



August 14, 2023

The Honorable Alison Barkoff

Principal Deputy Administrator, Administration for Community Living
Administration on Aging, Department of Health and Human Services
Attention: ACL-AA17-P
330 C Street SW
Washington, DC 20201

RE: ACL-AA17-P

Dear Principal Deputy Administrator Barkoff:

As President and CEO of Lutheran Services in America, I appreciate the opportunity to submit comments on the Proposed Updates to Older Americans Act Regulations (ACL-AA17-P) recently issued by the Administration for Community Living (ACL.) Lutheran Services in America is a network of 300 health and human services providers located in 46 states throughout the U.S. With over \$22 billion in combined annual revenue, Lutheran Services in America is one of the largest non-profit networks in the U.S. caring for one in 50 Americans every year.

As one of the largest non-profit networks caring for older adults, we have been providing faith-based long-term care for people to age with dignity, respect, and independence in the United States for well over a century. Lutheran Services in America's nationwide network has an extensive footprint in caring for older adults with 200 member organizations providing a broad range of services to older adults in over 1,400 communities across 45 states.

Our members are trusted providers of community-based services including care coordination, home health care, transportation, behavioral health, respite care and hospice care. In addition, the network is one of the largest non-profit residential care providers in the U.S., offering affordable housing, independent living, assisted living and skilled nursing. We also lead collaborative projects to test and evaluate models of service that improve quality and access to care so older adults can remain in their homes and communities—and age with dignity, independence, and purpose. Based on our tenured experience working with older adults and engaging with programs operated under the auspices of the Older Americans Act (OAA), we offer the following comments.

Defining and supporting family caregiver support services

The proposed rule takes a more inclusive approach to defining “family caregiver,” including populations specified in the National Family Caregiver Support Program, such as unmarried partners, friends, or neighbors caring for an older adult. It also ensures that statutory mandates from this Program for required support services are implemented, providing much needed help for these essential caregivers.

We strongly support this more expansive definition of “family caregiver” as well as the amplification of support services for this heroic population. Family caregivers are a vital part of the ecosystem of elder care, providing critical support to their older adult care recipients, and need their own supportive services and resources.

More than 60 percent of family caregivers help older adults with activities of daily living (ADLs), including getting in and out of beds and chairs, bathing, feeding and getting dressed. Nearly all family caregivers also support older adults with instrumental activities of daily living (IADLs), including providing transportation, ordering groceries, performing housework, preparing meals, managing finances and the like. According to the Gallup-Healthways Well-Being Index, most caregivers provide these services to one individual, but 18 percent do so for two or more individuals. As one in four families has experienced, caregiving is more than supplying individuals with basic necessities. Caregiving restores the dignity and sense of self-worth of our loved ones during the toughest moments of our lives.

Despite assisting with a number of these tasks, the majority of family caregivers admit they need more instruction, including how to keep their care recipient safe at home, manage their own stress, and identify eligible supports and services. That is a tall order for one person and many family caregivers often assume their role unexpectedly or suddenly.

We support the update of this regulation to include family caregivers as a defined service population and the importance of family caregiver support services such as information about and assistance in accessing available services in the community, case management or care coordination, individual or group counseling, and respite care.

Modernizing nutrition regulations

Existing regulatory guidance for supporting the nutritional needs of older adults requires that this support come in the form of meals, and that these meals must either be consumed on-site at a congregate meal setting or delivered to a participant's residence. This does not allow for providing individuals with nutritious groceries, including fresh produce, nor does it allow individuals to pick up their own meals and take them home themselves. Safety concerns arising during the COVID-19 pandemic temporarily allowed participants to collect their own meals and take them away. The updated rule would continue this change, allowing for "grab and go" meals.

We support this change, which our network providers initially embraced during the pandemic, and are eager to continue. Grab and go meals have proved extremely popular as a way of providing nutritious and healthy meals to a larger number of the eligible population. Knowing the importance of proper nutrition to ongoing health, we welcome this opportunity to enhance the services we provide as a network. We would further encourage ACL to incorporate food other than in the form of meals within this regulatory guidance, such as customized bags of common grocery items including fresh fruit, canned vegetables and hearty grains. Food insecurity remains a top social determinant of health across many communities and updating the rule in this way will provide the flexibility needed for providers to continue responding to the increasing number of older adults in need of nutritious and affordable meals and other food.

Improved guidance for State Agencies for greater programmatic efficiency

The proposed rule provides more details for State Agencies in sub-awardee monitoring, data collection and monitoring, and cost sharing, among other things, which will allow OAA programming to operate more efficiently. We strongly support the invaluable work of our partners at State and Area Agencies on Aging and any efforts to increase their programmatic efficiency. Because many of our network members partner with these agencies as sub-awardees, improvements to their operations also help us in our shared mission to empower older adults to live in the home and community of their choice with purpose and dignity. We welcome the opportunity to strengthen and grow our partnerships with State and Area Agencies on Aging to address the needs of older adults in communities.

Improving and expanding definitions of “greatest economic need” and “greatest social need”

These sections of the proposed rule provide much needed clarifications and expansions of the terms “greatest economic need” and “greatest social need,” which define the individuals who receive priority focus for OAA services. The sections also update guidance for State Agencies on further expanding and refining their use of these terms to serve specific targeted populations.

We strongly support these updates and encourage our state and local partners to look at their communities through these new lenses to further define “greatest economic need” and “greatest social need” within their planning and service areas. Looking beyond income and poverty status and engaging with specific marginalized populations, such as rural and solo older adults, casts a wider net and enables providers to identify and serve additional older adults who require support. Through programs like our Rural Aging Action Network, we have seen the importance of defining underserved and isolated populations to maximize outreach and access for underserved populations.

We also observe the necessity of moving to a broader definition of “social need” to include things like physical and mental disabilities, language barriers, and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently. This definition allows for consideration of other noneconomic factors, sometimes known as “social determinants of health,” that contribute to cultural, social, or geographic isolation. The impact of social determinants of health on an individual’s well-being is now widely recognized beyond that of clinical care and genetics. For over a century, many of our network members have been trusted providers in their communities addressing social determinants of health by providing older adults with reliable access to food, housing, transportation and social support. We are therefore strongly supportive of this expansion of permission for State and area agencies to further refine target populations within broader definitions of both economic and social need.

Broadening attention to the needs of rural communities and ensuring rural minimum expenditures

We are very pleased to see that the proposed rule recognizes the unique challenges and needs presented by the growing population of older adults in rural communities. We are further encouraged that the rule would mandate that

State Agencies define rural areas in their communities, spend at least a minimum amount on serving rural adults, and specify a plan for meeting the service needs of rural communities.

Aging in rural communities presents unique challenges that can limit access to healthcare, transportation and other services that are vital for older adults to maintain their autonomy and independence. Amidst these challenges lies an opportunity to support the one in four older adults in America who live in a rural community or small town—many of whom have spent decades on the same land—by expanding community-based services and supports.

Rural Aging Action Network (RAAN) is our national collaborative dedicated to expanding sustainable community-based services and supports for older adults who are underserved in rural Minnesota, Montana, North Dakota, and South Dakota. We engage a range of strategic partners in this collaborative with the common goal of empowering older adults to age with independence, dignity and purpose in the community of their choice. Our community-informed approach expands services by leveraging the unique assets and resources in rural communities—along with the characteristic strength and resilience of the older adults and caregivers—to remove barriers to care.

Our hope would be that changes like those proposed in this section would offer greater support for approaches like RAAN, which uniquely address the needs of rural older adults.

Expanding the definition of “focal points”

Existing OAA regulations laying out the mission of Area Agencies on Aging include the establishment and maintenance of “focal points.” Currently these are defined as facilities “established to encourage the maximum collocation and coordination of services for older individuals” and are confined to bricks-and-mortar facilities such as multipurpose senior centers. We support the change in the proposed regulation to remove the bricks-and-mortar requirement, which would give maximum flexibility to local authorities to develop and design focal points that serve their community needs best.

The bricks-and-mortar senior center model is rapidly losing popularity, and many community partners like those in our network are already providing other “in-community” access points like the focal points were established to provide. Identifying and leveraging unique community assets is particularly important in

rural areas with limited traditional infrastructure and healthcare presence. For example, a number of our member providers are working with and in locations not previously engaged in aging services, but which represent places people gather or otherwise frequent in their communities. These can include post offices, restaurants, libraries, virtual spaces, and others. Allowing maximum flexibility and engaging a broad group of community partners who represent the entire community will extend the reach of OAA services.

Conclusion

We appreciate the opportunity to comment on this proposed rule and welcome any additional opportunities to share our insights and ideas towards our shared mission to empower older adults to live in the home and community of their choice with purpose and dignity.

Sincerely,

A handwritten signature in cursive script that reads "Alesia Frerichs".

Alesia Frerichs
President and CEO