

FOR REVIEW AND CONCURRENCE

Strategic Framework for a National Plan on Aging – Organization Response

1. What do you like about the Strategic Framework for a National Plan on Aging?

The plan includes an Inter-Agency Council recognizing that aging services and needs cut across a number of federal and state agencies. Meeting needs of older adults includes housing, transportation, health, employment, etc. The Council helps to overcome stove-piping which limits successful response to concerns of seniors.

2. What is missing from the Strategic Framework for a National Plan on Aging?

There should be a specific implementation plan with a schedule for implementation of the various sections, and a lead agency identified as having the responsibility for coordinating those agencies that will be included in the implementation. Without an implementation plan with specific assignments of responsibilities and a schedule for implementation, the plan will only be nice words and goals, resulting in unfulfilled promises and unmet needs. Hope cannot be a strategy!

In order for effective operation of the Inter-Agency Council, there should be a requirement in the plan that appointees to the Council should be the agency head or an official who reports directly to the head of the agency.

Missing from the strategy is any indication that consumers and advocates have had input. The individual and organization surveys need to record whether the respondent is a consumer of services for older adults or advocates.

3. What could be added or changed to the Age-Friendly Communities domain in the Strategic Framework for a National Plan on Aging?

- Services and programs at the state and local level are often delivered in an uncoordinated fashion by agencies, for-profit and non-profit non-governmental organizations. The federal interagency council should be replicated to provide coordination of programs and services at state and local levels. In addition to agency and organizational representative on local and

FOR REVIEW AND CONCURRENCE

state coordinating councils, consumers with “lived experience” need to be incorporated.

- Diversity, Equity, and Inclusion efforts must also promote accessibility for older adults and people with disabilities
- Age-Friendly communities need to provide assistance to older adults and people with disabilities for dealing with extreme heat conditions, including in northern United States which is beginning to experience periods of extreme heat not historically common in those regions.
- All facilities designated as homeless shelters should be compliant with the Americans with disabilities act.
- Financial assistance from federal and state governments is often needed to help age-friendly communities with infrastructure improvements such as accessible sidewalks.
- Independent living facilities that provide rooms for older adults and people with disabilities should be encouraged to include common nutrition and health services similar to the “boarding houses” of earlier generations.
- Older adults and people with disabilities need free or reduced fare public transportation which has worked successfully in a growing number of cities. Amtrak trains need to be more accessible for people with mobility issues. Currently, only ACELA trains have easier accessibility, yet this service is more expensive. Rail platforms need to be at a level for wheelchair and walker access.
- The Massachusetts Senior Citizen Circuit Breaker law could serve as a national model providing a refundable tax credit when costs for services exceeds 25% of income.
- The small home model (used by the Greenhouse and VA programs) should be expanded to serve more people in the community. This is likely to require some improvement in reimbursement rates to account for the more person-centered approach. Large scale nursing facilities should be phased-out in favor of support for the small home model.
- Social workers are an essential part of the nursing home care team, and they should receive at least equal consideration when viewing staffing needs. No one else in a nursing home is qualified to help with the psychosocial needs of both the resident and the family like social workers. The regulations governing social workers are outdated and some 30 years old. The number of social workers and their hours need increasing. So many residents were

FOR REVIEW AND CONCURRENCE

isolated and lonely during the pandemic in particular, and yet there weren't enough social workers on staff to help them and the anxious families who did not have access to their loved ones with lockdowns. So much suffering, and yet no one tried to bring in more social workers to help. It is the same issue now without lockdown, so many needs go unaddressed as there are not enough social work hours to address serious needs. To have only enough social work hours to address paperwork is not going to address psychosocial needs of a real live resident. Plus, social workers will be retained if their job gives them the satisfaction of doing more than paperwork, but actually getting to work with and getting to know and help residents. That, relationship building with social workers who can help them, is what long-term care needs.

- The Medicaid “countable asset limit” for nursing home care, home care and aged, blind and disabled care should be eliminated, or set at a much higher level with an inflation factor, if the United States intends to provide assistance to the middle class. Current levels force people into poverty to qualify for help.
- Accessible and Affordable digital communications must be available to nursing home residents and home care recipients, along with training and support services.

4. What could be added or changed to the Coordinated Housing and Supportive Services domain in the Strategic Framework for a National Plan on Aging?

- Rental assistance voucher funding needs to be increased and landlords need to be challenged legally if they refuse to honor such vouchers.
- Area Agencies on Aging should recognize and serve the needs of older adults and people with disabilities who are incarcerated and those who can be paroled to better address health and social needs.
- Basic nursing home care, as well as each special care unit, needs to have care outcome measures to determine if federal financial support is making a difference in quality of care.

5. What could be added or changed to the Increased Access to Long-Term Services and Supports domain in the Strategic Framework for a National Plan on Aging?

FOR REVIEW AND CONCURRENCE

- Programs and funding to support age-friendly communities should encourage the operation of child care facilities in nursing homes, assisted living facilities, and independent living centers that serve older adults and people with disabilities. Priority should be given to the children of direct care workers employed by those facilities.
- Private equity firms and real estate investment trust should not be permitted to own or operate long-term services or supports.
- Programs and funding to support age-friendly communities should encourage construction of new or repurposed facilities for housing for direct care workers near their workplace.
- A federal income tax credit should be authorized for caregivers, including spouses, caring for a family member at home.
- Federal regulations and funding should encourage improved training for state surveyors including recognizing person-centered care.
- The federal minimum personal needs allowance for nursing home residents – currently \$30 per month, needs to be increased to at least \$85 per month taking purchasing power into consideration. The federal government needs to increase the PNA and provide annual inflation-based increases. NOTE: The recommendation of at least \$85/mo. is based on calculating the impact of inflation on the rate in place at the time of the Nursing Home Reform Act of 1987
- When the Roosevelt Administration created Social Security, few, if any, skilled nursing homes or assisted living facilities existed. Families cared for older or disabled adults in the home. Many people, with limited means, are not able to put money aside for long-term care, services and support until it's too late to accumulate a sufficient amount. A new financing system, perhaps focused on the rapidly growing 85+ year olds is needed.

6. What could be added or changed to the Aligned Health Care and Supportive Services domain in the Strategic Framework for a National Plan on Aging?

- Programs should be available on a digital platform
- Private equity firms and real estate investment trust should not be permitted to own or operate aligned health care and supportive services.

7. Is there anything else you would like to add?

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8. Name of your organization- **DIGNITY ALLIANCE
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9. Type of organization (select all that apply)

X Nonprofit organization

Business

Academic/research

X Organization serving older adults

X Organization serving people with disabilities

Local level agency or organization

X State level agency or organization

Federal level agency or organization

X Policy/advocacy organization

Other (please specify)

10. In what state are you located? **MASSACHUSETTS**