



FY 2023-2026 Labor/HHS Appropriations

As of February 4, 2026 (Dollars in thousands) Increases over prior year final funding are noted in **BOLD**. Decreases are noted in *italics*.

Older Americans Act and Other Key Aging Programs	FY 2023 Enacted Dec. 2022	FY 2024 Enacted 3.23.24	FY 2025 Continuing Resolution Enacted 3.14.25	FY 2026 President's Budget 6.11.25	FY 2026 Senate Comm. 7.31.25	FY 2026 House Comm. 9.8.25	FY 2026 House-Senate Deal 1.20.26	FY 2026 Enacted 2.3.2026
Title III								
B: Supportive Services & Centers	410,000	410,000	410,000	410,000	410,000	414,000	414,000	414,000
C1: Congregate Meals	540,342	565,342	565,342	565,342	565,342	565,342	565,342	565,342
C2: Home-Delivered Meals	366,342	381,342	381,342	381,342	381,342	381,342	381,342	381,342
NSIP	160,069	<i>112,000</i>	112,000	112,000	112,000	112,000	112,000	112,000
D: Preventive Health	26,339	26,339	26,339	26,339	26,339	26,339	26,339	26,339
E: Family Caregivers Support	205,000	207,000	207,000	207,000	209,000	207,000	209,000	209,000
Title V SCSEP (DOL)	405,000	405,000	405,000	<i>0</i>	<i>395,000</i>	<i>0</i>	395,000	395,000
Title VI								
A: Grants to Indians	38,264	38,264	38,264	38,264	38,264	40,264	40,264	40,264
C: Native American Caregivers	12,000	12,000	12,000	12,000	12,000	14,000	14,000	14,000
Title VII								
Ombudsman/Elder Abuse	26,658	26,658	26,658	26,885	26,658	26,885	26,658	26,658
Elder Rights Support + APS	33,874	33,874	33,874	34,005	33,874	34,005	33,874	33,874
Title II								
Aging Network Support Activities	30,461	30,461	30,461	30,461	30,461	30,461	30,461	30,461
ADRCs	8,619	8,619	8,619	8,619	8,619	8,619	8,619	8,619
Program Admin.	47,063	48,063	48,063	<i>37,500</i>	<i>41,000</i>	48,063	<i>41,000</i>	<i>41,000</i>
RDE Center	5,000	5,000	5,000	Unclear	Unclear	5,000	5,000	5,000
Other AoA/ACL Programs								
State Health Insurance Asst. Program	55,242	55,242	55,242	55,242	55,542	55,242	55,242	55,242
Community Care Corps	5,500	TBD	Unclear	Unclear	Unclear	5,500	5,500	5,500
CDSMP	8,000	8,000	8,000	<i>0</i>	8,000	8,000	8,000	8,000
Alzheimer's Disease Program Initiative		31,500	31,500	<i>16,800</i>	<i>16,800</i>	31,500	31,500	31,500
Elder Falls Prevention	7,500	7,500	7,500	<i>2,500</i>	7,500	7,500	7,500	7,500
Lifespan Respite Care	10,000	10,000	10,000	10,000	11,000	<i>10,000</i>	11,000	11,000
Senior Medicare Patrol		35,000	35,000	35,000	35,000	35,000	35,000	35,000
Other HHS								
Social Services Block Grant	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
Community Services Block Grant	804,383	804,383	804,383	<i>0</i>	<i>770,000</i>	<i>775,000</i>	810,383	810,383
LIHEAP: Low-Income Home Energy Assist.	4,000,000	4,025,000	4,025,000	<i>0</i>	4,045,000	4,035,000	4,045,000	4,045,000
CNCS: AmeriCorps Seniors	236,917	TBD	Unclear	<i>0</i>	236,917	<i>146,012</i>	236,917	236,917

US Aging’s 2026 Policy Priorities At a Glance

This document provides an overview of US Aging’s 2026 Policy Priorities, which highlight the needs of older adults and how Congress can support them in aging well at home and in their communities. US Aging represents and supports the national network of Area Agencies on Aging (AAAs) and advocates for the Title VI Native American Aging Programs.

PRIORITY #1

Support Aging Well at Home Through Older Americans Act (OAA) Programs and Services

OAA Reauthorization:

Signed into law in 1965 alongside Medicare and Medicaid, the OAA expired at the end of Fiscal Year 2024. The 118th Congress developed the bipartisan OAA Reauthorization Act of 2024 with bicameral support. The bill was initially included in the end-of-year omnibus bill but unfortunately was left behind when the package was greatly streamlined before final passage. **US Aging urges the Senate to swiftly advance S. 2120 in early 2026 then work with the House’s authorizers to finalize a bipartisan, bicameral bill.**

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.

OAA Appropriations:

Protect and increase funding for OAA Title III B Supportive Services in Fiscal Year 2027:

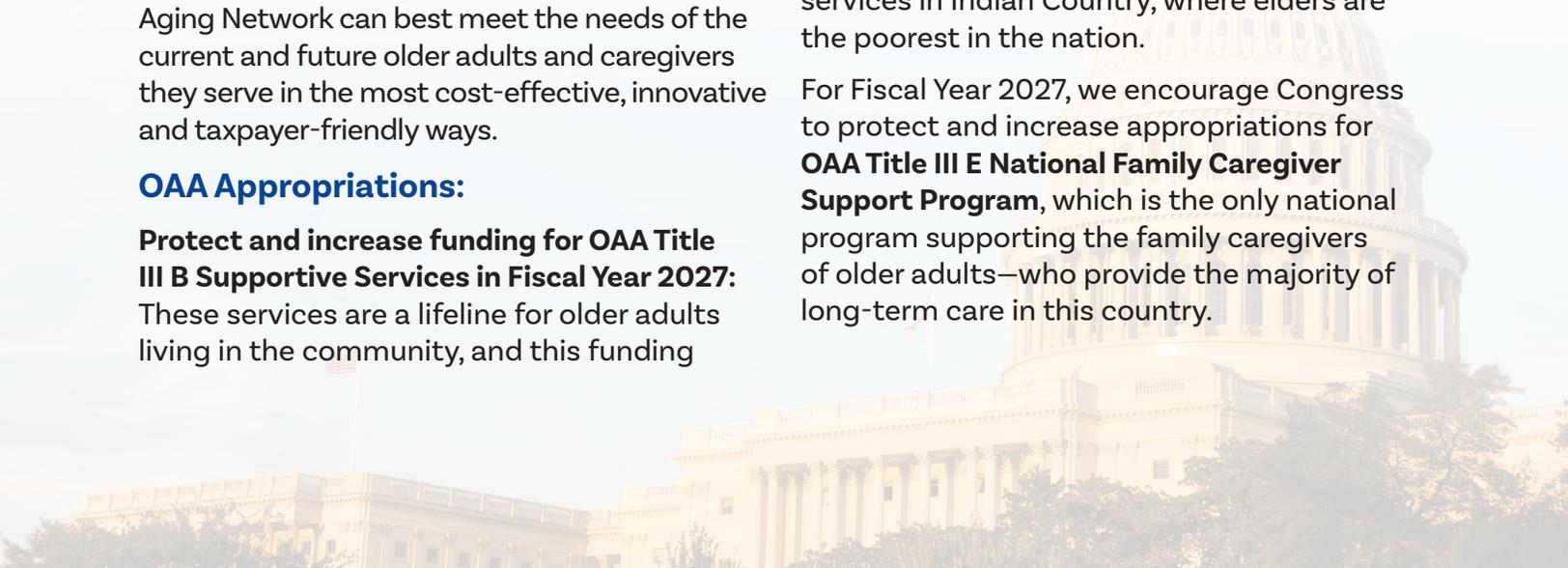
These services are a lifeline for older adults living in the community, and this funding

stream gives AAAs greater means to meet the needs of older adults, eliminating the need for more expensive nursing home care—which usually leads to impoverishment and a subsequent need to rely on Medicaid. The underfunding of Title III B affects the ability of AAAs to help their clients age well 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.

OAA Title VI Native American Aging

Programs: Protect and increase OAA 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. These programs are a primary authority for funding aging services in Indian Country, where elders are the poorest in the nation.

For Fiscal Year 2027, we encourage Congress to protect and increase appropriations for **OAA Title III E National Family Caregiver Support Program**, which is the only national program supporting the family caregivers of older adults—who provide the majority of long-term care in this country.



PRIORITY #2

Bolster Family and Professional Caregivers to Meet Growing Demand

- Continue implementation of the National Strategy to Support Family Caregivers to improve the lives of our nation's 63 million unpaid caregivers—and those they care for.
- Expand access to home and community-based services (HCBS) options (whether through Medicaid, Medicare or the Veterans Health Administration).
- Expand training programs to encourage more workers to go into aging services and direct care work.

PRIORITY #3

Protect Cost-Effective Medicaid Home and Community-Based Services

- Protect access to Medicaid HCBS during eligibility redeterminations related to the One Big Beautiful Bill Act.
- Monitor and report HCBS access impacts by mandating transparent reporting on HCBS enrollment, waitlists, service interruptions and institutional placements.
- Prevent cost shifting to families and other programs by preserving HCBS as a cost-effective alternative to institutional care.

PRIORITY #4

Connect Health Care and Aging Sectors to Lower Costs and Improve Outcomes

- As the alignment between health care and community care (social services provided at the community level) continues to evolve, it is vital that any new integrated care models build on, and not supplant or exploit, the Aging Network's existing experts and systems.
- Despite current progress and promising signs for future policy evolution, AAAs and community-based organizations 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 community care funding, how that funding works and the resulting availability of community care services. Health care should turn to community care experts such as AAAs to assess, coordinate and serve the community care needs of older adults and others, but payment must follow the referral.

Questions?

Contact your USAging policy team!

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Policy Priorities 2026

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





The Policy Realities of an Aging Nation

According to U.S. Census data, 17.3 percent of—or 57.8 million—Americans were 65 or older in 2022. With an estimated 10,000 people turning 65 each day, this population is projected to reach 88.8 million in 2060.¹ The number of older Americans has increased by 34 percent (14.7 million) since 2012, compared to an increase of two percent in the population under 65. 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.

USAgings 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.

USAgings's 2026 *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 more than 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 cost-efficient and effective and leverage 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, more than 14 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 AAAs 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 provides 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;
- the provision of in-home care to support the dignity and autonomy of remaining in one's home;
- evidence-based health and wellness programs to promote healthy aging, prevent falls and manage chronic disease;
- transportation;
- the prevention of elder abuse; and
- 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, and this bipartisan bill was initially included in the 2024 end-of-year omnibus bill with bicameral support. However, unfortunately, it was left behind when the package was greatly streamlined before final passage.

USAging urges the Senate to swiftly advance S. 2120 in early 2026 then work with the House's authorizers to finalize a bipartisan, bicameral bill. The work has already been done: the OAA Reauthorization Act of 2024 represents a year of Members of Congress working across the aisle and with a wide range of aging advocacy groups to make thoughtful changes to the Act to better reflect the rapidly growing aging and caregiver populations, as well as to support innovations. It should be advanced early in this session of Congress. Doing so ensures 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 18) or see USAging's OAA resource page, 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 older adults’ health through critical services that address life challenges, such as a lack of transportation, safe housing or adequate nutrition. By helping older adults remain in their homes, these services also delay or prevent the need for higher level or more expensive institutional care (i.e., nursing home) and reduce reliance on Medicaid long-term care programs.

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.

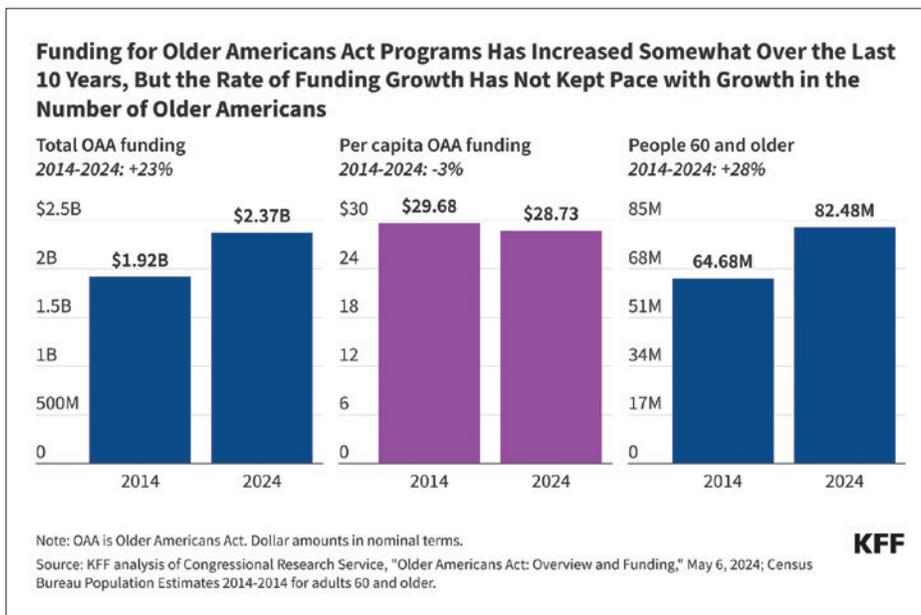
AAAs use federal OAA funds to leverage state, local and private funding to build comprehensive systems of HCBS in their communities. This investment stimulates local economies—through contracts, job creation and support for family caregivers—and engages hundreds of thousands of volunteers who contribute millions of hours, expanding reach and impact.

However, AAAs are facing growing uncertainty as federal and state budget pressures increase, raising serious concerns about the stability of funding for these critical programs that serve older adults. As states confront competing and

changing fiscal demands over the next few years, aging services are at risk of being reduced or eliminated, despite the rising need driven by a rapidly growing older adult population. Without sustained investments, local service networks that help older adults remain healthy and independent will weaken and ultimately increase costs to the U.S. health care system, long-term-care system and families across the country.

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

Given the proven value of OAA programs and the rapidly growing population of older adults needing support to stay healthy and live in their communities, appropriators must increase OAA funding. Maintaining current funding levels for these preventive, cost-efficient and life-saving programs only shifts greater costs to Medicare, Medicaid and families. Investing in OAA is both fiscally sound and reflects prioritization of the model nearly all Americans want as they age.



USAgging consistently supports increased annual funding for all titles of the OAA. However, historically, critical nutrition services under Title III C often receive priority, leaving other essential programs under Title III B, such as in-home help, transportation, case management and home modifications, underfunded. Meals are the most common service for older adults, partly due to the funding imbalance; however, other in-home and

community-based services are just as critical. The strength of the OAA lies in its flexibility, allowing states and local agencies to tailor services based on local need. Achieving this requires a well-balanced approach: adequate federal funding and maximum local flexibility.

Therefore, while all OAA subtitles require immediate increases to meet the current and future needs of older adults, **USAgging urges Congress to prioritize the following OAA services when developing the FY 2027 budget** for the Administration on Aging, housed within the U.S. Administration for Community Living (ACL), Department of Health and Human Services.

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 that help older adults age well at home. These services include in-home care services, transportation, 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 are essential for connecting older adults to other OAA programs, such as transportation enabling access to Title III C congregate meal sites or information/referral staff to help family caregivers access help.

Title III B Supportive Services allocations are based on local needs and priorities, as assessed by AAAs—not the federal government—as intended by the addition of AAAs to the Act 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 limits the ability of local agencies to help their older adults 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.

The unpaid family caregivers of older adults 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. Congress must 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 2027.

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 wraparound supportive services. 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 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 (NFCSP), which is detailed on pages 8–9.





Bolster Family and Professional Caregivers to Meet Growing Demand

Role and Impact of AAAs

In addition to providing home and community-based services (HCBS), AAAs support 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

In 2025, 63 million American adults, or one in four adults, were caregivers,⁵ providing roughly \$600 billion⁶ in support each year, rivaling the entire 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 HCBS needs of our nation's growing aging population.

Yet family caregivers urgently need more support. Without investment in these family caregivers, the nation risks higher Medicare and Medicaid costs, unsafe conditions for vulnerable older adults and increased strain on the health care system. Overburdened caregivers face elevated health risks and long-term threats to their own financial security and independence. Caregiving responsibilities also reduce workforce participation and productivity—more than one-half of working caregivers report disrupted work schedules⁸—costing employers an estimated \$5,600 per employee annually.⁹

Through the Older Americans Act (OAA) Title III E 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 ages 50 and older¹⁰ and, if adequately funded, could prevent billions in more expensive institutional care costs that rely on taxpayer funding.

We urge Congress to expand federal funding for current caregiver support programs and to explore policy solutions to ensure that federal policy reflects and alleviates the challenges family caregivers commonly face.

For FY 2027, 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 63 million unpaid caregivers—and those they care for.

USAgging supports next steps to:

- **Build on the current federal infrastructure of supports and services for family caregivers** and those in their care, provided by the Aging Network. Two other efforts administered by the ACL should be continued: Lifespan Respite Care Act and the Community Care Corps.
- **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 supporting family caregivers, policymakers must address the severe shortage of aging and direct care workers. Workforce shortages place an increasing strain on family caregivers and jeopardize the health and safety of older adults. Despite rapidly growing demand, the caregiving workforce remains inadequate due to low pay (median annual earnings of \$23,688), physically demanding work, limited career advancement and strong competition from other industries.

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. Communities nationwide report the same challenges: limited workers to meet current needs, high turnover and difficulty recruiting. These shortages already leave older adults without the quality care they require, and they will worsen as the population ages if no change is

implemented. USAging urges Congress and the Trump Administration to elevate this issue, improve caregiving jobs and address workforce gaps across the Aging Network before they further undermine caregivers and the older adults they serve.

USAging supports the following policy changes to build a workforce pipeline that reflects the urgent need our aging nation has for care professionals:

- **Expand investment in OAA 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.
- **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



Protect Cost-Effective Medicaid Home and Community-Based Services

Role and Impact of AAAs

AAAs have had long-standing roles with the Medicaid program, providing services such as eligibility assessment for long-term services and supports (LTSS), case management, nutrition or home care. AAAs provide these services under contract with the state or managed care organizations in states with managed LTSS. Medicaid is an important source of funding for many AAAs to provide critically needed services to low-income older adults. For the nearly 40 percent of AAAs that receive Medicaid funds, this funding accounts for an average of 33 percent of their budgets.

USAgging and its members believe that Medicaid consumers should have the option to receive care in their homes instead of institutions. Home and community-based services (HCBS) options are nearly always less costly per person and the preference of most older adults, yet in most states, HCBS is not as readily available as more intensive forms of care, such as nursing homes.

Medicaid HCBS Is a Lifeline for Older Adults

Medicaid is the backbone of our nation's current LTSS system, covering 61 percent of LTSS spending and serving as the largest funder of HCBS that enable millions of vulnerable older

adults and people with disabilities to remain independent. Yet decades of underfunding and a fragmented system have left many at-risk older adults without adequate access to HCBS, reflecting a longstanding Medicaid bias toward more expensive and less preferred institutional care. Efforts to rebalance Medicaid toward HCBS must be preserved and expanded.

In 2022, Medicaid spent \$255 billion on LTSS—\$196 billion on HCBS and \$59 billion on institutional care.¹² **However, despite only six percent of LTSS recipients relying on institutional care, they accounted for 37 percent of expenditures, reflecting the high costs and low popularity of institutional care options.**¹³

Per-person costs for Medicaid averaged \$38,275 for HCBS options compared to \$53,666 for institutional LTSS.¹⁴ In 2020, an estimated 4 million enrollees used Medicaid LTSS through HCBS versus 1.4 million people who had LTSS delivered in institutional settings.¹⁵ 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 more expensive institutional settings.¹⁶

OBBBA Medicaid Reform Impacts

As the nation prepares for changes to Medicaid under the One Big Beautiful Bill Act (OBBBA; P.L. 119-21), it is essential to understand the realities of older adults who rely on Medicaid HCBS. Medicaid HCBS supports a large population of older adults—many who are also enrolled in Medicare—by providing critical services, such as homemaker assistance, supportive housing, adult day health services and more. With a median income of just \$29,740, most older adults cannot afford these services out of pocket, and private long-term-care insurance has failed to fill the gap. Because Medicare does not cover LTSS, even middle-class older adults often have no option but to impoverish themselves to reach Medicaid eligibility when in-home support becomes necessary.

OBBBA provisions also warrant careful consideration for its potential impact on Medicaid’s ability to support cost-effective HCBS. While efforts to improve fiscal sustainability and program integrity are important, changes that limit funding flexibility or shift costs to states could unintentionally reduce access to HCBS—the most efficient and preferred care option for older adults and people with disabilities. If states are forced to make difficult budget choices, optional HCBS benefits are often the first to be reduced or eliminated, which can lead to longer waiting lists or increased reliance on more expensive institutional care.

Additionally, the new Medicaid eligibility redetermination requirements may create significant administrative barriers for those who need these services most. Older adults and people with disabilities often struggle to navigate complex paperwork and documentation requests, increasing the risk of coverage losses and service disruptions. These interruptions can force individuals out of home-based care and into more costly institutional settings. The ripple effects also extend to state and local economies—for-profit and nonprofit service providers and vendors that provide Medicaid-funded HCBS may face revenue instability, workforce reductions or service elimination if enrollment declines or payments are delayed. The inability to navigate the new Medicaid system could inadvertently increase loss of clients, which will weaken provider networks and create uncertainty for employers and local communities that depend on a stable HCBS infrastructure.

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. Therefore, we urge states, the Trump Administration and Congress to:

- **Protect access to Medicaid HCBS during eligibility redeterminations** by incorporating simplified documentation and continued care protections to prevent eligible older adults and people with disabilities from losing HCBS.
- **Monitor and report HCBS access impacts** by mandating transparent reporting on HCBS enrollment, waitlists, service interruptions and institutional placements.
- **Prevent cost shifting to families and other programs** by preserving HCBS as a cost-effective alternative to institutional care.





Connect Health Care and Aging Sectors to Lower Costs and Improve Outcomes

Role and Impact of AAAs

AAAs are experts at providing community 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 community care services—with the goal of improving health outcomes for older adults while preventing unnecessary costs.

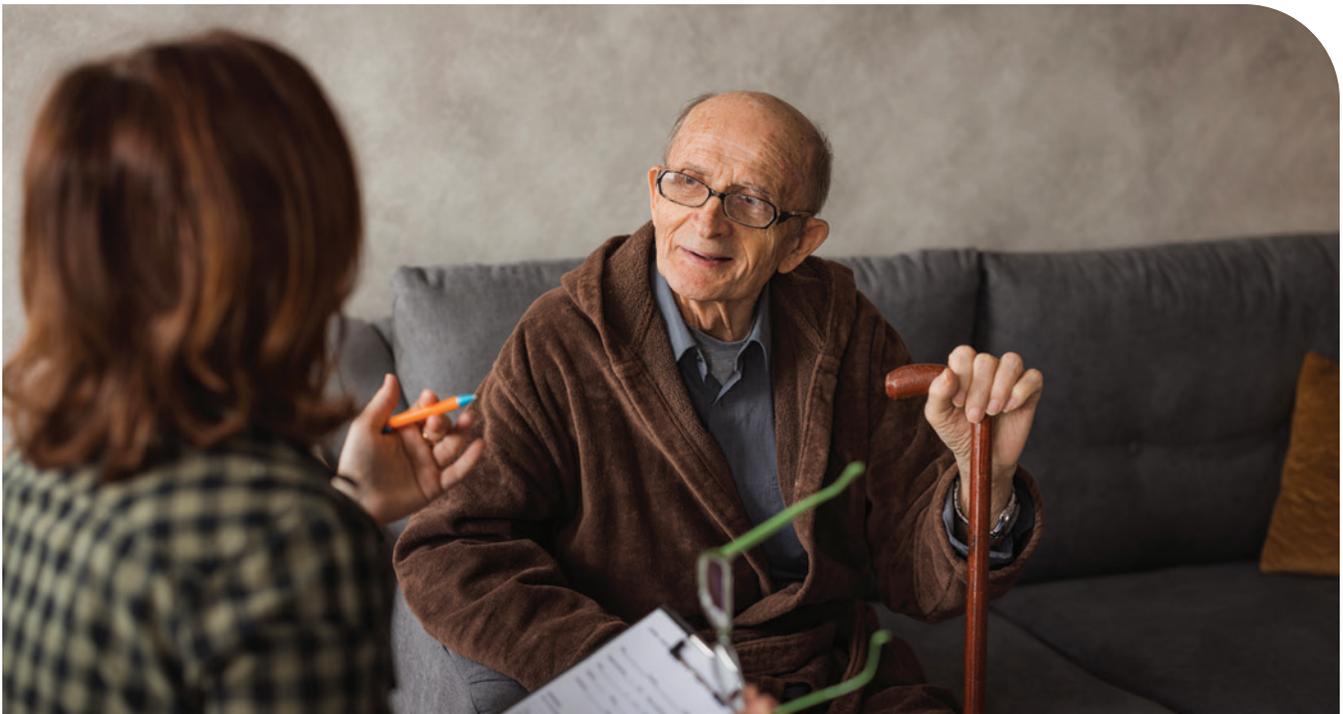
AAAs and health care entities have longstanding community partnerships that have evolved to more formal contracting relationships; as of 2023, 45 percent of AAAs reported having health care contracts.¹⁷ This work has led to innovative models of service delivery to align health and community care, such as the development of AAA-led regional and statewide networks of community-based organizations (CBOs), with AAAs serving as community care hubs providing the needed infrastructure for health care contracting.

As the U.S. health care system continues its shift from volume delivery to a value-based payment approach, new opportunities are emerging for health care entities to partner with AAAs and the Aging Network to better assess and address the health and social needs of older adults.

As this alignment between health care and community care (social services provided at the community level) 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.**

USAgings urges federal policymakers to fully recognize and engage AAAs and the Aging Network as community care experts who assess needs, develop care plans and coordinate services, particularly for those consumers at risk of avoidable hospitalizations and negative



health outcomes. Furthermore, the integrated care system needs to focus on how care professionals—clinical, post-acute and community 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 instead be designed to support the provision of that person-centered care.

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

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 by policymakers and health care about the level of existing community care funding, how that funding works and the resulting availability of community care services.

Health care should turn to community care experts such as AAAs to assess, coordinate and serve the community care needs of older adults and others, but payment must follow the referral. As our appropriations section makes clear (see page 6), there are not enough existing resources to meet the current need; policymakers must ensure that community care resources and the

expertise of community care experts are taken into consideration in ANY policy addressing improving health outcomes.

Community 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 care and health-related professional, and one in five AAAs employ CHWs, CHWs are not equipped to handle more comprehensive assessments. These assessments, 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 community 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 include AAAs, other CBOs and community care networks in new payment, delivery and data exchange models—and ensure they are fairly compensated for supporting health care providers in meeting patient care goals. Ignoring the value of existing, cost-efficient systems risks failing beneficiaries, undermining effective programs and reducing quality of care for older adults who need these services most.



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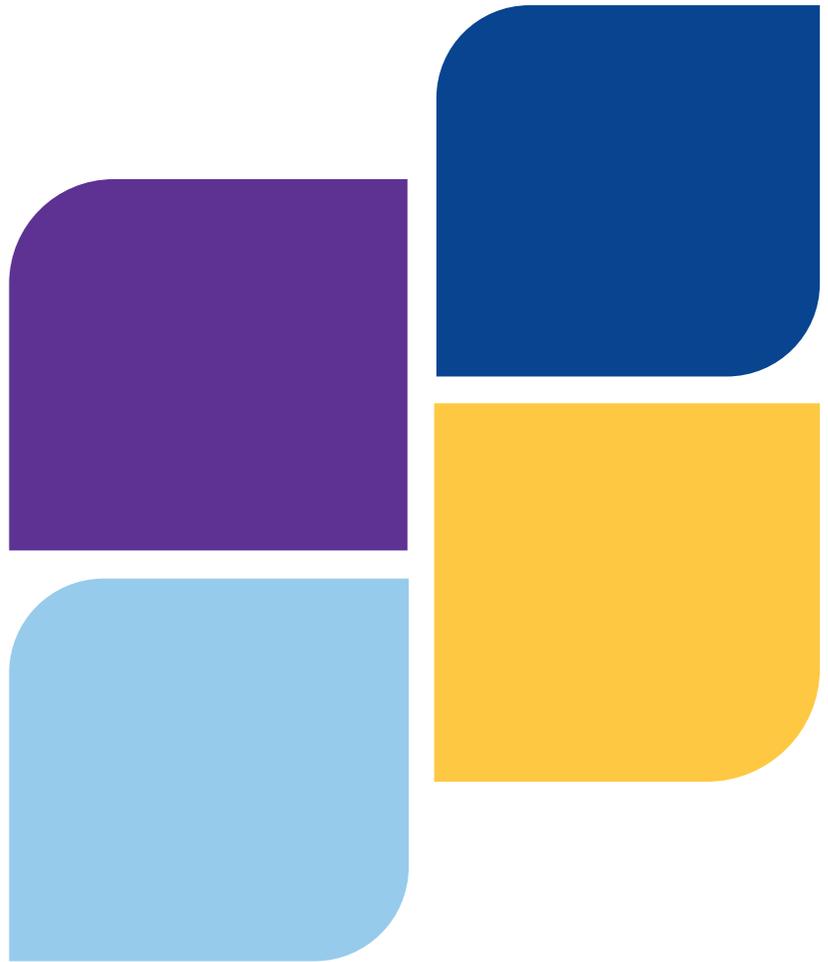
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USAgining

USAgining 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.

USAgining 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.



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