

Strengthen the Fragile System of Financing Community-Based Care & Services

Medicaid is the primary payer of long-term services and supports provided to older adults in community-based settings. Many recipients of services in the community also rely on health insurance provided by Medicare. Any significant changes to reduce federal financing in the Medicare, Medicaid, Older Americans Act, Veterans Affairs, Housing and Urban Development or other related programs will have ripple effects across the healthcare and services sector, shaking the financial viability of ongoing provision of services and threatening the health and safety of older adults.

Support Legislation that Protects Older Adults' Access to Life-Sustaining Services

- Oppose changes to Medicaid designed to limit federal financial participation either via cost shifting to states or imposing barriers to access services like community participation or work requirements that would cause states significant financial and administrative burden.
- Support ongoing availability of tax-exempt municipal bonds as financing mechanisms for provider service expansion.

Invest in Home and Community-Based Services and Care

Home and community-based services (HCBS) and care are preferred by many older adults, but the existing reimbursement and regulatory infrastructure makes this challenging and maintains an institutional bias limiting access to services provided to support living in the community.

Support Legislation to Maintain and Expand HCBS and Care

- Enact similar legislation to the HCBS Relief Act ([S. 3118](#) in the previous Congress) or The Better Care Better Jobs Act ([H.R. 547](#) / [S. 100](#) in the previous Congress) that would continue Medicaid HCBS investments and build on state gains, preserve adult day programs, expand the Program for All-Inclusive Care for the Elderly (PACE), and support the direct care workforce. These bills would also authorize funding for administration and evaluate which services and interventions are most effective.
- Include the adult day care setting as a traditional Medicare benefit.
- Reauthorize the Older Americans Act (OAA) at funding levels that expand access to community-based services like adult day and respite care, and OAA-funded home care services.
- Enact the WISH Act ([H.R. 2082](#)) or similar legislation that would enable sustainable long-term care financing and expand access to services in the home and community.
- Expand the Medicare Home Health benefit to support greater access to personal care.

Improve and Expand Access to the PACE Program

The PACE model integrates care for older adults and facilitates remaining in the community with robust support. There are currently regulatory and financial barriers to accessing and expanding PACE that should be removed to allow more older adults to access this program.

Legislation that Maintains or Improves Access to PACE

- Ensure no cuts to the Medicaid program – PACE relies on Medicaid funding and is optional Medicaid benefit that would be at risk if federal Medicaid dollars were reduced.
- Enact legislation similar to the Delivering Unified Access to Lifesaving Services (DUALS) Act ([S. 3950](#) in the previous Congress), which ensures that PACE must be offered by states as part of a suite of integrated model options, removes administrative barriers to PACE enrollment and expansion, and expands access to PACE to new populations.
- Enact similar legislation to the PACE Part D Choice Act ([S. 1703](#) / [H.R. 3549](#) in the previous Congress), which would allow Medicare-only PACE participants to choose either a PACE-sponsored or standalone Part D plan, depending on what is in the best interests of the individual's financial position.
- Enact similar legislation to the PACE Anytime Act ([S. 4781](#) in the previous Congress) that would allow PACE beneficiaries to enroll in PACE at any time during a month
- Enact similar legislation to the PACE Expanded Act ([H.R. 6590](#) in the previous Congress), which removes administrative barriers to PACE enrollment and expansion, allows access to PACE for new populations, and examines how to better integrate PACE in rural and underserved areas.