

## **NANASP Listening Session/Solutions Forum Comments for White House Conference on Aging**

On June 3, 2015, the National Association of Nutrition and Aging Services Programs (NANASP) held a WHCOA listening session/solutions forum at its annual conference to solicit feedback to submit to the White House Conference on Aging. This is a summary of the issues that were raised.

### **Quality of Life for Older Adults**

NANASP members are concerned about several aspects of OAA services provision. Some members raised the concern that meal guidelines do not take into account the growing diversity of the senior population. Many worry about mental health parity enforcement for older adults, and that mental health programs are not delivered in accessible environments for seniors. They would like to see nutrition services and mental health services integrated further. They are also concerned about transportation funding and the lack of meal provision on weekends for vulnerable seniors. One member is concerned that in her rural area, background checks for volunteers are prohibitively expensive and there is no funding mechanism. One potential solution to this issue that was raised was tax incentives for volunteerism among older adults, particularly boomers. Many members raised the point that the Administration should be promoting OAA programs further in outreach campaigns, as many minority populations do not know they are available.

### **Older Americans Act Regulations**

Multiple members raised concerns, which were echoed by many, about states interpreting federal OAA regulations incorrectly. There were also concerns that overregulation may be causing duplication within services, driving up costs and forcing providers to cut back on meal and service provision. There is a strong desire within the field for a simplification of OAA requirements. NANASP members called for a review of potentially uncoordinated federal policies and enforcement.

### **Managed Care and Third Party Payers**

NANASP members said that funding nutrition services through Medicare, Medicaid, managed care, and the OAA is uncoordinated and can often lead to duplication. They feel that evidence-based health programs are the most effective, and that if they are viewed and categorized by the Administration as preventative health measures, they could receive third-party payments. There is strong feeling that the Administration should have hospitals integrate their services with nutrition providers and that they should understand the impact of nutrition services on readmissions rates. Some also raised the point that medical nutrition therapy is effective but is not fully funded under Medicare Part B for all diseases and conditions.

### **Caregiver Supports**

NANASP members feel that new, modernized programs could emerge to support caregivers, including online and phone communities, workshops, and support groups. They also believe that caregivers are unaware of the services and supports already available to them, and that the Administration should work to promote the OAA Family Caregiver Program. Many expressed concerns that hospitals do not pay enough attention to family caregivers, and that the Administration should stress the importance of involving family caregivers in care planning. Finally, many members would like to see Medicare/Medicaid reimbursement paid to family caregivers, especially spousal support provided to those who are caring for loved ones unpaid.