



# Leadership Council of Aging Organizations

*Debra B. Whitman, Chair*

October 18, 2019

Gabe Roberts  
Director  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37243  
Submitted by e-mail: [public.notice.tennCare@tn.gov](mailto:public.notice.tennCare@tn.gov)

Dear Director Roberts,

The Leadership Council of Aging Organizations (LCAO) appreciates this opportunity to respond to Tennessee's draft Section 1115 demonstration waiver amendment (Amendment 42)<sup>1</sup> which seeks to establish block grant funding for its mandatory Medicaid populations. We strongly oppose this proposal.

LCAO is a coalition of national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. The coalition serves as a source of information about issues affecting older adults and provides leadership and vision as the United States works to meet the challenges and opportunities presented by our aging society. LCAO organizations have expertise in health care, economic security, nutrition and food security, housing, elder justice, and other issues facing people with disabilities and older adults.

Although our coalition typically focuses on national policy, many of our member organizations also advocate on behalf of older Americans living in Tennessee. Moreover, when a state-based policy could set a very negative precedent for older adults and their families in other parts of the country—as Amendment 42 would—LCAO is compelled to address it.

The stated goal of Amendment 42 is to “convert the federal share of [Tennessee's] Medicaid funding relating to providing its core medical services to its core population”<sup>2</sup> to a block grant, thereby capping Medicaid expenditures for core populations. LCAO strongly opposes such a restructuring, as it would undermine the main objective of the Medicaid program: to help states provide medical assistance to residents whose incomes and resources are insufficient to meet the costs of necessary medical services. A block grant would create inflexible limitations on the

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<sup>1</sup> Division of TennCare, “TennCare II Demonstration: Project No. 11-W-00151/4, Amendment 42 DRAFT” (September 2019), <https://www.tn.gov/content/dam/tn/tenncare/documents2/TennCareAmendment42.pdf>.

<sup>2</sup> *Id.*

availability of federal funding, regardless of providers' changes to service costs or residents' need for service utilization. Moreover, Amendment 42 would create incentives for Tennessee to reduce enrollment and its own investment in the program and would eliminate federal oversight. This means Medicaid's most critical access and health care protections would be stripped away at a time when the older adult population is growing rapidly and economic insecurity, especially among people with disabilities and older adults, is increasing.<sup>3</sup>

LCAO also has serious concerns about how the waiver is designed and how the provisions are described. Amendment 42 lacks clarity on the state's intended impact on older adults. For example, it is unclear whether TennCare plans to exclude from the block grant expenses for all dually eligible beneficiaries, regardless of age or type of Medicaid coverage. The state should clarify this point and update its base calculations, if needed.

Implementation of Amendment 42 would inhibit TennCare's ability to serve people with disabilities and older adults, exacerbating residents' economic insecurity and worsening their health outcomes. We strongly urge you to withdraw the proposal in its entirety and focus on improving and expanding coverage to low-income Tennesseans, including older adults and people with disabilities.

Thank you for your consideration of our comments.

Sincerely,

AFL-CIO  
Aging Life Care Association  
Alliance for Aging Research  
Alliance for Retired Americans  
American Association of Service Coordinators (AASC)  
American Society on Aging  
Association for Gerontology and Human Development in HBCUs  
B'nai B'rith International  
Center for Medicare Advocacy  
Community Catalyst  
Families USA  
The Gerontological Society of America  
International Association for Indigenous Aging  
The Jewish Federations of North America  
Justice in Aging  
Meals on Wheels America  
Medicare Rights Center  
Military Officers Association of America  
National Academy of Elder Law Attorneys  
National Adult Protective Services Association  
National Association for Hispanic Elderly

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<sup>3</sup> See, e.g., Tatjana Meschede, et al., "From Bad to Worse: Senior Economic Insecurity on the Rise," INSTITUTE ON ASSETS AND SOCIAL POLICY (July 2011), [https://www.demos.org/sites/default/files/publications/FromBadToWorse\\_Senior\\_Economic\\_Insecurity.pdf](https://www.demos.org/sites/default/files/publications/FromBadToWorse_Senior_Economic_Insecurity.pdf).

National Association for Home Care and Hospice  
National Association of Area Agencies on Aging (n4a)  
National Association of Nutrition and Aging Services Programs  
National Association of Social Workers  
National Association of State Long-Term Care Ombudsman Programs  
National Committee to Preserve Social Security And Medicare  
National Consumer Voice for Quality Long-Term Care  
National Council on Aging  
National Indian Council on Aging, Inc.  
PHI  
Service Employees International Union  
Social Security Works