a whole-of-government solution that relies on heavy coordination between Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS) to bring effective programs to scale and to address the various care levels needed by older adults.

We need bold investment to address a goal as big as coordinating housing and services for an aging America:

- **Getting to Scale:** As the framework describes, our country currently has many promising but limited efforts that need to get to scale. For example, Programs for All-Inclusive Care for the Elderly (PACE), which serves older adults with high levels of care, are proven partners to affordable senior housing providers, especially when co-located with federally subsidized housing communities. And yet PACE is highly limited and available to only about 80,000 people across the country. Similarly, the U.S. housing stock is deeply insufficient to meet both the housing and services needs of older adults. Even HUD's programs, including its flagship senior housing program for older adults with low incomes (Section 202 Supportive Housing for the Elderly), which also incorporates supportive services coordination and allows older adults to age in community, serves only one of every three eligible older adults.

  The framework should clearly call for major investments and coordination to get effective programs to scale. This includes programs administered at the state level that can be supported by federal investments and incentives.

- **Addressing Levels of Care:** A key component of an age-ready America is identifying funding sources for the housing and services needs that increase as older adults age. The United States is not equipped with enough service-enriched housing options for older adults at various levels of care.

  For example, LeadingAge members report an urgent need for both supportive services and mental health support in affordable senior housing. Of properties participating in HUD's Section 202 program, only roughly half of the participating communities actually have supportive services coordination. Fewer still have mental and behavioral health supports for residents who increasingly cope with trauma-related health issues.

  Similarly, older adults ready to transition out of independent living but not needing nursing home-level care need increased access to assisted living communities; this is especially true for older adults with low incomes, and yet affordable assisted living options are exceedingly rare. There are narrow avenues where Public Housing Authorities can leverage project-based housing

vouchers to offset shelter costs of assisted living, but this approach needs clarity, investment, and leadership from government leaders.

- **Digital Equity:** According to the Substance Abuse and Mental Health Services Administration (SAHMSA), digital access is a superdeterminant of health, and yet many affordable housing communities serving older adults lack the kind of wall-to-wall internet access needed for social and civic engagement, health access, and participation in the workforce. The Strategic Framework calls out the need to address the digital divide among older adults, yet once again falls short of proposing solutions. We urge the Strategic Framework to lead the call for internet service to be considered a housing cost for the purposes of federal rental assistance, and to propose a universal digital access program that can be scaled to older adult households.

Affordable Housing

We applaud the Strategic Framework's emphasis on affordable housing as a key pillar of healthy aging; we especially welcome the Strategic Framework's focus on the severe nationwide shortage of affordable housing and the rapid shift toward an aging population with service-enriched housing needs.

The Urban Institute predicts there will be 13.8 million new older adult households between 2020 and 2040, and 40% (5.5 million) of these new older adult households will be renter households. Of these 5.5 million new older adult renter households, 2.6 million will be Black older adult renter households. The Urban Institute predicts that the number of older adult renters will increase from 22% in 2020 to 27% in 2040. In its report, among the top policy recommendations is to expand the supply of affordable senior housing to meet projected needs, also noting that "… the large number of senior Black renters are apt to be particularly cost burdened, given their significantly lower incomes and wealth that decades of disproportionate policies and practices have delivered."

While the Strategic Framework provides examples of a small handful of housing programs, the framework fails to clearly state that our country's current approach to affordable housing falls woefully short of meeting the housing needs of older adults. For example, the framework highlights the Treasury Department's Low Income Housing Tax Credit (LITHC) program but fails to call out improvements needed to the program to serve lower income households. Without a housing voucher or other additional housing subsidy, the lowest income older adult households, those most in need for affordable housing, can be too poor to live in LIHTC-financed housing, despite it being our country's largest affordable housing financing tool. The Strategic Framework calls out HUD's Section 202 program as an example of a program in which "the federal government is investing," despite the program's expansion suffering from decades of gross underinvestment and, most recently, lack of support from the Administration. At the same time, two-thirds of households served by HUD's Project-Based Section 8 program are headed by an older adult or a person with a disability, and yet the program has not seen investment in new contracts in decades. Today, HUD's programs serve only one-third of eligible older adults in America. HUD must get back into the business of expanding the supply of affordable housing.

As the leading voice for aging, we urge the Strategic Framework to commit to a clear goal of overcoming the nation's housing crisis by promoting *universal access* to safe, decent, and affordable housing for older adults, especially for older adults with low incomes. In fact, access to stable, affordable housing is the foundation upon which other health- and aging-related goals can be achieved, and without which they are more likely to fail.

Our specific Strategic Framework recommendations include:

- **Expand HUD's Section 202 Supportive Housing for the Elderly Program**: We strongly encourage the Strategic Framework to support significant expansion to HUD's Section 202 program, a deeply income-targeted program in which no household is too poor to live. The Section 202 program allows for the co-location of a service coordinator to help residents age in community. Robust funding for the Section 202 program will ensure that projects can be developed efficiently without lengthy and costly delays caused by multiple layers of financing. The programs exclusive use by nonprofit organizations ensures mission-driven providers stand by the quality of their housing and will preserve affordability for generations to come.

- **Entitlement to Housing:** Decades of insufficient funding levels have led to years-long waitlists at federally subsidized housing programs. We urge the Strategic Framework to promote a funding shift for federal rental assistance programs to the "mandatory" side of the budget and to include a guarantee of rental assistance vouchers for older adults with extremely low incomes, mirroring President Biden's fiscal year 2025 request for a housing voucher guarantee for extremely low income veterans and youth aging out of foster care. Similar to certain mandatory health programs, housing programs should also be seen as mandatory programs that are renewed each year according to need – instead of the current approach, which is to undergo the discretionary Congressional appropriations process annually for rental assistance programs. This should include existing rental assistance programs at HUD and at the U.S. Department of Agriculture (USDA), as well as new housing development investment to address the need for increased affordable housing supply.

- **Special Purpose Vouchers for Older Adults:** Housing vouchers are an important way for older adults with low incomes to access rental housing, and we urge the Strategic Framework to prioritize special purpose vouchers for older adults specifically. A similar approach has been utilized for other populations like veterans, non-elderly persons with disabilities, and certain families in the child welfare system. A special purpose voucher for older adults could help stem the rapidly rising population of older adults experiencing homelessness and could be project-based in LIHTC or other developments where services and service coordination could be co-located.

- **Direct Rental Assistance:** Current voucher utilization rates highlight the challenges with the current approach to tenant-based rental assistance, which flows to the landlord, not to the low income household itself. This approach can create barriers to voucher utilization when a landlord refuses to accept vouchers for rent payments. In fact, HUD reports that approximately 40% of households offered a voucher are unable to find an eligible unit with a participating landlord. In an effort to combat low voucher utilization rates, HUD has recently begun researching the efficacy of paying rental assistance directly to eligible households. We urge the Interagency Coordinating Committee to monitor this research and support the provision of direct rental assistance to older adults when the research gives credence to this promising idea.

Accessible Quality Housing

Addressing the shortage of accessible housing should include producing new accessible housing and investing in accessibility and climate-resilience upgrades as we preserve the existing housing supply. As the Strategic Framework highlights, the U.S. housing stock is notoriously ill-suited for people with accessibility needs. Fewer than 4 % of homes in the U.S. have the three foundational features of accessible housing: single-floor living, no-step entries, and wide hallways and doorways. According to the 2019 American Housing Survey, the most common difficulties people have are entering their home

and getting to the bathroom in their home. The Strategic Framework also describes a highly limited, dispersed, and at times burdensome process for older adults to access home modification support to age in place.

While the Strategic Framework highlights HUD's Older Adult Home Modification Grant Program, it fails to mention the small scale of the current program. We urge the Strategic Framework to seek significant expansion of this federal home modification program, which can help owner and renter household remain in their homes.

Another key component of accessible housing is related to climate resilience. Most federally subsidized multifamily housing communities, including those specifically designated to serve older adults, lack back-up generators, resulting in disruptions in access to elevators, refrigerated medication, and electric medical devices, all of which are disproportionately used by older adults. In addition, extreme heat is now considered the deadliest natural weather event – causing more fatalities than any other extreme weather phenomenon like hurricanes, floods, or tornadoes – and older adults are especially vulnerable. However, the older federally subsidized housing stock across the U.S. often lacks sufficient air conditioning and other cooling units to serve older adults as they remain in their homes during and after weather-related emergencies.

The future will bring more climate vulnerability: A Climate Central study found that the number of affordable housing units in the United States at risk of coastal flooding could more than triple by 2050. We urge the Strategic Framework to prioritize climate resilience through the following framework recommendations:

- **Green and Resilient Retrofit Program:** The framework currently calls out HUD's Green and Resilient Retrofit Program (GRRP) as a mechanism for addressing the climate resilience and energy and water efficiency needs. The program was designed to address the climate-related capital needs of an aging affordable housing stock that has, to date, seen systemic government divestment and become increasingly vulnerable to climate change. LeadingAge fully supported the GRRP and applauds the program for distributing funding impacting more than 20,000 residents of affordable housing in its short lifespan. However, the program sunsetted in summer of 2024 due to lack of ongoing funding from Congress, having served only a fraction of the properties in HUD's Multifamily Housing program. We urge the Strategic Framework to clearly call for continued investment through programs like the GRRP.

- **Weatherization and Aging in Place:** The various programs currently supporting aging-in-place modifications for older adults, including programs like HUD's Older Adult Home Modification Program and Medicaid waivers that support home modifications, should be expanded to include weatherization and climate resilience upgrades to support aging in place in a world increasingly impacted by weather events. They should also be adapted to support energy and water efficiency upgrades to bring down utility costs for older adults.

Preventing and Addressing Homelessness

As the Strategic Framework points out, older adults as the fastest-growing population experiencing homelessness, comprising nearly half of the homeless population. This is an unacceptable reality, and we urge the Strategic Framework to prioritize action across the federal government to end older adult homelessness by rapidly expanding the supply of affordable project- and tenant-based housing for older adults and other efforts to prevent and end homelessness, including:

- **Special Purpose Vouchers for Older Adults:** Housing vouchers are an important way for older adults with low incomes to access rental housing, and we urge the Strategic Framework to prioritize special purpose vouchers for older adults specifically. A similar approach has been utilized for other populations like veterans, non-elderly persons with disabilities, and certain families in the child welfare system. A special purpose voucher for older adults could help stem the rapidly rising population of older adults experiencing homelessness and could be project-based in LIHTC or other developments where services and service coordination could be co-located.

- **Medicaid-Funded Tenancy Supports:** Medicaid is increasingly offering certain housing supports, and yet they are limited in scope and in availability. Some older adults access Medicaid waiver services for a short period of time, which can help bridge a single critical period of housing instability; however, longer-terms support is needed to help people remain in their homes while aging. These services can include home maintenance costs such as furnace cleanings, snow removal, or lawn mowing to stabilize housing for older adults and assist in maintaining a safe environment for them to thrive.

  An August 2024 publication from HUD illustrates the ways in which coordination between state and local housing agencies and state Medicaid programs can offer stability and Medicaid-paid housing assistance for individuals at high risk of homelessness. The brief outlines steps Medicaid agencies can consider in seeking flexibility from CMS to cover housing related services. Additionally, there are recommendations to support coordination between state and local housing agencies and Medicaid programs to optimize service design and promote service utilization. Currently, these alignments and programs are typically targeting people currently experiencing homelessness, experiencing substance use, or behavioral health interventions. Expanding eligibility and interest for coordination between affordable housing programs and Medicaid will offer more older adults the ability to be stably housed as they age.

- **Service Coordinators:** Service coordinators in affordable housing provide key lifelines by connecting residents to healthcare and wrap around LTSS. Increasing funding for and access to service coordinators in more affordable senior housing will increase service utilization for eligible populations in need by supporting individuals in their homes with community-based services.

- **Waiting Lists and Housing Access:** In addition to creating and preserving affordable housing (as described above), we urge the Strategic Framework to highlight the need for national or regional databases of available units across the thousands of properties participating in HUD's Multifamily Housing programs.

Older Adult Homeowners

We recommend the Strategic Framework also specifically call out the affordability and accessibility needs of older adult homeowners.

Although the share of older adults who rent is rising, 78% of older adults own their homes. Nationally, 25% of older adult owner households are moderately or severely housing cost burdened, meaning they struggle to make their house payments. In 2022, 41% of older adult households 65 – 79 had a mortgage, compared to 24% in 1989. In 2022, the median mortgage debt was $110,000, compared to $21,000 in 1989. America is not retiring its mortgages, causing housing cost burdens among older adult

homeowners. Despite its benefits, homeownership can also present challenges to older adults, including maintenance costs.

We recommend the Strategic Framework support the needs of older adult homeowners struggling financially and physically to remain in their homes through both mortgage assistance and home modification programs.

DOMAIN 3: Increased Access to Long-Term Services and Supports

LeadingAge is fully supportive of the goal of Domain 3, that all older adults can easily access affordable, high-quality services and supports that promote their independence and goals. Domain 3 is inextricably intertwined with other domains and the ability to have a strategic framework on aging.

We will provide feedback on the subsections of this domain, below, but want to highlight critical items that are completely missing from the Domain and the framework generally.

The first is any mention whatsoever of residential-based care. As the Strategic Framework underscores, Americans' desire to age in place is very strong. However, a robust long term care system needs to include, support, and encourage residential-based options as well. Some people want to age in a residential community. Others reach a level of care where a nursing home is the best place to support their care needs. Life plan communities provide a blend of services and socialization that many desire. Assisted living provides a bridge between independent living and nursing home care.

Of the report's ten references to "nursing homes" or "nursing facilities," five of those references position nursing homes as an unfortunate outcome of inadequate home and community-based services (HCBS). This perspective is not only untenable, but also insulting to the hardworking staff and seemingly forgotten residents of nursing homes and assisted living communities. While LeadingAge's members include those who provide home and community-based services, and we support all efforts to support these members and care in the home and community, it is nevertheless important to recognize that the 1.3 million people who live in nursing homes and the millions more who reside in assisted living and those who are serve them are vital members of their communities as providers and as employers. Considerations around financing, such as expanded Medicaid funding, ensuring adequate Medicare funds, and ensuring long-term care affordability through new financing systems, all need to include reliable and sufficient funding nursing homes and assisted living.

Paid and Unpaid Caregiving

Aging services providers are at a critical juncture; we are grappling with increasing demands for services and smaller workforce able to provide care. Despite overall economic growth, the healthcare and aging services sectors have not expanded at the rate necessary to meet the increasing demands for care, exposing significant gaps in our ability to meet the needs of older Americans and adults with disabilities. Nearly 70% of adults who reach age 65 will require long-term support and services for an average period of three years, but most of those will struggle to find affordable and accessible care. While we will not reach the peak of demand for care for several more years contractions have already begun, with many nonprofit service providers, the backbone of the aging services sector, closing or reducing the number of individuals they serve because of the shortage of long-term care workers.

LeadingAge's "Aging Services Workforce Now" Campaign has five goals that would be important for the Strategic Framework to incorporate:

- Pay aging services professionals a living wage.
- Offer incentives to retain and attract qualified staff.
- Expand training and advancement opportunities.
- Build dependable international pipelines of trained caregivers.
- Enact meaningful, equitable long-term care financing.

LeadingAge, as outlined in our report, *The Immigration Imperative*, supports a variety of reforms to the U.S. immigration system to expand our long-term care workforce:

- We must increase immigration caps, including for increased caps on all employment-based visa categories and expanded opportunities for international students to work off campus.
- We must expand access to employment-based visas, including by having designated visa categories for direct caregivers and expanded visa opportunities for workers without bachelor's degree.
- We must enhance training and testing, including by expanded training and testing for non-native English speakers and funding to support international training sites.
- Finally, we must improve worker protections, including by ensuring increased transparency in contracting for foreign born workers and a pathway to residency for "gray market" caregivers.

LeadingAge is deeply supportive of the initiatives outlined in the 2022 National Strategy to Support Family Caregivers (NSSFC) that was developed, in part, through the work of LeadingAge LTSS Center at UMass Boston. We urge the continuation of the collaborative work, like the NSSFC and the Direct Care Worker (DCW) Strategies Center and acknowledge and support the work being done by partners like AARP, the National Alliance for Caregiving, and others to ensure policies that support family caregivers.

Fair, Competitive Wages

The paid caregiving workforce are those whom LeadingAge's members employ and rely on for the provision of aging services and this workforce deserves fair, competitive wages. Inadequate and complex reimbursement mechanisms thwart providers' inability to offer higher wages.

According to a January 2023 Issue Brief from The Medicaid and CHIP Payment and Access Commission (MACPAC) the national average Medicaid base payment-to-cost ratio for nursing homes was 16% lower than the average cost of care for Medicaid covered residents. Furthermore, according to a KFF Report, all 50 states reported that increasing payment rates to providers is the primary mechanism they use to increase the number of workers providing services through HCBS programs. Put simply, in order to grow and support direct care workers, wages must be increased as part of comprehensive reimbursement reform. All staff should earn a fair, competitive wage, ensuring they are not forced to rely on public assistance, as 42% of them do, despite working full-time.

We urge the Strategic Framework to center wage increases as a core component of a National Plan on Aging. We also recommend that the ICC consider the impact of "benefit cliffs" and how to account for those while working toward a living wage for all paid caregivers in long-term care.

Whole Person Health Financing

LeadingAge supports the focus area action statement, to "Build upon existing efforts to promote coordination across health systems, improved access to Medicaid LTSS for people who are eligible, as well as state-based innovations that facilitate financing and programs," and much of the work that the

Strategic Framework outlines in this section. However, we see two huge components of whole person financing missing from this section: long-term care financing reform and Medicare.

Long-Term Care Financing Reform

On the topic of long-term care financing, there needs to be a federal program to serve as a backdrop for long term-care financing. The current long-term care insurance market is failing because of the small risk pool and the lack of a federal backstop. Medicaid, as noted in the Strategic Framework, is by far the largest financier of long-term services and supports but as the Baby Boomers age, the Medicaid system will not be able to support all the costs of the forthcoming long-term care needs. The state solutions mentioned in the Strategic Framework are inherently limited. For example, there is no mechanism currently for portability amongst states nor coverage for those who do not work or, perhaps more essentially, those near retirement or who are retired – in other words, those most likely to need it. Creating this marketplace on a state-by-state basis will recreate the issue we have with Medicaid: different eligibility criteria that would be difficult for consumers to understand, difficult to create private insurance products to supplement, and, likely, an issue of having a large enough revenue base and risk pool.

A national strategic plan for aging needs to include proposals around federal long term care financing. In addition to the policy details, the plan needs to include a public messaging campaign around why people need to care about long term care financing. Just recently, a young gun safety advocate who survived the Parkland shooting put on a thread on X decrying the high cost of long term care and imploring his followers that the cost of long-term care is a "financial time bomb." This has gotten over 9,000 retweets and 4.6 million views in about 24 hours. We need this type of viral messaging to be happening with much more frequency, especially that young people would see. Messaging around the care economy is a good start but more is needed. More details around both the policy details needed for long-term care financing and the need for better public messaging can be found in this recent Jewish Federations of North America report.

Medicare

Medicare is not a large source of funding for long-term services and supports but leaving it out of "whole person financing" because it is "not intended to be a primary funding source for LTSS" does not fully take into account its role.

First of all, part of taking care of a person's LTSS needs is taking on a person's medical needs, which is Medicare's role, and it is important to acknowledge that and be sure to include in any framework how to strengthen and expand Medicare. Even if we are only contemplating Medicare in this narrow way, the Framework needs to contemplate solutions to the current issues with Medicare Advantage (MA) plans.

Medicare Advantage now accounts for more than 50% of Medicare enrollees. Underpayment to providers, prior authorization practices, and lack of transparency regarding their practices are among the many issues with the MA program today. If steps are not taken to rein in these troublesome practices and ensure adequate provider payment, there will not be a network of skilled nursing facilities or home health agencies or other providers available to care for older adults who have LTSS needs.

Second, Medicare is a vehicle that could be modified or reimagined to include more LTSS. This is already happening on a small scale through some of the changes mentioned in the Framework – adding caregiver training codes to Part B, adding respite and caregiver supports to Innovation Center models like GUIDE – but more could be imagined here. It could be the vehicle for long-term care financing

reform, as imagined by Representative Frank Pallone in his draft "Medicare Part E" legislation. Medicare Advantage plans also have the ability to offer supplemental benefits, which can include some LTSS-like in home care supports, respite, and more. The Framework needs to contemplate how to offer these services to all older adults who need them regardless of how they receive Medicare.

Comments on Initiatives Mentioned Domain 3
The Framework cited to the American Rescue Plan Act (ARPA) Medicaid funds. We recommend that as part of the Strategic Framework, more evaluation of how the $37 billion was spent needs to be done so that we can target future Medicaid funding appropriately. More evaluation would also help us to advocate for future funding. If we do not know what types of investments were successful, it will be hard to convince Congress to increase Medicaid funding for HCBS in the future.

LeadingAge generally supports the Medicaid Access Rule but has major concerns about the finalized "80/20" provision and feel it needs to be reversed. We propose the Strategic Framework focus on other mechanisms for increasing wages, benefits, training, and supports for the existing workforce in a way that is sustainable for providers as well as including immigration and increasing the supply of workers as a top priority of the framework.

Elder Justice
LeadingAge supports a robust system of protections and safeguards to ensure no older adult is the victim of abuse or neglect. Our members are often the primary point of contact and care for older adults and, as mandated reporters, must report issues of concern related to the health and safety of their clients to Adult Protective Services (APS) and Long-Term Care Ombudsman Programs (LTCOP). Our members urge increased collaboration between APS, LTCOP and other relevant agencies to ensure holistic support of individuals impacted by abuse or neglect. We further encourage the formation and development of restorative justice principles and practices that ensure the protection of assets and, where possible, the restoration of relationships.

Person-Centered Access System - "No Wrong Door" and Other Statewide Access Systems
LeadingAge supports this focus area's action statement to "Build upon and advance outreach, information and referral, assistance, and person-centered planning through federal and state collaboration including optimal IT infrastructure, workforce development, and public awareness that seek to expand upon existing efforts to promote approaches to LTSS that take into consideration the goals, preferences, and needs of the person."

While systems like no wrong door and the Eldercare Locator are great tools, we must work to address the fundamental problem of how people even know to ask for *those* resources. Too often, people simply do not think about caring for older adults until a crisis hits them in the face. The Strategic Framework needs to consider how to use the power of the federal government to make people aware of the challenges and options associated with aging in America much earlier in one's lifespan and much more ubiquitously. Everyone knows to call 911 in an emergency. We need a "no wrong door" that is even easier to access than our current tools.

Aging services providers need more support to upgrade their technology infrastructure as do states and the broader aging network. This ranges from federally assisted affordable housing providers being able to provide access to the internet for residents to health care providers being able to have optional EHR systems to being able to invest in technology to extend the workforce.

Expansion of the ICC
We also urge inclusion of additional federal partners in the ICC. There are critical federal partners missing from the ICC that need to be involved in creating a true National Plan on Aging and in achieving the goals outlined above. These are the Department of Education, the Department of State, and the Department of Homeland Security.

In order to expand training and advancement opportunities the Department of Education needs to be engaged. The foreign-born workforce is going to be a key component of ensuring there is sufficient paid caregiving to provide support to older adults, so we need the Departments of State and Homeland Security engaged in policies to help support these aims.

DOMAIN 4: Aligned Health Care and Supportive Services

Lessons Learned from Private-Pay Models
Domain 4 proposes to improve benefits and access to supportive services for all older adults. This would include middle- and higher-income individuals who may only be accessing programs via Medicare.

The Strategic Framework falls short of including mention of programming and supports that are privately paid and planned. The report outlines existing governmental programs currently underway and highlights ways in which governmental coordination could bring improvement, efficiency, access, and quality.

Though privately paid services and communities are outside of that scope, they provide a window into, and an example of. existing successful and supportive arrangements. They should be recognized as an archetype worthy of consideration when modeling government-funded wholistic and integrated supports for the future of aging for all in the United States.

Missing from the framework is any mention of non-governmental programs that are thriving like financially viable and successful nonprofit life-plan communities (LPCs). These arrangements must be executed in ways that ensure ongoing solvency while providing tremendous benefit to residents. Administrative models vary widely; however, the basic idea allows residents to move into a community while still independent and thriving with the promise of future needs being assessed and supported by medical, non-medical, and social work teams.

In addition to providing a built and social community, LPCs provide security and peace of mind as individuals age. These communities will not be affordable to all income levels but should be recognized as an integral and thriving options currently serving older adults. Many LPCs have extensive social and cultural programming such as partnerships with local colleges or universities allowing LPC residents to attend classes, or theater and art guilds, and woodworking clubs, to name a few. Using these organizations as local models demonstrative of the benefits of social engagement and networks can render ideas about creating arrangements among other informal communities.

Continuing care at home (CC@H) provides another option where older adults purchase into a program and pay ongoing fees to support their needs in their own home. The CC@H provider creates preferred networks of responsible and reputable providers to offer services within the homes of their clients. Individuals needing services as they remain in their community homes will have access to social workers and service coordinators to support their aging journey. As a private pay model, CC@H is often parsing payments both from an individual and a long-term care insurance policy.

Healthcare Information Technology
Decades of federal funding for healthcare information technology did not include LTSS providers, leaving them without connectivity to health information exchanges or adoption of electronic health records.

To better coordinate services across payers, programs, and informal supports, investment is necessary in technology interoperability. The report falls short of addressing how policy decisions and lack of funding for technology adoption has left LTSS providers behind. The 21st Century Cures Act, signed into law in late 2016, aimed to increase data sharing and access across electronic health record (EHR) platforms and create standardized and accessible health information exchanges (HIE). The necessity for these requirements arose following the 2009 passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act. The HITECH Act offered $27 billion dollars over half a decade to support hospitals and doctors with procurement and adoption of EHRs and to develop a health IT workforce.

Notably left out of the financial incentives for EHR adoption were nursing homes and other post-acute care providers like home health, adult day, and other community-based services. Failure to include these providers, which have fewer resources than large hospital systems, has hobbled providers' ability to respond to a comprehensive pictures of their clients' health histories and needs. In some instances, lack of access to wholistic health records can lead to negative medication interactions, preventable hospitalizations, and result in duplicative or unnecessary service delivery.

Allocation of funding to transition to an EHR is one step to meaningfully open doors for small, rural, or some community-based providers to adopt and use EHRs. Lack of access to broadband internet or small office staff size may limit a provider's ability to absorb the training and administrative burden of making a significant investment of time to connect with HIEs or adopt EHRs. In many instances, providers of social and supportive services don't need or want to access a person's health records, nor are there appropriate platforms that connect with existing EHRs at affordable costs that meet the needs of community-based providers. These kinds of operational needs include but are not limited to service plan documentation, attendance recording, service enhancement delivery, billing and claims submission, caregiver notes, compatibility with electronic visit verification platforms, among others. Interoperability between these kinds of business-supporting platforms and EHRs could optimize participant experience and help acute, primary care, and community-based providers along with family caregivers understand a person's full scope of supports.

Mental and Behavioral Health Needs
Inattention to mental and behavioral health needs of individuals living in community that don't have opioid use disorder has forgotten many older adults.

The report fails to address or outline behavioral health options or solutions for individuals residing in communities. Our members across the continuum express concerns with hoarding disorder as a mental health condition that consumes disproportionately high resources, staff time, and requires intensive and ongoing monitoring. The likelihood of hoarding increases with age and is associated with significant stigmatization causing isolation, loneliness, increased risks for falls, and exponential risk of catastrophic fire.

Inability to access services to support a hoarders' underlying mental health conditions driving the hoarding behavior can cause longitudinal instability in housing. Because of associated stigma with unkempt housing situations, individuals are unwelcoming of services to facilitate ongoing independence

as their needs increase, and often turn away suggested services to help them declutter and clean up their living space.

Intensive treatment and counselling can help individuals begin to realize their needs to declutter, and services to assist with removing extra belongings are a start, though intensive counseling and therapy to address the underlying trauma helps hoarders allow services to declutter. Ongoing monitoring and support are necessary to ensure living units don't again become over-burdened with items. Most individuals will continue to collect items, even after realizing the negative effects on their mental health and the limitations their cluttered living space imposes on their social and familial relationships. Senate Special Committee on Aging Chair Bob Casey released a 2024 report outlining risks to older adults and the need for comprehensive support for older adults and providers that serve them to address hoarding disorder and the challenges that befall individuals that hoard.

SAMSHA's focus on resources for individuals with substance use disorder addresses the middle of the problem on the continuum. Loneliness and depression are key drivers of substance use and abuse. Focusing an expansion of services for older adults that encourage and facilitate meaning, connection, stability, and community engagement are key to keeping people from returning to substances once in recovery. Federal programs can help by providing additional training for providers and service coordinators in affordable housing teaching attendees about the effects of historical trauma and ongoing isolation as they relate to substance abuse and sobriety. Additionally, training can be developed that teaches community providers on model programs and best practices for engaging a wide array of older adults to keep them socially fulfilled as they age.

Ensure Duals Have Access to Integrated Options

The nation's 12.5 million dual-eligible individuals must navigate a complicated labyrinth of Medicare and Medicaid. Individuals would benefit from enrollment in a holistic approach and model that clinically, financially, and administratively integrates care and services for them.

LeadingAge supports efforts that ensure duals have access to integrated options that not only include dual eligible special needs plans (DSNPs) but also PACE and provider-led models where the holistic needs of the individual can be addressed by a single accountable entity such as what we describe in LeadingAge's *Integrated Services Delivery: A LeadingAge Vision for America's Aging Population.*

Again, LeadingAge is grateful for the opportunity to comment on the Strategic Framework, and we look forward to additional opportunities to engage with the ICC and its efforts to establish a National Plan on Aging as work progresses.

Sincerely,

Katie Smith Sloan
President & CEO