USAging

Leaders in Aging Well at Home

Policy Priorities 2025

Promote the Health, Security and Well-Being of Older Adults

The Policy Realities of an Aging Nation

According to U.S. Census data, 17 percent of—or 55.6 million—Americans were 65 or older in 2020. With an estimated 10,000 people turning 65 each day, by 2040, an estimated 80.8 million—or one in five Americans—will be 65 or older, a full 22 percent of the population.[1] And by 2035, older adults are expected to outnumber children under 18 for the first time in history.[2]

One thing this rapidly growing demographic cohort agrees on is the overwhelming desire to age at home rather than in institutional settings: 85 percent of those age 65 and older want to remain in their home and community as they age.[3] This preference is also the most cost-effective solution: for older adults, their families and governments. This new demographic reality must inform policy debates and decisions across a spectrum of critical issues.

USAging represents and supports the national network of Area Agencies on Aging and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities.

USAging's 2025 *Policy Priorities* focus on our top priorities, which are based on our members' experience in directly supporting older adults, people with disabilities and caregivers in their communities. This year's priorities are focused on the actions that the Trump Administration and Congress must take to ensure that all Americans can age well and remain living at home, and that their family caregivers are supported in their critical roles.

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Support

Aging Well at Home Through Older Americans Act Programs and Services

Role and Impact of Area Agencies on Aging (AAAs)

For 50 years, AAAs have served as the local leaders on aging by planning, developing, funding and implementing local systems of coordinated home and community-based services that enable older adults to age well at home and in the community. AAAs develop area plans on aging then lead local networks of providers to deliver these person-centered services to older adults and caregivers. AAAs are known for cost-efficient and effective, and for leveraging public and private resources in innovative ways to best meet the needs of older adults in their communities.

The Older Americans Act (OAA) represents the national commitment to assisting older adults to age well at home. It is the cornerstone of the nation's non-Medicaid home and community-based services (HCBS) system. Each year, through the OAA, nearly 11 million older Americans receive critical support from the nationwide Aging Network, which consists of states, AAAs, Title VI Native American Aging Programs (Title VI programs) and tens of thousands of local service providers.

The OAA and the Aging Network are based on the principle that state and local governments should have the flexibility to determine, coordinate and deliver the supports and services that most effectively and efficiently address the needs of older adults and caregivers in their communities.

The OAA creates community resources for older adults to access a wide array of programs and services, including information and referral to find help for their challenges with aging; congregate and home-delivered meals to address hunger, malnutrition and social isolation; evidence-based health and wellness programs to prevent falls and manage chronic disease; the provision of in-home care to support the dignity and autonomy

of remaining in one's home; transportation; the prevention of elder abuse; adult day care and other needed options. Family caregivers, who contribute more long-term care than any formal government program, can also access OAA-funded respite, training, support and help to navigate and sustain their caregiving roles.

Updates to Modernize the OAA

Signed into law in 1965 alongside Medicare and Medicaid, the OAA expired at the end of Fiscal Year (FY) 2024. USAging worked closely with the 118th Congress to develop the OAA Reauthorization Act of 2024. This bipartisan bill with bicameral support was initially included in the end-of-year omnibus bill but unfortunately was left behind when the package was greatly streamlined before final passage.

USAging urges Congress to swiftly re-introduce and resume consideration of last year's OAA reauthorization bill. It represents a year of Members of Congress working across the aisle to make thoughtful changes to the Act to better reflect a rapidly growing aging population, as well as to support innovations.

The reauthorization of the OAA provides an ideal opportunity for Congress to ensure that the Aging Network can best meet the needs of the current and future older adults and caregivers they serve in the most cost-effective, innovative and taxpayer-friendly ways.

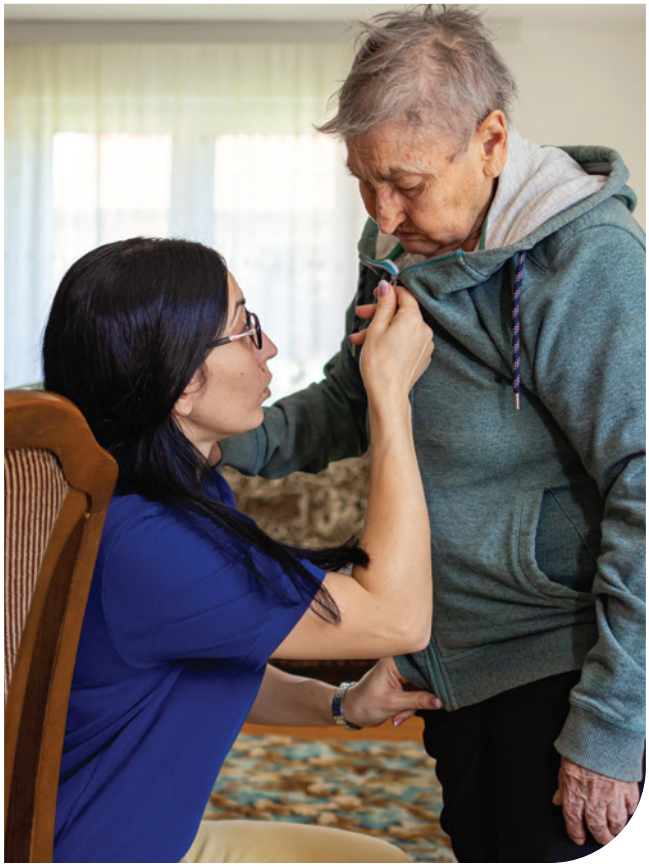
For more information, please contact our policy team (listed on page 19) or see USAging's *Recommendations for the Reauthorization of the Older Americans Act,* available at www.usaging.org/OAA.

Resources to Reflect a Rapidly Growing Population

OAA programs and services save Medicare—and the nation—money by supporting the health of older adults through critical services that address the life challenges older adults often face, such as a lack of transportation, safe housing or adequate nutrition. In addition, OAA services provided by AAAs in the community can delay or prevent the need for higher level or more expensive (i.e., nursing home) care. These programs are designed and proven to postpone impoverishment and eligibility for the means-tested Medicaid long-term care program.

And when older adults remain at home, versus having to unnecessarily enter a nursing home, they remain economic and civic contributors in their communities as well. It's the best deal for taxpayers and the model that nearly everyone wants as they age.

The OAA charges AAAs with using federal funds to leverage state, local and private funding to build comprehensive systems of HCBS in their communities. The provision of care also drives economic investment in the AAA's planning and service area—from contracts with nonprofits and businesses to creating jobs to shoring up family caregivers who need to remain in the workforce. Furthermore, AAAs engage hundreds of thousands of volunteers who donate millions of volunteer hours each year, further leveraging public and private investment and helping them serve more people.



Given the value proposition of OAA programs and services and the rapidly rising number of older adults who need assistance to stay healthy and living in the community, appropriators should recognize that OAA funding must increase. Keeping these preventative, efficient and life-saving programs at current funding only creates greater costs on the other side of the nation's ledger: in greater Medicare and Medicaid costs, as well as higher family economic burdens.

USAging consistently supports increased annual funding for all titles of the OAA, beyond our top priorities. However, it is often the case that critical nutrition services receive meaningful increases under Title III C, but no equivalent investment is made in other, equally important OAA programs and services. While meals are the most common service for older adults, in part due to this imbalance in funding, people also need other services such as in-home help, transportation, case management and home modifications and repairs, which are all funded under Title III B Supportive Services or evidence-based health promotion and disease prevention programs, funded under Title III D.

Surveys from the Administration on Aging, part of the U.S. Administration for Community Living (ACL), show that every $1 in federal funding for the OAA leverages nearly an additional $3 in state, local and private funding.[4]

The beauty of the OAA is that it allows states and local agencies to offer services based on what people need locally. However, that requires both a well-balanced approach: an appropriate amount of federal funding and maximum local flexibility.

Therefore, while all OAA subtitles require immediate increases to meet the current and future needs of older adults, **USAging urges Congress to *prioritize* the following OAA services when developing the FY 2026 budget** for the Administration on Aging, housed within the ACL, Department of Health and Human Services (HHS).

OAA Title III B Supportive Services is the bedrock of the Act, providing states and local agencies with flexible funding to provide a wide range of supportive services to older Americans. These services include in-home services for frail older adults, senior transportation programs, Information and Referral/Assistance Services (e.g., hotlines to help people find local services, resources), case management, home modification and repair, chore services, legal services, social engagement activities, emergency/disaster response efforts and other person-centered approaches to helping older adults age well at home. Services provided through Title III B are a lifeline for older adults living in the community, and they also connect older adults to other OAA services—for example, transportation services funded by Title III B ensure older adults can reach congregate meal sites that are funded by OAA Title III C.

It is also important to note Title III B Supportive Services offered by the AAA are heavily based on assessed local need and the desires of older adults in that community. The federal government does not decide the allocations for each authorized service—it's the AAA's planning process that drives the development of these services and the prioritization in large part, just as the Act has intended when AAAs were added in 1973.

Despite its critical role in the lives of older adults, Title III B has been underfunded for years. The underfunding of Title III B affects the ability of local agencies to help their clients age at home and in the community and ultimately costs taxpayers more money. When older adults are healthier, Medicare costs are lower. When frail older adults receive in-home services that prevent or delay nursing home admissions, Medicaid costs are lower.

Their unpaid caregivers are also affected when services are reduced or eliminated due to eroded funding, which can result in escalating stress and economic pressure on the family member if the care need is more than the caregiver can manage with other family and job responsibilities.

The time is now for Congress to recognize the value of OAA as the critical non-Medicaid HCBS resource that meets the most pressing needs of older adults and invest accordingly.

To meet the high and rising demand for cost-effective supportive services, we call on Congress to protect and increase funding for OAA Title III B in FY 2026.

OAA Title VI Native American Aging Programs are a primary authority for funding aging services in Indian Country, where elders are the poorest in the nation. Title VI Part A largely provides nutrition services but also covers wrap-around supportive services, such as those found in Title III B. Title VI Part C funds family caregiver support programs for people caring for older adults, as well as older adults caring for adult children with disabilities or grandchildren or relative children. These services are intended to supplement the overall OAA programs and services by giving tribes added resources to respond to the most urgent needs of older adults in Indian Country.

We encourage policymakers to protect and increase Title VI appropriations levels given the current and future needs of American Indian elders and the years of insufficient growth in funding to meet the escalating need.

Our final top appropriations request for OAA is Title III E, the National Family Caregiver Support Program, which is detailed on page 9.

Increase

the Capacity of Family and Professional Caregivers

Role and Impact of Area Agencies on Aging (AAAs)

In addition to providing the wide range of home and community-based services mentioned previously, AAAs also provide critical services to family caregivers of older adults, as well as older adults who are caregivers for younger relatives. AAAs also contract with or employ paid caregivers, from direct care workers providing in-home help with activities of daily living, such as bathing and dressing, to case managers who coordinate care for clients, especially those most at risk of institutionalization or neglect, such as people living with cognitive impairments or chronic health conditions.

The historic increase in older adults as a percentage of the overall U.S. population also coincides with inadequate numbers of both professional and unpaid caregivers who are necessary to support them.

Family Caregivers in Crisis

There are an estimated 53 million unpaid caregivers in the United States.[5] AARP estimates that family caregivers provide $600 billion worth of support to friends and family annually.[6] The financial value of this unpaid care rivals the entire federal Medicaid budget.[7] Whether they recognize it or not, communities, states and the federal government depend on the work of unpaid caregivers to meet the home and community-based services needs of our nation's growing aging population.

Yet family caregivers need more support—and they need it now. We must invest in these unpaid family and friend caregivers in myriad ways to support them in doing this critical work. Without the support of informal caregivers of older adults, we will face national crises, including increased Medicaid and Medicare spending and unsafe situations for vulnerable older adults.

Overburdened caregivers are at risk of negative health effects as a result of their caregiving

duties—another driver of health care costs and risks to the caregiver's own health, financial security and independence over time. Additionally, caregiver duties can affect workplace productivity and participation, harming the overall economy and caregivers' ability to financially take care of themselves as they age. According to an AARP study,[8] 53 percent of working caregivers have to come in late to work, leave early or take time off, while another study[9] reports that caregiving duties reduced work productivity by one-third on average—or an estimated $5,600 per employee when annualized across all employed caregivers.

Through the OAA Title III E National Family Caregiver Support Program

(NFCSP), those who care for friends and family members as they age receive support through training, respite, support groups and other programs.

The NFCSP funds local AAAs to assist older caregivers and family members caring for older loved ones by offering a range of in-demand supports to family caregivers in every community. Steady and sustained increases are needed to adequately invest in this modest federal program that now supports just a small fraction, more than 700,000, of the 41.8 million caregivers for people age 50 and older[10] and, if adequately funded, could prevent billions in more expensive institutional care costs that rely on taxpayer funding.

Though extremely valuable, given limited funding, the NFCSP does not meet the need for these services. We urge Congress to expand federal funding for current caregiver support programs and to explore policy solutions to ensure that caregiver support becomes a vital component of state and federal long-term services and supports delivery reform.

For FY 2026, we encourage Congress to protect and increase appropriations for OAA Title III E NFCSP, which is the only national program supporting the family caregivers of older adults—who provide the majority of long-term care in this country.

In 2022, the ACL released the **National Strategy to Support Family Caregivers**, a result of years of work by two advisory councils during the previous Trump Administration and at the urging of Congress, which passed the RAISE Family Caregivers Act in 2018.

We urge Congress and the Trump Administration, as well as state and local policymakers, to ensure that the National Strategy is implemented and built upon to improve the lives of our nation's 53 million unpaid caregivers—and those they care for.

USAging supports next steps to:

- **Build on the current federal infrastructure of supports and services for family caregivers** and those in their care. We also urge Congress to highlight where further investment is needed under OAA programs and services and other family caregiver-related programs such as OAA Title III E NFCSP, OAA Title VI Part C Family Caregiver Supports, Lifespan Respite Care Program and the Community Care Corps, all of which are administered by ACL, HHS.
- **Expand access to HCBS options** (whether through Medicaid, Medicare or the Veterans Health Administration). Additional Medicaid HCBS funding is needed to expand access to more older adults and people with disabilities. Because many states typically put more resources into less-desired and more costly institutional care, there are widespread waitlists for HCBS—further straining the family caregivers of people who should be eligible for these critical services.

A Stronger Caregiving Workforce is Needed to Support an Aging Nation

In tandem with support for family caregivers, USAging urges Congress and the Administration to address the grave issue of direct care workforce shortages. Fewer available professional caregivers means greater strain on already stressed family caregivers and, of course, puts the health and safety of millions of older adults without other caregivers at risk.

Unfortunately, our nation does not have the caregiving workforce it needs to support the rising numbers of older adults who need personal, in-home care or institutional support. The pay is low (median earnings of $23,688 annually), the work is demanding and there are rarely opportunities for career advancement.

And yet our rapidly aging nation desperately needs more workers to go into this field. **Severe workforce gaps already pose challenges in communities across the country—leaving older adults at home or in a facility without the quality care they require, threatening their lives and their health.** We need to improve these jobs and recruit aggressively. USAging urges Congress and the Trump Administration to elevate the acute problem of direct care workforce shortages, and to recognize workforce shortages faced in other Aging Network roles that will also have a deleterious effect on caregivers if not resolved.

Regardless of the size of the communities they serve, USAging members report the same problems: not enough direct care workers to provide the care their clients currently require, tremendous turnover among the existing labor force, and rising wages in other industries that make it difficult to compete for workers.

USAging supports the following policy changes for consideration by Congress and the Trump Administration to build a workforce pipeline that reflects the urgent need our aging nation has for care professionals:

- **Expand investment in OAA and Medicaid HCBS programs** to enable states, AAAs and other providers to raise wages and attract and retain workers. (See the previous section and subsequent Medicaid priority for details.)
- **Expand training programs** to encourage more workers to go into aging services and direct care work. Consider paid apprenticeships and integrating aging services into vocational opportunities for high school students, which could also provide a cross-generational benefit.
- **Develop immigration policies** that reflect the need for a much larger direct care workforce and the provision of high-quality, consistent care to older adults and people with disabilities. Thirty-two percent of current direct care workers are immigrants.[11]

Reduce

Unnecessary Institutionalization By Protecting Medicaid Home and Community-Based Services

Role and Impact of Area Agencies on Aging (AAAs)

Historically, two-thirds of AAAs have played a key role in their state's Medicaid home and community-based services (HCBS) programs by performing assessments, leading case management and coordinating services. AAAs have also evolved along with changing state Medicaid systems to continue to serve older adults and people with disabilities. For example, 39 percent of AAAs now contract directly with Medicaid managed care organizations (MCOs).[13] And all AAAs can help consumers learn about their Medicaid HCBS options.

USAging and its members believe that Medicaid consumers should have the option to receive care in their homes instead of in institutions. HCBS options are nearly always less costly per person and are vastly preferred by consumers.

The federal-state Medicaid partnership is the backbone of our nation's current long-term services and supports (LTSS) system and the HCBS waivers that enable millions of vulnerable older adults and people with disabilities to retain their independence. More than half of LTSS (61 percent) spending is covered by Medicaid.[13] While Medicaid is the largest provider of HCBS, decades of underfunding and a national patchwork of programs leaves at-risk older adults who want to age in their homes susceptible to inadequate supports or to lack of access to essential HCBS, reflecting a historic imbalance that favors institutional care for Medicaid beneficiaries. Rebalancing efforts—to correct Medicaid's inherent bias towards more expensive, less-desirable and, often lesser institutional care—must be supported and expanded, and at the very least preserved.

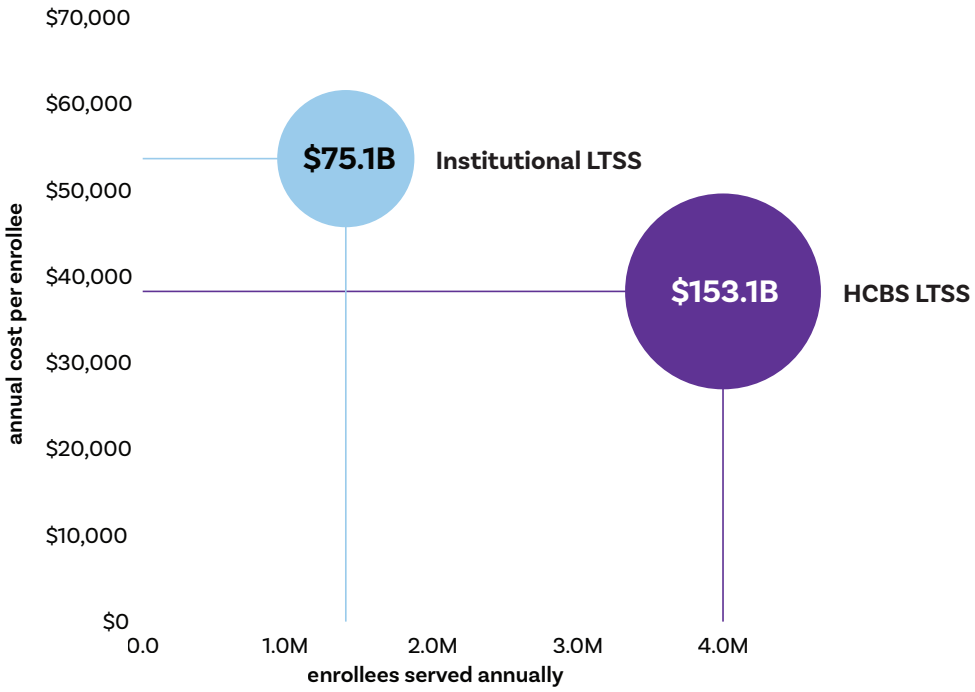
In 2022, Medicaid spent a total of $255 billion on LTSS, with $196 billion spent on HCBS care and $59 billion on institutional care.[14] **However, enrollees using any kind of institutional LTSS made up only 6 percent of total enrollees but accounted for 34 percent of expenditures, reflecting the high costs and low popularity of institutional care options.**[15]

The disproportionate cost of institutional LTSS

Any kind of institutional LTSS (2022 Medicaid)

Source: *10 Things About Long-Term Services and Supports (LTSS)*, KFF, July 08, 2024.

Estimated annual total cost of Medicaid LTSS



Source: 2022 cost per enrollee data from *10 Things About Long-Term Services and Supports (LTSS)*, KFF, July 08, 2024. 2020 enrollee estimates from *How Many People Use Medicaid Long-Term Services and Supports and How Much Does Medicaid Spend on Those People?*, KFF, Aug. 14, 2023.

Medicaid spent an average of $38,275 per person for enrollees who used HCBS options and an average of $53,666 per person for enrollees who used institutional LTSS in 2022.[16] In 2020, an estimated 4 million enrollees used Medicaid LTSS through HCBS versus 1.4 million people who had LTSS delivered in institutional settings.[17]

However, a bias for institutional care still exists in federal statute. In 39 states consumers are often forced to leave their homes permanently to receive care despite an overwhelming preference among this population to continue living at home and not in institutional settings.[18]

Medicaid HCBS Is a Lifeline for Older Adults

When considering policy changes to Medicaid, it is imperative that Congress and the Trump Administration understand the realities facing older adults receiving Medicaid HCBS—and the impact on the economy, families, caregivers and communities if fewer older adults and people with disabilities can access these essential HCBS.

The national HCBS population is large and despite many also being enrolled in Medicare (dual eligibles), many HCBS recipients are older adults who rely on Medicaid HCBS to receive the support needed to age well in their homes and communities. Medicaid HCBS includes services such as home health aides, homemaker services (laundry, cooking, etc.), supportive housing, adult day health services and more. With the median income of older adults in America at $29,740,[19] purchasing these services out of pocket on the private market is unaffordable for most and the private long-term care insurance market has not been able to fill the major gaps. For those eligible for Medicare, the program does not cover LTSS, leaving them, even those in the middle class, no choice but to spend down to Medicaid eligibility when they can no longer manage without some in-home support.

Cutting Medicaid HCBS will ultimately lead to more older adults going into nursing homes, which are the more expensive Medicaid services, and losing the remaining independence they had when living at home and staying in the community. As the largest public funding source for LTSS, Medicaid has been and will continue to be affected by the rapid growth in size and evolving needs of our nation's aging population. The federal government must strategically invest in the most cost-effective programs that address the aging of the population—and ensuring in-need older adults have access to Medicaid HCBS should be at the top of that list.

Connect

Health Care and Aging Sectors to Reduce Costs

Role and Impact of Area Agencies on Aging (AAAs)

AAAs are experts at providing social care programs and services that address the challenges older adults and people with disabilities face that affect their health, such as access to housing, employment, nutritious food, community services, transportation and social engagement. The Aging Network has an established local infrastructure that, with much-needed investment, can successfully support the integration of health care and social care services—with the goal of improving health outcomes for older adults while preventing unnecessary costs.

AAAs and health care entities have longstanding community partnerships which have evolved to more formal contracting relationships; as of 2023, 45 percent of AAAs reported having health care contracts.[20] This work has led to innovative models of service delivery to align health and social care, such as the development of AAA-led regional and statewide networks of community-based organizations (CBOs) with AAAs serving as Community Care Hubs (CCHs) providing the needed infrastructure for health care contracting.

Over the past decade, the United States health care system has been moving away from volume delivery to a value-based payment approach, placing more emphasis on the quality of care rather than the quantity of services provided. This evolution creates new opportunities for health care entities to work with AAAs and the Aging Network to better assess and address the health and social needs of our nation's aging population.

As this alignment between health care and social care continues to evolve, however, it is vital that **any new integrated care models build on, and not supplant or exploit, the Aging Network's existing experts and systems.**

USAging urges federal policymakers to recognize, engage and preserve the full potential of AAAs and the Aging Network in improving health and reducing costs, particularly in the following areas.

It is critically important that all stakeholders understand and acknowledge the unique role of social care experts who appropriately assess, develop care plans and coordinate services to meet the needs of clients, especially those at risk of falling through the cracks, thereby increasing the risk of avoidable hospitalizations and negative health outcomes. Furthermore, the integrated care system needs to focus on how care professionals—clinical, post-acute and social care—share care for an individual, and that the care needs to dictate the workflows and process. Technology and data standards should not dictate the care but be designed to support the provision of that person-centered care.

Tap Social Care Experts to Improve Health Outcomes for Older Adults, Lower Costs

For most older adults, one's health actually is greatly affected by their living situations and if they have support at home—medical setting appointments are only one part of what determines their health outcomes. AAAs are instrumental in supporting the health and well-being of older Americans living at home because their targeted services help achieve positive health and functional outcomes for older adults, including those with complex care needs.

However, AAAs' contributions to overall health are too often overlooked by health systems, payers and policymakers. Additionally, health care providers and payers attempt to build their own systems of social care instead of leveraging the extensive expertise and long-standing services of aging and social care experts such as AAAs, which is a more expensive and less effective approach.

USAging is heartened by increasing health care and government interest and efforts around aligning health and social care to improve health outcomes, yet it is critical that social care experts such as AAAs are in the conversations and that any policy, regulation or law reflects the existence, realities and contributions of the social care sector.

Despite current progress and promising signs for future policy evolution, AAAs and CBOs remain underpaid or unpaid for referrals and the provision of services. There is a deep presumption and misunderstanding on the part of policymakers and health care about the level of existing social care funding, how that funding works and the resulting availability of social care services.

Health care *should* turn to social care experts such as AAAs to assess, coordinate and serve the social care needs of older adults and others, but *payment must follow the referral.* As our appropriations section makes clear (page 5), there are not enough existing resources to meet the

current need; policymakers must ensure that social care resources and the expertise of social care experts are taken into consideration in ANY policy addressing improving health outcomes. True health and social care integration and the health outcome goals that drive it will not be met unless efforts build on the existing social care infrastructure—and strengthen it with resources to meet the increased service level.

It's also critical that policymakers and health care understand that social care provision requires training, expertise and, like health care, involves various levels of professional education and standards. For example, while community health workers (CHWs) are one type of community-based social care and health-related professional, and one in five AAAs employ CHWs, policymakers must understand that CHWs are not equipped to handle more comprehensive assessments, which are, especially in the case of at-risk or complex care clients, are conducted by higher-level professionals such as Licensed Clinical Social Workers. Just as a medical screening is not the same as a social care assessment, a CHW-level engagement is not the same as a AAA social worker-conducted full assessment.

Therefore, we urge the Trump Administration and Congress to incorporate AAAs, other CBOs and social care networks in bridging the gap between health and social care through new payment, delivery and data exchange models—and to ensure they are also appropriately and adequately compensated for those roles in helping health care payers and providers meet patient care goals and quality benchmarks.

Without fully recognizing and supporting the value provided by existing cost-efficient systems, any new policy efforts will fail beneficiaries, unnecessarily undermine existing successful systems and potentially reduce the quality of care for older adults who most need these services.

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USAging

USAging is the national association representing and supporting the network of Area Agencies on Aging and advocating for the Title VI Native American Aging Programs. Our members help older adults and people with disabilities throughout the United States live with optimal health, well-being, independence and dignity in their homes and communities.

Our members are the local leaders that develop, coordinate and deliver a wide range of home and community-based services, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, transportation, evidence-based health and wellness programs, long-term care ombudsman programs and more.

USAging is dedicated to supporting the success of our members through advancing public policy, sparking innovation, strengthening the capacity of our members, raising their visibility and working to drive excellence in the fields of aging and home and community-based services.

USAging

Leaders in Aging Well at Home

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