

LeadingAge Action Plan

for the Biden-Harris Administration

DECEMBER 2020

LeadingAge and the Visiting Nurse Association of America (VNAA) are committed to working with the Biden-Harris administration to address the pressing challenges aging services face, and to build a strong system of care for older adults across the country.

Our more than 5,000 nonprofit and mission-driven members provide aging services and housing to people wherever they live. They work across the continuum of services, including nursing homes, assisted living, life plan communities, low-income senior housing, home care, home health, hospice, adult day, PACE, and more. And our national staff and state executives are experts in a range of policy and regulatory issues. We understand and are committed to meeting the needs of America's older adults, and welcome the opportunity to work with the Biden-Harris team in the coming months and years to advance a vitally important agenda for older Americans.

The coronavirus pandemic has exposed long-standing gaps in the infrastructure, financing, and quality of services for the growing number of Americans living well into their eighth and ninth decades of life. The actions outlined below are the first, urgent steps toward protecting the health and safety of older adults in the immediate future and strengthening our systems in the longer term.

Our three overarching recommendations are:

- Fight COVID and its devastating impact on older people. Fortify aging services to keep older adults—and everyone—healthy and safe.
- Ensure older adults get the health and long-term care they need: preserve the ACA, Medicare, and Medicaid.
- Ensure older adults have access to affordable housing connected to services.

LeadingAge/VNAA stands ready to support the Biden-Harris team as they tackle these issues head on using the recommendations outlined in the following Action Plan. Our more than 11,000 grassroots advocates, members and providers will offer first-hand perspective on critical issues, and our knowledgeable policy staff will work with administration leaders to bring insight and expertise.

Together we can make this country a better place to grow old.

Fight COVID and its devastating impact on older people. Fortify aging services to keep older adults—and everyone—healthy and safe.

IN THE FIRST 30 DAYS

- Immediately renew the Public Health Emergency which expires on January 20, 2021.
- Minimize community spread to reduce spread in aging services settings. Work with governors to put public health measures in place in every state.
- Extend the Agency for Healthcare Research and Quality (AHRQ) Project ECHO Nursing Home Initiative end date to December 31, 2021.
- Review and streamline reporting requirements for Provider Relief Funds to ensure providers can use all available resources to fight COVID.
- Extend the timeframe in which Provider Relief Funds can be used to December 31, 2021, as they will be needed to recover from lost revenues during the pandemic.
- Direct the Health Resources and Services Administration (HRSA) to require health centers to bring testing resources to senior housing, adult day, PACE, senior centers, and other settings where older people live and/or use support services.
- Assess personal protective equipment (PPE) needs (e.g., gloves, gowns, and masks as well as sizing) and use the Defense Production Act to ensure these items are made and deployed where needed.
- Take administrative action to simplify PPP loan forgiveness processes for not-for-profit aging services providers.
- Work with Congress on immediate relief for providers struggling to provide the PPE, testing, and staffing that keep older people safe and healthy.
- Review vaccine education efforts, including those targeting health care workers, and provide clear communication to the public and the health care workers on the efficacy and measures that were taken to ensure safety of the vaccine, including preparing and distributing education materials that health care providers can share with their staff.
- Continue the Pharmacy Partnership vaccine program with nursing homes, assisted living providers, life plan communities, and 202 housing providers, and expand it quickly to all senior housing providers, and all other settings where older adults use support services, including their own homes.

IN THE FIRST 100 DAYS

- Establish and fund a national testing program for all essential workers, not just health care workers, and ensure rapid turnaround of results.
- Establish the long-term care workforce commission recommended by the [Independent Nursing Home COVID-19 Commission](#).
- Identify and consolidate duplicative nursing home reporting requirements, starting with COVID testing results, and consolidate dissemination of essential policy guidance.
- Establish an interagency HHS effort to support mental health in a COVID and post-COVID era, inclusive of grief and bereavement services, including services for those who provide the care. Include hospice and palliative care in both the design and implementation of this effort. Work with Congress and payers as needed to fund. A key plank should include strategies, including technology enabled interventions, to address social isolation and loneliness.

OVER THE FIRST YEAR

- Work with Congress to ensure that not-for-profit aging services providers of all sizes have access to future PPP loans, including potential second-draw loans.
- Establish an HHS interagency task force charged with taking into account lessons from COVID, proposed bills under consideration, and the work of the National Academies for Science, Engineering and Medicine, and develop options for long-term care system and financing reform, including a subgroup focused on broad scale modernization of nursing home regulation and financing.

Ensure older adults get the health and long-term care they need. *Preserve the ACA, Medicare, and Medicaid.*

IN THE FIRST 30 DAYS

- Repeal the Public Charge final rule.
- Reinvest in public education about ACA open enrollment periods and restore navigator funding.
- Direct CMS to work with states that have implemented or proposed Medicaid work requirements and block grant/per capita cap waivers to reverse those provisions at least for the duration of the pandemic, if not permanently.
- Direct CMS to revise the document COVID-19 Frequently Asked Questions (FAQs) to broaden the ability of states to make retainer payments to safety-net HCBS providers.
- Revise guidance documents from CMS to broaden access to telehealth services for PACE participants and Medicare Advantage enrollees.
- Work with relevant government agencies to ensure that people receiving and working in home and community-based services (e.g., home-based care, adult day services, PACE) have access to COVID-19 testing and vaccines.

IN THE FIRST 100 DAYS

- Preserve and improve on CMMI:
 - » Develop and communicate a vision for CMMI's work that more explicitly includes post-acute care, long-term services, and end-of-life supports in models and demonstrations, including ones for telehealth for older adults in different settings.
 - » Establish a long-term services and supports innovation fund to help expand home and community-based care options.
 - » Increase transparency into the model and demonstration development process.
- Direct HHS to reevaluate its work on developing a unified post-acute care prospective payment system proposal, to include data that reflects recent payment changes, updated quality data, and lessons learned from the pandemic.
- Work with Congress to ensure any COVID relief package includes FMAP increases for Medicaid in general and for Medicaid HCBS specifically.
- Evaluate 1135 waivers to determine which should be made permanent for Medicare, Medicare Advantage, and Medicaid.

OVER THE FIRST YEAR

- Work with Congress to promote and enact meaningful reforms to support community-based services for older people, including strengthening the LTSS workforce and improving wages and benefits, consistent with the Biden Plan for Investing in Our Communities.
- Revisit Medicare Advantage and Medicaid managed care regulations to identify ways to streamline common processes across plans, such as prior authorization and credentialing, and establish some provider protections.
- Test alternative delivery and payment models, including technology-enabled ones, that allow LTSS and PAC providers to take risk for the older adults they serve and manage care across the continuum.
- Given the increasing reliance on technology and internet connectivity for healthcare, access to services, and social engagement, direct FCC to coordinate with telecommunications carriers to expand the implementation of the FCC's Modernized Life Line Program.

Ensure older adults have access to affordable housing connected to services.

IN THE FIRST 30 DAYS

- Support new COVID relief for affordable senior housing providers (HR 6873/S 4177).
- Release Section 202 NOFA and expedite consideration of applications.
- Release remaining CARES Act funds for affordable senior housing providers, including for new Service Coordinators.
- Apply CARES Act statutory and regulatory waiver authority for HUD multifamily housing programs to vacancy claim, subsidy cut-off, and allowable uses of funds requirements.
- Support extension of eviction moratorium for nonpayment of rent with concurrent financial relief for housing owners.
- Continue suspension of on-site physical inspections for communities with “vulnerable populations” at least through the term of the public health emergency.
- Increase and expand eligible uses for \$15 per unit per month supportive services funding.
- Allow COVID relief funds to pay for wireless internet installation and service fees in multi-family resident apartments.
- Restore HUD’s 2015 Affirmatively Furthering Fair Housing rule; restore HUD’s 2016 rule to provide Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development programs; reverse HUD’s Mixed Status proposal.

IN THE FIRST 100 DAYS

- Recognize the expanded population of severely housing cost-burdened, very low-income older adults in HUD’s FY22 budget request: expand supply, preserve housing with attention to aging in community, expand the number of Service Coordinators, and seek funding to bring 202/PRAC rents up for successful RAD for 202/PRAC conversions.
- Ensure HUD’s home modification program set-aside within the Section 202 account can serve older adult renters as well as older adult homeowners.
- Reinstate and expand the multifamily risk-sharing partnership between HUD/FHA and the Treasury Department/Federal Financing Bank (FFB).

OVER THE FIRST YEAR

- In the Section 202 NOFA for funds made available by a final FY21 bill, place less emphasis on leveraging for applications to be successful. This request goes hand-in-hand with HUD needing to request significantly more funds for new Section 202 homes than has been requested for several years when funding for new Section 202 homes was zeroed out after 2011.
- Continue work to comply with the FY19 HUD appropriations bill’s explanatory statement, which directed HUD’s Office of Policy Development and Research to collaborate with the Centers for Medicare and Medicaid Services on how Medicare and Medicaid funds can be used to support programs that use affordable senior housing as a platform to help older adults remain healthy, age in community, and reduce their use of costly health care services. The bill provided \$500,000 for this collaborative effort.
- Support expansion of HUD program budgets to provide an affordable home for everyone eligible, including through vouchers or project-based rental assistance.

Additional Recommendations

We advocate taking immediate action to overturn two recent Executive Orders:

1. The EO on Combating Race and Sex Stereotyping; and
2. The EO on Creating Schedule F in the Excepted Service.

Both have a devastating impact on the ability of government to fully perform its essential functions. Diversity training is essential in supporting the development of a federal workforce that looks like America and ensuring its ability to be maximally effective. Maintaining the Civil Service protections of non-political, experienced technical experts is essential to the functioning of government.