



Debra B. Whitman, Chair

April 8, 2020

The Honorable Mitch McConnell, Majority Leader
The Honorable Chuck Schumer, Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi, Speaker
The Honorable Kevin McCarthy, Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

The Leadership Council of Aging Organizations (LCAO) is a coalition of 69 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena.

Thank you for passing the Coronavirus Aide Relief and Economic Security (CARES) Act, the Families First Coronavirus Response Act, and the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. Additional steps are needed now to protect the health and well-being of older Americans and their families. Older adults, together with their unpaid caregivers as well as the professional health and social services workers need immediate federal action now, and they will continue to need ongoing help and support in order to cope with the pandemic.

LCAO's recommendations for Congressional action follows and is organized into 3 major categories of need. The first relates to housing and related services, the second to income security issues, and the third to health and community services.

We begin, however, by highlighting the urgent need for Congress to ensure that vulnerable older populations, and all health care and social service workers receive sufficient personal protective equipment (PPE). The workers needing PPE include direct care workers, long term services and support providers, mental health providers, aging network and senior housing providers -- who provide on-site, or in-home health care or social services to older adults and people with disabilities. The people providing older adult services also need access to child care and paid sick



leave, and family caregivers need paid leave from employment to care for older adults or disabled people, or they simply won't be able to provide the necessary services to older adults and others during the course of the pandemic. These are fundamental issues needing attention at the national level in order to enable state and local programs and services to meet the immediate needs of older adults all across the country. Following these most urgent pandemic public health priorities, LCAO sets forth how to address the other health and economic needs of older adults and their families.

1. Housing and Related Services.

Economic support for housing and expansion of service coordination for older adults is needed to reach and support low-income, vulnerable older adults. LCAO encourages additional funding for housing, communication technology in federally subsidized housing, and service coordination for older adults. Specifically, LCAO calls on Congress to:

A. Provide Funding and Support for Affordable Housing

- **\$1.4 billion for federally assisted housing supports** – These resources are needed to make up for decreased rents from HUD- and USDA-assisted older adult residents, to cover the costs of necessary vacancies, for COVID-19 costs, and for emergency housing assistance to ensure housing affordability for residents of Low Income Housing Tax Credit housing, etc.
- **\$1 Billion for New Section 202 Homes** - This infrastructure investment would result in short- and long-term jobs, as well as 3,800 affordable senior homes with service coordinators in the affordable community. When only Section 202 dollars are used to build and operate these homes, their building can be rapid rather than bogged down in the multiple processes and timelines when other resources must be used.
- **\$450 million in emergency assistance for HUD-assisted senior housing communities** – Specifically, this should include the following allocations:
 - \$295 million for replacement and supplemental staffing. This would provide the approximately 6,700 HUD Section 202 Housing for the Elderly communities with extra staffing (three per property) for 14 weeks at an hourly rate of \$30.
 - \$150 million for each senior community to secure supplies for preparedness, disinfection, and personal protective equipment.
 - \$5 million to support mandatory meal programs – These programs are paid for by residents whose income may decrease during the pandemic. Regardless of their abilities to pay, these older adults will continue to rely on access to these meals.

B. Fund Communication Technology in Low-Income Senior Housing

- **\$50 million for WiFi for federally-assisted senior housing** – There is a need to install WiFi in federally-assisted housing communities, and to help residents pay for internet in their units. Most federally assisted senior housing communities do not have building wide WiFi, which would allow for telehealth services in common spaces, in individual apartments, and to help residents from outside the building. WiFi would also help Service Coordinators assist and engage residents and help combat social isolation.
- **\$2 million for a unified communications platform to enhance coordination and delivery of community services to vulnerable seniors** – Real-time communication connecting a broad spectrum of the care ecosystem – from service coordinators, residents, nurses, first responders, service providers and others— supports comprehensive wellness for vulnerable seniors and ensures all communities get equal access to vital services. This investment would fully fund rapid enhancements to a platform, which is already used in more than 5,000 of America’s senior housing properties, to ensure more seamless care delivery and provide access to tools that will be essential for service coordinators and other affordable housing staff to manage the COVID-19 health crisis. Among the enhancements needed is a safe, reliable and flexible way for service coordinators already using the platform to communicate in real time with the more than 575,000 vulnerable, low-income residents they serve nationwide.

C. Expand health and social service coordination for older adults

- **Congress should fund \$300 million for Multifamily Service Coordinators** – Of this amount, \$10 million is needed for more than 1,600 existing grant-based service coordinators and \$20 million is needed for an estimated 3,500 budget-based service coordinators to address immediate COVID-19-related costs.

Statutory language is also needed to ensure speedy access to these resources and that the eligible uses for Service Coordinator funds are expanded to include flexibility for COVID-19-related costs that support residents’ health and wellness needs.

The remaining \$270 million investment is needed to enable communities without a service coordinator grant to employ one. Fewer than half of HUD-assisted senior housing communities have the resources they need to employ a service coordinator.

- **\$10 Million for Self-Sufficiency Coordinators** – Resident Opportunities and Self Sufficiency service coordinators and Family Self-Sufficiency service



coordinators need immediate access to additional funds to address increased needs and costs related to COVID-19.

2. Income Security.

LCAO encourages Congress to provide additional income security for older adults, by protecting the funding for Social Security and Medicare, expanding Social Security and Supplemental Security Income benefits, preserving pensions, doubling the tax credit for caregivers, and providing workforce training to older Adults seeking employment. Finally, Congress can help seniors hold onto more of their income by promoting fair health care billing practices and deterring scams.

A. Do not undermine the payroll tax which funds Social Security and Medicare

Congress should oppose proposals that reduce or eliminate payroll contributions to Social Security and Medicare. They will not help to ensure the long-term income or health security of retirees, nor do they help the unemployed. Reducing the payroll tax would only harm the long-term financial solvency of the nation's disability and retirement system at a time when it is needed most. Social Security has effectively provided disability and retirement benefits to workers and their families, both in good times and in bad. It has never missed a payment. Medicare is the leading health care insurance program for millions of people 65+ and those with disabilities. Together these programs provide a solid foundation of income and health security for over 64 million people.

B. Expand Social Security and Supplemental Security Income (SSI) benefits.

The Senate proposal to provide a \$200 per month increase for all Social Security, Supplemental Security Income and Veterans beneficiaries through the end of 2021 should be enacted. Beneficiaries would receive an additional \$4,000 over the next two years, which would help these older people deal with the health and economic shocks of the pandemic and its aftermath.

Proposals such as Representative John Larson's Emergency Social Security Benefits Improvement proposal would greatly enhance the income security of older adults. These provisions would temporarily:

- Provide an immediate 2% percent cost-of-living adjustment to Social Security old age benefits.
- Increase the special minimum benefit to 125% percent of poverty.
- Increase the overall income thresholds for individuals and married couples when factoring the portion of Social Security that is included for income tax purposes.
- Increase access to benefits for children living in kinship care.
- Increase widowed spouse benefits to 75% percent of the couple's benefit.



- Expand benefits for dependent and disabled children.

LCAO also supports provisions to help SSI recipients. We believe Congress should:

- Increase the SSI benefit rate from its current level below the federal poverty line to 200% percent of the federal poverty level.
- Adopt provisions from SSI Restoration Act (H.R. 4280/S. 2753) that would immediately boost income for SSI recipients by increasing income disregards, eliminating in-kind support and maintenance deductions, and eliminating the marriage penalty.
- Congress should act to raise asset limits for older adults and people with disabilities enrolled in SSI, Medicaid, Medicare Savings Programs, Medicare Low-Income Subsidy, SNAP, and other means tested programs. For example, the SSI Restoration Act has a provision for \$10,000 for individuals and \$20,000 for married couples.

C. Protect retirees' multiemployer pension plans.

Over 10 million workers and retirees have earned benefits under multiemployer pension plans. While most of these plans are adequately funded, some, covering more than 1 million retirees and their families, are struggling financially and are expected relatively soon to run out of funds. The retirees belonging to these plans include food industry workers, truck drivers, warehouse workers, musicians, ironworkers and others. Their labor helped build America and it's clear that the work they contributed was, and still is, essential in keeping the nation going in the face of national crises such as the Covid-19 pandemic. Many performed these jobs tirelessly for decades, forgoing higher wages during bargaining in exchange for a secure pension benefit upon retirement. Now, this looming crisis faced by some multiemployer plans has been exacerbated by the stock market collapse and the government mandated shutdown of the economy. We urge Congress to allocate sufficient funds to protect the hard-earned benefits of millions of our nation's retirees who depend on retirement income from plans that, through no fault of their own, have become financially troubled.

D. Support older adults' caregivers as well as children by expanding the refundable tax credit for "other dependents".

The 2017 federal tax law expanded the Child Tax Credit (CTC) to allow taxpayers to claim up to \$500 as a nonrefundable "Credit for Other Dependents," including elderly parents. Under this provision, in effect through the 2025 tax year, the Internal Revenue Service allows family caregivers to claim some individuals related by adoption, blood or marriage — and even some friends — as "other dependents." Please increase the allowable amount under the Other Dependents Tax Credit from \$500 to \$1000 and make such amounts fully refundable for those who may not have to pay taxes.

We believe that expanding and making the tax credit fully refundable will significantly help and encourage caregivers to provide necessary assistance for the health and welfare of older adults.

E. Expand economic opportunity for older workers through the Senior Community Service Employment Program.

The Senior Community Service Employment Program (SCSEP), authorized by Title V of the Older Americans Act, provides vital workforce training services to America's low-income older workforce age 55 and above. Because workers age 55+ will comprise 25% percent of the labor force within the next five years, SCSEP community service jobs play a vital role in training these older workers continue to support themselves and contribute to our nation's economic development.

The COVID-19 crisis has highlighted the health—and economic—vulnerability of our nation's seniors, and SCSEP services are, and will continue to be, an essential pathway back to the workforce for older Americans displaced by the economic fallout from the coronavirus pandemic. As such, LCAO supports the request from the national SCSEP grantees that Congress provide an additional \$500 million in funding for the SCSEP in the next COVID-19 stimulus and relief bill.

An additional \$500 million in funds will more than double the program's current capacity by allowing SCSEP grantees to serve between 56,000 to 128,000 additional eligible individuals that need SCSEP services as well as help prepare current participants for the post COVID-19 workforce. Many participants are currently sheltering in place due to the coronavirus with limited or no access to a computer or internet services to facilitate their engagement with their community and be active participants in the workforce. Additional SCSEP funding will enable providers to immediately assist qualified individuals with the technology and training needed to become part of the modern digital economy. As we saw during the Great Recession, older workers struggle with long-term unemployment at greater rates than other age groups. It is crucial that investments be made to prepare to respond to the significant demand for training and placement that older adults will need to return to the workforce.

Additionally, it is vital that the next stimulus and relief legislation ensure that SCSEP grantees, both state and national, have the legislative authority to guarantee continued payments to current SCSEP participants who are doing their part to protect themselves and their communities by staying at home. Continued payments will protect participants during this crisis from the worst economic consequences of the pandemic.



F. Protect older adults from confusing and unfair billing hospital practices and CARES ACT Economic Impact Payment scams.

- Establish standards for hospital billing which will help people manage the aftermath of health care costs due to the pandemic. Bills for services from hospitals should:
 1. Provide clear, comprehensive and easily understood disclosures on individual patient bills about the health care services, providers, and medications so individuals know what they owe and who they owe it to.
 2. Establish a minimum 6-month moratorium on bill collections for each individual's hospital admission due to or during the COVID-19 epidemic.
 3. Work with all individuals to develop health care bill payment plans in advance of the individual's moratorium that recognize the individual's financial ability to pay.
 4. Prohibit hospitals from engaging in collection practices only after good faith attempts to develop a payment plan have failed and the moratorium is over.
- Minimize opportunities for scams related to economic impact payments. Urge agencies to work together to simplify processes for claiming and/or receiving payments and deter unscrupulous practices of individuals or companies that profit from helping to get the payment or offer advances for excessive fees.

3. Access to Health and Community Services for Older Adults and People with Disabilities.

LCAO appreciates the many ways in which previous COVID-19 packages have strengthened access to health care for older adults and people with disabilities. Nonetheless, as information about COVID-19 becomes increasingly available, the disproportionate impact of the pandemic on older adults and people with disabilities—especially within communities of color—becomes ever more evident. Additional Congressional action is needed to ensure that older adults and people with disabilities can access the health care, prescription medications, and long-term services and supports (LTSS) they need to mitigate the impact of COVID-19.

We reiterate a critical point from our March 17 letter:¹ In times of resource scarcity, it is particularly important to emphasize that the lives of all people, including older adults and people with disabilities, have profound value. Categorical denial or restriction of access to health care for people on the basis of age, disability, or chronic condition, as well as other forms of discrimination related to any cultural characteristic, is unacceptable.

We urge Congress to provide states with the resources to enable older adults and people with disabilities to receive necessary health care services and to remain in their homes and communities. Unwanted transitions to facility settings not only violates the rights of older adults and people with disabilities but also increases health risks for all.

¹ Leadership Council of Aging Organizations. (2020, March). *LCAO letter on COVID-19 issues*. Retrieved from <https://www.lcao.org/lcao-letter-on-covid-19-issues/>

LCAO asks Congress to:

A. Enable mass testing for COVID-19 and data collection and be vigilant about disparities.

We urge Congress to provide the necessary resources to implement mass testing for COVID-19 within the United States to help speed a relaxation of physical distancing and isolation requirements sooner than would be safely possible without such testing.² This shift would be especially helpful for older adults, for whom the risks of loneliness and social isolation³ have been exacerbated by COVID-19 and for their health care providers and unpaid caregivers.

Furthermore, identifying people who have had COVID-19 (including asymptotically) or have recovered from COVID-19 could inform health care staffing decisions and determine how the health care system can best meet the needs of older adults and people with disabilities.⁴ LCAO also urges Congress to mandate collection of composite demographic data on people who are tested and treated for COVID-19. Such data—which should include, at a minimum, age, ethnicity, gender, race, and type of health coverage—is essential to monitor and address disparities in national- and state-level responses to the pandemic.

B. Accelerate Medicare enrollment.

Older adults and people with disabilities who lack health coverage may be unable to access medical treatment—the worst possible outcome for populations at high risk for COVID-19. LCAO urges Congress to improve Medicare enrollment so that older adults and people with disabilities can obtain coverage as soon as possible. To this end, we recommend incorporation of the BENES Act⁵ within the fourth COVID-19 package to eliminate gaps from Medicare’s Initial Enrollment Period (IEP) and General Enrollment Period (GEP). To facilitate rapid access to coverage for Medicare-eligible individuals, Congress should work with the Administration to create a COVID-19 Special Enrollment Period (SEP) with no documentation burden.

Medicare Savings Programs (MSPs) help beneficiaries with low incomes afford Medicare. We urge Congress to enroll automatically in MSPs individuals who have \$19,000 or less in income and limited savings.⁶ Furthermore, we urge Congress to resolve other enrollment-related problems, as described in the March 17 LCAO letter: (1) Eliminate the 24-month Medicare waiting period for people who qualify for Social Security Disability Insurance; and (2) increase

² Searchinger, T. LaMantia, A., & Douglas, G. (2020, March 23). The U.S. faces two disastrous scenarios. There’s a third option [Editorial]. *The Washington Post*. Retrieved from <https://www.washingtonpost.com/>

³ National Academies of Sciences, Engineering, and Medicine. (2020). *Social isolation and loneliness in older adults: Opportunities for the health care system*. Retrieved from <https://www.nationalacademies.org/our-work/the-health-and-medical-dimensions-of-social-isolation-and-loneliness-in-older-adults>

⁴ Joseph, A. (2020, March 27). The next frontier in coronavirus testing: Identifying the full scope of the pandemic, not just individual infections. *Stat*. Retrieved from <https://www.statnews.com/>

⁵ Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act, S. 1280/H.R. 2477 (2019).

⁶ See, for example, Section 201(b)(2)(B) of the Coronavirus Relief for Seniors and People with Disabilities Act (S. 3544/H.R. 6305), <https://www.aging.senate.gov/download/covid-19-relief-act-bill-text->



and make permanent the funding for low-income outreach and assistance (MIPPA), which identifies MSP-eligible beneficiaries and facilitates MSP enrollment.

C. Enhance prescription drug access and affordability.

We appreciate the steps taken in the CARES Act to ease access to prescription medications by allowing beneficiaries to access 90-day supply fills without struggling with utilization management, and we urge Congress to extend similar provisions to all other health care payers. During this crisis, all payers should also be required to (1) allow partial fills, (2) cover refills authorized by telehealth visits, (3) cover refills filled by mail-order pharmacies, including those out of state, and (4) expedite all appeals.

We also recommend that Congress increase prescription drug affordability by eliminating the asset test for the Medicare Part D Low-Income Subsidy.⁷ Additionally, we reiterate the recommendations from our March 17 letter to maintain and improve access to prescription drugs during this public health emergency: (1) Simplify the overly cumbersome Part D appeals process;⁸ (2) work with the Administration to allow Medicare beneficiaries to request a tiering exception for drugs on the Part D specialty tier; and (3) make permanent the Limited Income Newly Eligible Transition (LI NET) program.⁹

D. Ensure states have sufficient Medicaid funding.

LCAO applauds Congress for temporarily increasing the Federal Medical Assistance Percentage (FMAP) by 6.2 percent in the Families First Coronavirus Act. As the need for state-level resources grows, we urge you to increase FMAP to a total of 12 percent—a request consistent with that of the National Governors Association.¹⁰ We also urge you to maintain the strong maintenance of effort (MOE) requirements for existing FMAP increases and to apply them to future FMAP increases associated with COVID-19. Without these essential protections, hundreds of thousands of Medicaid enrollees could become uninsured, thereby increasing the risk of COVID-19 to all people.¹¹ Moreover, maintaining the strong MOE requirements associated with temporary FMAP increases will maximize state resources by redirecting staff who would ordinarily work on coverage terminations to process new Medicaid applications—

⁷ See, for example, the Better Tools to Lower Costs Act of 2019 (H.R. 4628).

⁸ See, for example, the bipartisan Streamlining Part D Appeals Process Act, S. 1861/H.R. 3924 (2019).

⁹ Centers for Medicare & Medicaid Services. (2018, December). *Medicare Limited Income NET Program*. Retrieved from <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNET.html>

¹⁰ National Governors Association. (2020, March). *Governors' request for third Congressional supplemental bill* [Letter]. Retrieved from <https://www.nga.org/letters-nga/health-human-services-committee/governors-request-for-third-congressional-supplemental-bill/>

¹¹ Aron-Dine, A. (2020, March 30). *Congress should reject attempts to weaken Medicaid protections enacted in bipartisan COVID-19 response bill* [Web log post]. Retrieved from Center on Budget and Policy Priorities blog Web site: <https://www.cbpp.org/blog/congress-should-reject-attempts-to-weaken-medicare-protections-enacted-in-bipartisan-covid-19>



an important consideration as applications increase, eligibility offices close, and staff availability shrinks.¹²

Home- and community-based services (HCBS) constitute an integral proportion of Medicaid spending and are increasingly essential as the risk and incidence of COVID-19 in congregate residential settings grows. We urge Congress to strengthen access to Medicaid-funded HCBS by eliminating waiting lists, as specified in Section 202 of S. 3544/H.R. 6305.¹³

We also urge Congress to act on our recommendations of March 17: (1) Permanently reauthorize the MFP program and protections from spousal impoverishment for married individuals receiving Medicaid-funded HCBS; and (2) Ensure that states and providers have sufficient resources to address underlying serious injuries (such as falls) and chronic conditions, which can increase risk of COVID-19 infection and mortality.

E. Decrease access barriers and safety risks in specific health care settings.

LCAO greatly appreciates the \$100 billion for hospitals and health systems provided by the CARES Act, and we appreciate the essential role of hospitals in mitigating COVID-19. At the same time, we urge Congress to work with the Administration to ensure that some of the funds authorized by the CARES Act are directed to other components of the health care system, such as HCBS, home health, hospice, and long-term care facilities. Sufficient funding for these settings can both decrease the need for and ensure an invaluable complement to hospital care.

F. Keep adult day health center services viable.

The need for physical distancing has forced many adult day health centers—which constitute an important part of the HCBS system—to close. States are amenable to authorizing payments allowing adult day personnel to provide services under the “centers without walls” concept; however, states do not know how to fund such a resource within Medicare or Medicaid. We urge Congress to add language within Medicare and Medicaid HCBS funding that would authorize states to apply retainer payments to adult day centers for purposes of providing services to beneficiaries outside of the physical center. We also recommend that Congress provide retainer funds to enable adult day health centers to reopen when it is safe to do so.

G. Expand access to home health services.

Home health provides a variety of services that help Medicare beneficiaries maintain or improve function, help prevent unnecessary transfers to hospitals or nursing homes, and support people recovering from COVID-19. We reiterate our recommendation that Congress increase

¹² Wagner, J. (2020, March 19). *Medicaid agencies should prioritize new applications, continuity of coverage during COVID-19 emergency* [Web log post]. Retrieved from Center on Budget and Policy Priorities Web site:

<https://www.cbpp.org/blog/medicaid-agencies-should-prioritize-new-applications-continuity-of-coverage-during-covid-19>

¹³ S. 3544 text: <https://www.aging.senate.gov/download/covid-19-relief-act-bill-text->



beneficiaries' access to home health care by eliminating the Medicare requirement that beneficiaries be home bound to qualify for home health. We also urge Congress, once again, to incorporate legislative language reinforcing implementation of the *Jimmo v. Sebelius* settlement (2013), which clarified that Medicare covers skilled home health care to maintain or prevent decline.¹⁴ Finally, we recommend that Congress restore a full three percent rural add-on for Medicare home health services that helps offset provider expenses unique to rural areas and is currently on a targeted phase-out trajectory.

H. Expand access to hospice by allowing non-physician health providers to certify need.

Already a significant support for older adults and people with disabilities, hospice is now playing an integral role in supporting individuals and families affected by COVID-19 at the end of life. We urge Congress to incorporate the following hospice-specific measures within any forthcoming COVID-19 package: (1) Increase access to hospice by allowing physician assistants (PAs) to perform the hospice face-to-face (FTF) encounter. (2) Increase access to hospice in rural areas by passing the Rural Access to Hospice Act (S. 1190/H.R. 2594). In some rural areas, no Medicare-certified physicians or NPs are available; instead, beneficiaries obtain primary care through a federally qualified health center (FQHC) or rural health center (RHC). Because Medicare regulations do not allow FQHCs and RHCs to bill Medicare Part B, however, beneficiaries who receive primary care through these settings cannot enroll in hospice without traveling to the nearest urban area to find a Medicare-certified attending physician.¹⁵

I. Expand capabilities of and access to long-term care (LTC) facilities.

COVID-19 has had an inestimable impact on nursing homes, and this effect will only grow as the coronavirus spreads. Residents and their families are struggling with increased isolation. Providers are struggling to prevent COVID-19 among current residents, to prepare facilities for new or returning residents with COVID-19, and to accommodate people transferred from hospitals with possible or definitive diagnoses of COVID-19.

Nursing home capacity alone is inadequate to care for people diagnosed with COVID-19. We urge Congress to create a federal fund to identify and set up alternative care sites to nursing homes that meet the same minimum federal standards of care. We also recommend that Congress provide incentives for a collaborative planning process among nursing homes, HCBS, hospitals, worker organizations and public health and emergency management authorities within states.

¹⁴ Center for Medicare Advocacy. (2019). *Improvement standard and Jimmo news*. Retrieved from <https://www.medicareadvocacy.org/medicare-info/improvement-standard/>

¹⁵ National Association for Home Care and Hospice. (2020). *Rural Access to Hospice Act 2019 S. 1190 / H.R. 2594*. Retrieved from <https://www.nahc.org/advocacy-policy/legislative-priorities/rural-access-to-hospice-act-2019/>



CMS recently waived the three-day prior hospitalization requirement on a temporary basis for COVID-19-related issues;¹⁶ we urge Congress to make this waiver permanent, thereby decreasing beneficiary costs and increasing access to care.

Recent CMS guidance and waivers on telehealth have enabled some Medicare beneficiaries to access mental health care within LTC facilities via telehealth. When residents lack access to a smart device or personal phone, however, obtaining mental health services via telehealth—even audio-only telehealth—is not feasible. In other situations, in-person communication is essential to overcome challenges such as aphasia, hearing loss, or cognitive impairment. We urge Congress, in coordination with CMS, to designate licensed independent mental health professionals who are Medicare providers (psychiatrists, psychologists, clinical nurse specialists in mental health, & clinical social workers) as “essential health care providers” so that they can continue to serve LTC facility residents on site when telehealth is not a feasible option.

J. Expand access to Medicare State Health Insurance Assistance Programs (SHIP).

The Medicare State Health Insurance Assistance Program (SHIP) provides older Americans, people with disabilities, and their families with unbiased, free, and personalized information to help them navigate Medicare enrollment and obtain benefits. Without the independent counseling and assistance that SHIPs provide, seniors and people with disabilities may make choices that are not right for them, leaving them with high out-of-pocket costs and limited access.

Counseling continues remotely, but staff and volunteers need the technology to facilitate ongoing outreach through official means, rather than via their personal communication devices or contact information.

LCAO is requesting \$50 million for SHIPs operating in every state, territory, and the District of Columbia to have the needed resources to continue to assist older adults and other Medicare beneficiaries understand their health care coverage during this COVID-19 emergency.

K. Protect and strengthen the health care and aging services workforce by providing personal protective equipment, childcare and sick leave.

COVID-19 is presenting unprecedented challenges to the invaluable health care and aging workforces. Many health care and aging workers continue site-based work at risk to their own health, and that risk is exacerbated by lack of personal protective equipment (PPE). Other workers are unable to work because of new caregiving responsibilities or their own health problems. Even health care settings that have been able to maintain typical staffing levels need additional capacity to address COVID-19.

¹⁶ Centers for Medicare & Medicaid Services. (2020, March). *Long term care facilities (skilled nursing facilities and/or nursing facilities): CMS Flexibilities to Fight COVID-19*. Retrieved from <https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf>



We urge Congress to ensure that all health care and aging services personnel—including direct care workers, Aging Network Professions, other long-term services and supports (LTSS) providers, and mental health providers—who provide on-site services to older adults and people with disabilities receive sufficient PPE. This equipment protects both providers and the older adults and people with disabilities served. Achieving this goal will require coordination both with states (which must include LTSS settings in their PPE calculations and distribution policies) and with CMS.

LCAO also recommends that Congress provide free child care to all health care workers, including the entire LTSS workforce, deemed “essential” during this crisis.

Direct care workers face unique challenges in serving older adults and people with disabilities. For the safety of both direct care workers and the people they serve, Congress must ensure that this workforce has access to paid sick leave. The Families First Coronavirus Act made important strides in expanding access to paid sick leave amid the pandemic, but the Department of Labor’s recent guidance states that government and private employers can choose whether to provide paid sick leave for home care and nursing home workers; small businesses with fewer than 50 employees (the type of business in which many home care workers are employed) are also exempt from the paid sick leave requirements.¹⁷

The steps outlined above would improve direct care worker retention. Recognizing long-standing vacancies within the direct care workforce, however, we also urge Congress to launch rapid efforts to augment the direct care workforce: (1) Implement immediate recruitment campaigns, particularly targeting recently displaced workers; (2) Assess the feasibility of online training (including entry-level content and COVID-19 content) and competency evaluations; (3) Increase funding to direct care training providers to enhance the training infrastructure; and (4) Consult with worker organizations to better understand the needs of workers.

L. Provide additional resources to the frontline Geriatric Workforce Enhancement Programs (GWEP).

GWEP sites and their staff are playing a major role in the COVID-19 response for the most vulnerable populations as front-line practitioners and by supporting, educating, and training health care professionals, community-based partners, caregivers, and patients. They are retooling and transforming their programs and community and facility outreach to virtual, online, livestreaming, and tele monitoring formats to address the needs of academic, VA, and community partners with emphasis on COVID-19 specific information, social isolation and engagement challenges, advance care planning and palliative care support and education, and resources for long term care partners.

¹⁷ U.S. Department of Labor. (2020, March 28). *Families First Coronavirus Response Act: Employer Paid Leave Requirements* [Fact sheet]. Retrieved from <https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave>



At this time, they are in need of additional resources to expand these efforts to improve care and support for older adults and their caregivers including funds for technology/equipment; webpage and materials conversion; expanding Project ECHO/telehealth; expanding community, hospital, long term care, and community programs and education; staff support for phone reassurance with patients/caregivers including homebound older adults; rural community outreach; management of psychosocial issues such as anxiety and depression among older adults; and dementia friendly resources and programs.

The Geriatric Workforce Enhancement Program administered by the Health Resources and Services Administration (HRSA) has become a frontline resource battling the pandemic, and GWEPs have the unique infrastructure and expertise required to rapidly address the needs of older adults and their caregivers at this crucial time. We urge Congress to provide at a minimum the following two resources to the GWEP:

- Each of the 48 GWEP sites need an additional \$125,000 to address the COVID-19 crisis with staff, technology, training, and materials (\$6 million).
- Additional funding is needed for 17 additional GWEP sites (previously qualified but not currently funded) and/or for other qualified geriatric training programs in key areas to be determined by HRSA (\$1.7 million).

M. Elicit and honor the health care goals of older adults and people with disabilities.

Health care for COVID-19 must be congruent with the goals and decisions of care recipients. Although Medicare currently covers advance care planning services to some extent in certain circumstances, we urge Congress to implement the following changes to make advance care planning accessible for everyone, particularly Medicare beneficiaries: (1) Ensure that advance care planning documents that are valid in one state are honored in other states—that is, that reciprocity exists across states for valid advance care planning documentation; (2) Waive beneficiary cost sharing and deductibility of Medicare advance care planning services; and (3) Include clinical social workers and registered nurses in the definition of eligible practitioners who can bill Medicare for advance care planning services.

N. Ensure access to services to stay healthy at home and in the community.

We thank Congress for including in the CARES Act a number of policies and funding that will enable older adults and people with disabilities to receive access to the vital services and supports that they need to stay healthy at home and to prevent negative impacts of prolonged social isolation. In particular, we appreciate Congress including nearly \$1 billion in CARES Act funding for Administration for Community Living programs providing vital non-Medicaid home and community-based supports to older adults and people with disabilities through the Older Americans Act and Centers for Independent Living. These important discretionary investments included support for nutrition services, in-home assistance, legal services and information and

referral assistance efforts to older adults, people with disabilities and their caregivers. However, we urge congressional leaders to continue making investments in federal programs, including programs provided through the Older Americans Act, that directly serve older adults and caregivers in their homes and that provide supplemental supports for states to fill gaps in service as needs for such services will continue to grow.

O. Provide additional resources for essential nutrition programs serving older adults.

We thank Congress for including emergency funding and flexibilities for the Older Americans Act (OAA) home-delivered, congregate, and Native American nutrition programs in previous emergency response. We also appreciate that Congress provided needed flexibility expanded eligibility for the Supplemental Nutrition Assistance Program (SNAP) as part of the Families First Act to serve impacted individuals.

As lawmakers continue developing legislation to respond to this global health and economic emergency, we urge continued investments in federal nutrition programs that are critical in helping address food insecurity for the older adult population, particularly in this unprecedented disruption to the economy, income, and access to food triggered by the coronavirus pandemic. SNAP is the largest federal nutrition program, providing food assistance to over four million seniors, and is a critical component of the national response to the growing issue of hunger. For older adults, utilization of SNAP helps to alleviate the burden of choosing whether to forgo food so that they can pay for rent, medicine, or other expenses. Therefore, we urge congressional leadership to:

- Increase the maximum SNAP benefits available to all households by 15%;
- Increase the minimum benefit from \$16 to \$30;
- Adopt provisions put forth by Senator Bob Casey in the Food Assistance for Kids and Families During COVID-19 Act that improve access to grocery delivery for SNAP participants;
- Streamline SNAP applications, extend certification periods, and waive interviews to increase to allow older adults access to needed benefits; and
- Delay implementation of proposed and final rules from the Administration that would restrict eligibility for SNAP benefits.

P. Provide resources for evidence-based programs supporting older adults' health.

People over the age of 60 are at highest risk of complications of COVID-19 disease and death if they become infected due to decreased immune function with age and presence of chronic conditions. In the US, 78% of those in ICU and 71% of those hospitalized from COVID disease having one or more chronic illnesses, with cardiovascular disease, diabetes and chronic lung disease being the most common. In addition, social distancing, while critical to preventing the spread of coronavirus, will exacerbate physical and mental health conditions among older adults and significantly worsen an older person's chances of recovery if infected.

Title III-D of the Older Americans Act (OAA) funds evidence-based health promotion and disease prevention programs delivered by community-based organizations (CBOs). These programs are exactly what is needed now to support those with chronic physical and mental health conditions, reduce social isolation and malnutrition, keep older adults physically active, and assist with advance care planning. Many evidence-based program administrators have developed guidance on virtual delivery during the pandemic and we are hopeful that the more CBOs will embrace new delivery mechanisms for the coming 12-18 months until a vaccine is available.

LCAO is requesting \$50 million for OAA III-D programs, to build the infrastructure and capacity of the aging network to deliver these programs through novel approaches. This investment would support implementation of new platforms, including purchases of licenses, for virtual and telephonic delivery of evidence-based programs that have traditionally delivered face-to-face; 2) hire and train staff to operate and maintain these platforms; 3) provide technical support to assist users (e.g., older adults and leaders) of the platforms; 4) develop systems to maintain the privacy and integrity of these platforms; and 5) initiate new marketing approaches to reach older adults who can benefit from these programs.

Evidence-based programs will help older adults to maintain their health during these trying times, help manage existing chronic illness, prevent the occurrence of new conditions, and mitigate social isolation and loneliness by connecting older adults together in new ways.

Q. Provide additional resources to support the State Long-Term Care Ombudsman Programs (LTCOP).

As each state faces the COVID-19 pandemic, nursing homes and assisted living facilities are in the crosshairs of this national tragedy with millions of residents at greater risk of severe symptoms and death. The LTCOP is expanding its outreach to families and residents while following CDC guidelines and ensuring that appropriate PPE is used to protect themselves, staff, and residents when a visit to a facility is necessary. They are working to use technology to provide support to residents and their families, as well as the facility staff. In addition, hundreds of thousands of residents receiving stimulus checks may be at risk of financial exploitation. Ombudsmen will combat this through education of residents' financial rights and the appropriate stewardship of these funds. Trauma training for ombudsmen experiencing significant losses, and to support family members and facility staff will also be necessary. Many volunteers will not continue service to the program after the scare and shock of this crisis and they will need to be replaced with additional staff and new volunteers.

- Request \$5.3 million to go out to the states, DC, PR and Guam (\$100,000 each) under (OAA Title VII) for remote training and education capabilities for staff and volunteer workforce (including trauma training), and technology. This will include development of comprehensive online training of State Ombudsman Program requirements to rebuild



volunteer programs to respond in emergencies and support residents, families and facility staff. This will need to start as soon as possible and much of it will need to be online.

- Request \$5 million for a competitive grant program (OAA Title II) to be run by ACL to provide additional support to State Long-Term Care Ombudsman Programs that have the greatest needs for staff, outreach, and supplies, for COVID-19 response and recovery in their states. In hard-hit states where the ombudsmen have not been able to access the facilities, there will likely be thousands of residents with skin breakdown, malnourishment, and mental health crises.
- Request \$250,000 under Title II of the OAA to be designated for hiring a full-time Director of the Office of Long-Term Care Ombudsman Programs to coordinate activities across the nation.
- Request \$500,000 for the National Ombudsman Resource Center to supplement the Center's training, materials, and work over the next period in support of the LTCOP.

R. Provide additional resources for important gap-filling block grant programs to states.

State budgets are particularly hard-hit during this crisis and will need significant, flexible investments in federal programs that allow them to direct resources to most at-risk communities and populations, including medically and economically vulnerable older adults. Therefore, we strongly urge increased support for the Social Services Block Grant (SSBG) to \$4.1 billion to help communities respond to critical needs. SSBG is a major funder of state and local services for vulnerable older adults such as adult protective services, adult day services, in-home supportive services, congregate and home-delivered meals, case management and other programs and is a proven source of support in responding to national disasters, such as hurricanes, by providing assistance to states quickly. Emergency funding could support states experiencing surges, prevent virus spread, and create economic supports. Funding should also include a 5% set-aside for Tribes.

We appreciate that, as part of the CARES Act, Congress increased investments in the Community Services Block Grant administered through the Administration for Children and Families. We now urge lawmakers to follow suit and increase funding for the Social Services Block Grant, which many states use to fund vital Adult Protective Services (APS), elder justice and other critical aging services in communities.

S. Prevent and address elder abuse in the community and protect the vital APS workforce.

A vital step Congress can immediately take is to ensure that older adults living in the community and in facilities are safe from abuse, neglect, and exploitation by supporting the nation's system of state and local Adult Protective Services programs. For years, APS programs have seen increasing reports with inadequate funding to respond. In 2018 alone, monthly reports of elder abuse topped 63,000, and experts predict a surge in incidence of abuse and self-neglect during and after the pandemic. APS urgently needs \$120 million to respond to cases during and after the pandemic. Isolation will exacerbate abuse, exploitation, and neglect creating more severe cases.

Emergency funding for APS is a critical need to prevent and address elder abuse. In order to achieve safety during the emergency, the most immediate use of this funding would be for personal protective equipment for home visits, most notably masks and gloves, along with sanitizing products. If the pandemic lasts just several months the projected cost is \$9 million. The second most pressing need for the funding is secure technology to respond to reports remotely, estimated at a minimum of \$5 million. We urge lawmakers to increase ACL funding for the Elder Justice Act formula grants to state APS programs by \$120 million to cover PPE, technology, and essential operations.

T. Increase funding for protection against fraud and abuse through the Senior Medicare Patrol (SMP)

Each year, more than \$60 billion is lost to fraud and abuse in Medicare. Senior Medicare Patrols (SMPs) educate Medicare beneficiaries on how to protect their personal identity, identify and report errors on their health care bills, and identify deceptive or fraudulent health care practices. Funding for SMP supports in-person trainings, helplines, and one-on-one counseling of 54 Senior Medicare Patrols serving states and territories across the country.

Unfortunately, schemes targeting Medicare beneficiaries continue to rise during this COVID-19 emergency. LCAO requests \$20 million to meet the growing demand for protecting the integrity of the Medicare program and the health and financial security of beneficiaries from increased fraud and abuse threats.

U. Support opportunities for older adults to serve their communities during crisis.

The three federal initiatives that comprise the national senior corps—Retired Senior Volunteer Program (RSVP), Foster Grandparents, and Senior Companions—cost-effectively address many unmet needs in our communities. Together, they enable more than 220,000 senior volunteers to provide essential services to their neighbors that local, county, and state governments cannot afford to replace—services that are especially essential in crisis situations.

In a fourth economic response package, we urge lawmakers to include, at a minimum, funding for these vital services that restores prior funding cuts and ensures that critical volunteer programs remain solvent—in particular \$15 million for RSVP and \$10 million for Senior Companions. We also urge Congress to consider easing or suspending the current age requirement for participation to enable younger seniors to fill service opportunities during a difficult time when existing volunteer pipelines are strained. We hope lawmakers will also provide the Corporation for National and Community Service (CNCS) through which these programs are funded, the flexibility to suspend statutorily required reporting requirements such as semi-annual reports, as well as temporary relief for volunteers who do not come in contact with generally at-risk populations from the currently required three levels of criminal history checks.



Thank you for considering these recommendations to serve and protect older Americans.

Sincerely,

AFL-CIO
Aging Life Care Association
Alliance for Retired Americans
Alzheimer's Association, Alzheimer's Impact Movement
Alzheimer's Foundation of America
AMDA Society for Post-Acute & Long Term Care Medicine
American Association of Service Coordinators
American Society on Aging
B'nai B'rith International
Center for Medicare Advocacy
The Gerontological Society of America
International Association for Indigenous Aging
Justice in Aging
LeadingAge
Meals on Wheels America
Medicare Rights Center
National Adult Day Services Association (NADSA)
National Adult Protective Services Association
National Alliance for Caregiving
National Association of Area Agencies on Aging (n4a)
National Association of Home Care and Hospice
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of RSVP Directors
National Association of Social Workers (NASW)
National Association of State Long-Term Care Ombudsman Programs (NASOP)
National Caucus of Black Aged, Inc.
National Committee to Preserve Social Security and Medicare
National Council on Aging
PHI-Quality Care Through Quality Jobs
Senior Service America
Social Security Works
Women's Institute For A Secure Retirement

CC: Members of Congress