HOME AND COMMUNITY-BASED SERVICES PROVIDE A LIFELINE FOR OLDER ADULTS, CAREGIVERS AND HEALTH SYSTEMS

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As a fan of the popular TV show *The Pitt*, I've eagerly tuned in each season to see what crisis the emergency department of the fictional Pittsburgh Trauma Medical Center will face next. While the show is known for its realistic depiction of emergency medicine and cutting-edge medical technology, it also weaves in the big issues facing healthcare and society. Through the eyes of Dr. "Robby" Robinavitch and his team, we see how healthcare providers grapple with burnout, care for the uninsured, navigate immigration enforcement at the bedside and support patients and families at the end of life.

I've been particularly struck by the stories of older adults and their families. These storylines focus on the struggles of caregiving and honoring older patients' wishes for how and where they receive care. Often, the crisis that brings an older adult to the emergency room isn't primarily a medical issue, but the result of unmet personal care, social supports and caregiving needs. This can present itself in many ways in the ER, from an older adult who falls at home because an overwhelmed family caregiver lacks adequate support, to an older couple injured while trying to manage daily activities they can no longer perform safely on their own, refusing a family caregiver's efforts to secure additional help or a higher level of care in order to remain at home. For older patients, their families and the broader healthcare delivery system, addressing these unmet needs is as critical as treating medical trauma.

What's the answer? In the aging column from the Summer 2026 edition of *Health Progress*, "The Future of Older Adult Services in a Time of Disruption," author Howard Gleckman asks us to "reimagine how medicine, social supports, housing and family finances can be brought together to maximize the well-being of older adults."[1] A critical part of this reimagining is making home and community-based services (HCBS) widely available and accessible to all who need them.

These services help older adults age in place and recover safely at home, which most older adults prefer.[2] Research also shows that HCBS can improve health outcomes and, in many settings, save the healthcare delivery system money through reduced institutional placements, avoidable emergency department visits and hospitalizations.[3]

Home and community-based services are long-term services and supports (LTSS) delivered in a person's home or community rather than in institutional settings. They include a broad range of services such as home healthcare, personal care, caregiver support, transportation, nutrition services, adult day programs, home modifications and case management.

But too often, as *The Pitt* makes clear, older adults and their families aren't aware of how to access these services until a medical crisis occurs. By that point, caregivers are often overwhelmed, and options can be limited. Also, families often don't understand how these services will be paid for, and many mistakenly believe Medicare will cover them.[4] Medicare generally does not cover ongoing long-term supports and services such as bathing, dressing, meal preparation and household chores.[5]

Accessing HCBS can also be complicated. Medicaid is the nation's largest payer of HCBS,

but benefits are limited to those who meet strict income and eligibility requirements, and eligibility and enrollment processes can be complex. HCBS offered by Area Agencies on Aging (AAAs) and funded by the Older Americans Act are often easier to access. But because funding has not kept up with demand, these services prioritize those with the greatest economic and social needs, often resulting in waitlists.

Private pay options are available but must be coordinated by the family and can be too expensive to provide for an extended period. All these options face the common challenges of workforce shortages and a fragmented delivery system, which adds to the difficulty of accessing services.

Public awareness is another challenge. When most people think about long-term care, they think about care delivered in rehabilitation facilities or nursing homes. The media and popular culture reinforce this perception. Even *The Pitt*, while highlighting caregiving challenges, remains focused on acute care.

Public policy has historically reinforced the bias for institutional care. Under Medicaid law, nursing facility care is a mandatory Medicaid benefit, while most home and community-based services are optional benefits.[6] Since most HCBS under Medicaid are optional, eligibility rules and access vary across states, which can make HCBS less well understood and more difficult to access than nursing home coverage. This lack of awareness and institutional bias creates barriers not only for older adults and caregivers but also for health systems when developing strategies to reduce ER use and readmissions.

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WHAT CAN HEALTH SYSTEMS DO?

The benefits of home and community-based services for older adults and their caregivers translate into benefits for the healthcare delivery system. HCBS help older adults stay healthy and safe at home, reducing avoidable ER visits and hospitalizations. This means more hospital beds are available for other patients who need acute care. Clinician stress may be reduced because they won't have to manage crises that ultimately require nonmedical interventions such as caregiver support or assistance with personal care.

Given their financial and operational structures, it often does not make sense for health systems to directly offer HCBS, but there are ways they can raise awareness of the services and build community capacity to provide them.

Establish or strengthen hospital caregiver support programs. In the Winter 2026 edition of *Health Progress*, Nicole Duritz and Rhonda Richards of AARP shared how health systems can integrate caregivers into the care team.[7] As hospital stays become shorter, family caregivers might need to provide complex clinical care for loved ones as they recover at home. If the family member is not trained or supported, this can cause significant distress and impact patient health outcomes.

Assessing family caregiver needs and providing critical support, training and connections to community resources are increasingly considered key elements of quality and financial management strategies. Federal policymakers also recognize the benefits of integrating caregivers into care delivery. In 2024 and 2025, the Centers for Medicare & Medicaid Services finalized codes for caregiver training services, allowing clinicians to bill for training family caregivers and other unpaid caregivers to carry out care plans.[8]

Partner with organizations that provide HCBS. Value-based care is creating incentives for health systems to invest in services that keep covered populations healthy. For aging populations, this includes home and community-based services. Health systems are partnering with AAAs, the Program of All-Inclusive Care for the Elderly (PACE) and other community-based groups that have the expertise and relationships to deliver high-quality HCBS.

For example, Kaiser Permanente announced a joint venture called Habitat Health, a PACE pro-

gram that will enroll participants and provide healthcare services. Habitat Health plans to offer this partnership model to other health systems nationally.[9]

Trinity Health and Ascension[10] are also shifting toward outpatient, virtual and home-based care, including PACE programs. Trinity Health President and CEO Mike Slubowski believes PACE is critical to caring for an aging population: "With the challenges in the nursing home industry and everything else that we're facing, we've got to have options for people to live their whole life and do it within a cost-effective way."[11]

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Health systems are also working with AAAs to connect patients to HCBS. More than half of hospitals partner with local AAAs to address social needs, according to the most recent American Hospital Association Annual Survey.[12]

Advocate. As states grapple with how to respond to reduced Medicaid funding and how to honor older adults' wishes to age independently in their homes and communities, it has never been more important for aging advocates and healthcare leaders to educate policymakers about the vital role of HCBS. In his previously mentioned column, Gleckman lays out transformational policy options, including making LTSS and HCBS services mandatory benefits under Medicare or Medicaid and establishing a publicly financed, federal long-term care insurance program.

But health systems should also continue to work with partners, particularly HCBS providers and advocates for older adults and caregivers, on short-term goals to ensure that all who need them have access to these services provided through Medicaid and the Older Americans Act. This includes advocating for adequate funding of HCBS, strengthening the direct care workforce, expanding caregiver support and enhancing the application and enrollment process.[13]

For Catholic healthcare, working to expand access to HCBS reflects a commitment to Catholic social teaching. We respect the dignity of older adults when we listen to their desire to remain in their homes as they age. We respect the dignity of the caregiver when we acknowledge their contributions and struggles to care for their loved ones. We acknowledge that people are social beings and realize their full potential when living in community, and HCBS are vital to maintaining older adults' community connections.

Advocating for high-quality, accessible HCBS reflects a commitment to the common good. HCBS help older adults to remain connected in a way where others can experience their gifts and wisdom and support family caregivers so that they may participate in family, social and economic life.

How do we start? *The Pitt* shows us that the first step is listening to older adults, family caregivers and staff who care for them. In one episode, when caring for an older, frail couple whose unmet social needs lead to an ER visit, doctors on the show use compassion, attentive listening and home and community-based resources to help the couple recover at home. The husband, who has struggled to ensure everyone understands his wishes, expresses his deep appreciation: "You know, every old person knows what it is to be young, but no young person can know what it is to be old. Thank you for listening."

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NOTES

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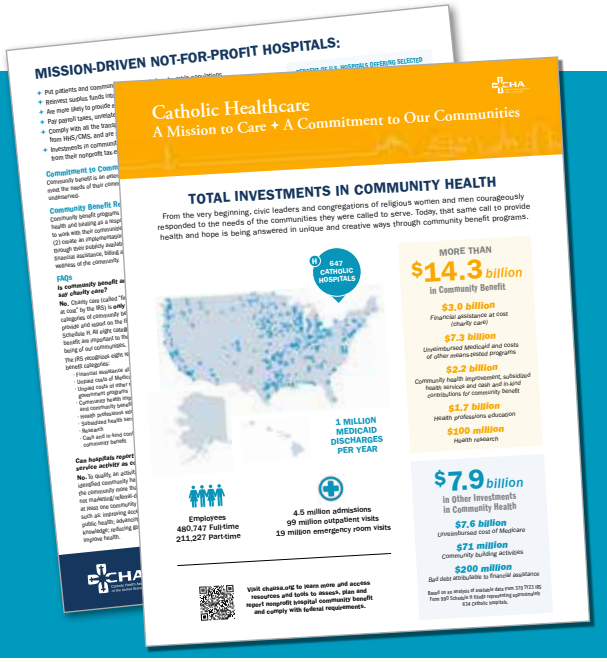

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