

Home- and Community-Based Services



Consumer preferences for home- and community-based services, as well as federal and state goals to meet these preferences and control costs, have produced significant shifts in policy. Despite this shift in policy, there remain multiple barriers to address the growing population of older adults and persons with disabilities that will need these services.

Adult Day Services, Transportation, Meal Programs

- Oppose per-capita allotments and block grants for a state's federal funding that will result in every state receiving lower federal Medicaid funding than it does now.
 - Suspend the Medicaid restriction on coverage of home- and community-based services that has created obstacles for seniors receiving services in adult day centers co-located in a nursing home or hospital and home- and community-based services for individuals with dementia living in secure settings.
 - Support legislation to establish a Medicare Advantage Community-Based Special Needs Plan demonstration program that would provide eligible Medicare beneficiaries adult day care services, homemaker services, home-delivered meals, transportation services, respite care and non-Medicare-covered safety and other equipment.
 - Support legislation to exempt health care providers from the Service Contract Act so that they are not considered federal contractors subject to minimum wage, paid sick leave and other mandates created by executive order. Contracts with the Veterans Administration (VA) should be treated as provider agreements, like Medicare and Medicaid.
 - Support legislation to allow the VA to enter into provider agreements that are less costly to implement.
- Continued support for innovative Medicaid programs that increase access to home- and community-based services, such as the Money Follows the Person Program, Health Homes, and 1915(i).

Home Health

- Support legislation that would allow advanced practice registered nurses (APRN), nurse practitioners, clinical nurse specialists, certified nurse midwives, and physician assistants to order home health services under Medicare. Changing Medicare regulations to allow these trained health care workers to sign home health plans of care and certify Medicare patients for home health will help deliver vital care to older adults without unnecessary delays.
- Oppose combining Medicare Parts A and B with uniform 20% cost-sharing for all services.
- Support the elimination of the home health prior authorization initiative (pre-claim review) as this prevents beneficiaries from getting appropriate home health on a timely basis.
- Support gradual implementation of alternative payment models and value-based purchasing that includes annual evaluations of the programs and the opportunity for stakeholder comments on the progress of the new programs.
- Oppose continued across the board payment reductions.
- Increase funding for Medicare Integrity activities to reduce Medicare fraud perpetrated by individual providers.

Hospice

- Oppose the Medicare Advantage carve-in for hospice.
- Support legislation to provide Medicare beneficiaries, upon election of hospice care, the right to designate a physician assistant (PA) as attending physicians for purposes of hospice care.
- Establish a care planning benefit under Medicare to give severely ill individuals access to team-based care planning, more information about potential treatment options and assurance that the course of treatment they choose is consistent with their personal goals, values and preferences.
- Increase funding for Medicare Integrity activities to reduce Medicare fraud perpetrated by individual providers.

Older Americans Act (OAA) Funding

- Preserve the Assistant Secretary of Aging's important role in upholding the mission of the OAA, to allow older adults to age with health, dignity and independence in their homes and communities for as long as possible.
- Support critically needed funding increases for OAA and other Administration for Community Living programs within the Health and Human Services fiscal 2018 budget. Increases are especially needed for Title III B home- and community-based supportive services, Title III E National Family Caregiver Program, Title III C homebound meals, Title III C congregate meals, Lifespan respite care program, Aging and Disability Resource Centers (ADRC), and Elder Rights Support Activities. Current funding for OAA and other discretionary aging programs cannot adequately serve the growing older population's need for these services and supports.

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