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Leadership Council of Aging Organizations (LCAO)

Consensus Recommendations for the 2019 Older Americans Act Reauthorization

Introduction

The Older Americans Act (OAA) is the major federal discretionary funding source for home and community-based services for older adults. Programs supported through the OAA include home-delivered and congregate nutrition services, in-home supportive services, transportation, caregiver support, community service employment, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older adults, and other supportive services. These programs provide vital support for those older adults who are at significant risk of losing their ability to remain in their own homes and communities, or who need support and advocacy in long-term care facilities.

In addition, OAA funds resource centers that support the work of the Aging Network by addressing a variety of needs, including access to benefits, elder justice, multigenerational service and volunteering, legal services, financial literacy, long-term care ombudsman training, and targeted services to minority and special populations in need.

To develop and implement the wide array of OAA services, a system of federal, state, and local agencies and organizations, known as the Aging Network, was established. The core of the Aging Network is the U.S. Administration on Aging (AoA), 56 State and Territorial Agencies on Aging, 622 Area Agencies on Aging, over 250 Title VI Native American aging programs, and more than 20,000 community-based service provider organizations. This critical aging infrastructure is an important part of the backbone of our nation's home and community-based long-term services and supports (LTSS) system offering assistance to older adults.

Supported by the OAA, the Aging Network has successfully served millions of older adults in the community and in long-term care facilities since 1965 and is positioned to assist the country's growing aging population to remain healthy and active in their communities. With each reauthorization, the OAA has been adapted, often with inadequate funding, to reflect the changing needs of this growing population, the changing role of family supports, and advances in research and technology. Further, the Aging Network and its services have the potential to save the Medicare, Medicaid, and Veterans Administration programs billions of dollars each year by enabling older adults to stay in their homes and communities and out of hospitals and long-term care facilities.

This current reauthorization provides an opportunity to reassess the OAA's strengths and challenges in meeting the needs of older Americans, particularly those with the greatest social and economic need.

The goal of the following LCAO recommendations is to authorize the Assistant Secretary on Aging, the Administration on Aging and the programs and staff across the nation to fulfill their promise by giving them the tools, direction and flexibility to meet the needs of our nation's aging population. LCAO's recommendations do not require major changes to the OAA's core services or eligibility requirements. The coalition, which has played a significant leadership role in past reauthorizations, is committed to a reauthorization that will strengthen the OAA and build the capacity of the Aging Network.

We urge Congress to update and improve the OAA, while providing the funding needed for OAA programs to keep older Americans independent and productive, thereby saving federal and state government resources. Therefore, LCAO makes the following recommendations to strengthen and enhance the OAA.

Bold Investment in the OAA

OAA programs have long demonstrated a unique ability to provide quality services while enhancing and protecting federal resources. OAA programs represent less than one-third of one percent of federal discretionary spending (.0031) but offer an incredible return on investment by leveraging state, local and private dollars, as well as volunteerism, to help millions of older adults and family caregivers age in their homes and communities every year.

Together, these services save taxpayer dollars by enabling older adults to remain independent and healthy in their own homes, where they prefer to be and where they are less likely to need more costly hospital and/or institutional care paid for through Medicare and Medicaid. Evidence shows that cost-effective services provided by the Aging Network keep older adults out of crisis and out of hospitals and other high-cost settings. Yet funding for social services that improve quality of life and reduce longer-term health care costs has been on a flat or declining trajectory.

Investments in the Act have declined since 2010, when OAA discretionary funding was at its highest. It would require a 23 percent increase in funding (\$2.5 billion) simply to restore the service capacity of the Aging Network that has been lost since 2010. While we recognize that authorizing funding for the Act does not ensure that appropriators will meet those recommendations within their appropriations bills, we encourage Congress to include authorization amounts for OAA programs and titles that more accurately reflect the need for services and population growth.

To this end, LCAO recommends that lawmakers include authorization amounts for the OAA that are, at a minimum, baselined at the \$2.5 billion overall level to restore the service capacity of the Aging Network.

We also recommend that, over the five-year reauthorization period, lawmakers index annual authorization increases to reflect, at a minimum, corresponding increases in the population and inflation.

However, even such increased authorization levels would be insufficient if Congress wants to truly prepare our nation for this tremendous demographic shift by investing in the most cost-effective, commonsense, and consumer-desired aging services. ***Therefore, we urge Congress to double authorized funding for the Act over five years to ensure that a greater percentage of the growing number of older adults can access home and community-based services. We believe the added costs to the federal government are minuscule compared to the cost savings that could be accrued to Medicare, Medicaid, and other health and LTSS payers by timely access to the OAA's***

effective programs and services.

Priority Recommendations

The following recommendations represent broad consensus among LCAO member organizations. While the entirety of this document is a consensus document, the coalition has identified ten priority areas for OAA reauthorization. These priority areas include both bold investments and initiatives and modest recommendations that preserve and protect the efficiency and flexibility inherent in the OAA.

- *Include authorization amounts for the OAA that are, at a minimum, baselined at the \$2.5 billion overall level to restore the service capacity of the Aging Network. We also recommend that, over the five-year reauthorization period, lawmakers index annual authorization increases to reflect corresponding increases in the population and inflation, at a minimum. However, if Congress wants to truly prepare our nation for this tremendous demographic shift by investing in the most cost-effective, commonsense and consumer-desired aging services, we urge lawmakers to double authorized funding for the Act over five years to ensure that a greater percentage of the growing number of older adults can access home and community-based services.*
- *Create a robust aging services research and development authority in the Act to evaluate, enhance, and replicate evidence-based interventions and innovations that can improve outcomes, reduce Medicare or Medicaid costs, and promote independence and healthy aging.*
- *Expand Title VI, Grants for Native Americans, to allow and authorize funding for a wider range of supportive services than is feasible with current funding and capacity, such as transportation and health and wellness programs. Create a new training, professional development, and technical assistance program under Title VI.*
- *Maintain Title III's commitment to local planning and development so that programs and services can not only benefit from the input of local agencies and providers, but can also better meet the need of that planning and service area's older adults and family caregivers. This local focus is unique to the OAA and different from other federal and state-funded health and wellness programs, but it is critical to ensuring that all services are delivered in the most person-centered way possible.*
- *Enhance the Act's ability to meet the needs of people with dementia and their caregivers, as well as of older adults who are socially isolated.*
- *Retain the mandate for OAA legal services and the national legal assistance support system of activities for states and local agencies on aging for providing, developing and supporting legal assistance for older adults.*
- *Simplify and clarify process for existing authority to transfer funds between Title III C1 (congregate) and C2 (home-delivered) nutrition programs in order to reduce administrative barriers and direct limited resources to the greatest nutritional services needs at the community level.*
- *Update minimum funding and maintenance of effort provisions for the State Long-Term Care Ombudsman Program to reflect the most current fiscal year, thereby correcting outdated language and time frames within the 2016 reauthorization. These changes will ensure that funding for is not cut during state budget crises, that*

non-federal funds are maintained, and that future federal increases do not replace other funding for the program.

- *Increase the use of standardized family caregiver assessment tools that assess the specific problems, needs, strengths, and resources of family caregivers, determine whether they would benefit from supports and services, and provide referrals for the family caregiver supportive services.*
- *Strengthen the commitment to the protection of the rights of vulnerable older adults by providing additional support for Adult Protective Services (APS) programs through the inclusion and authorization for funding of a federal interagency Elder Justice Coordinating Council, grants to APS programs through the agency overseeing the program, the continuation of the National Adult Maltreatment Reporting System, and a National APS Resource Center based in a nonprofit organization. Provide additional support to start or expand tribal APS programs, which will adhere to state and tribal statutory definitions for populations covered by APS; such definitions may include younger people with disabilities.*

LCAO's full list of recommendations, organized by issue area, follows. Recommendations from the preceding priority list are indicated by italicized type and asterisks.

Title III, Nutrition and Supportive Services

Titles III B Home and Community-Based Supportive Services and III C Nutrition Services of the Older Americans Act authorize critical programs that are essential to assisting older adults remain at home in their communities, ultimately saving health care costs. Title III B provides key supportive services to older adults and their caregivers, including transportation, case management, in-home assistance, adult day care, and access to legal services, among many others. Title III C authorizes the OAA Nutrition Program, both Congregate Nutrition Services (e.g., meals at senior centers) and Home-Delivered Nutrition Services, providing essential nutrition and opportunities for socialization. The recommendations below seek to enhance the ability of these programs to meet the growing demand for services and reach more individuals in need.

- ❖ *Simplify and clarify process for existing authority to transfer funds between Title III C1 (congregate) and C2 (home-delivered) nutrition programs in order to reduce administrative barriers and direct limited resources to the greatest nutritional services needs at the community level.***
- ❖ Provide additional Title III B transportation resources, including support for mobility management to improve program effectiveness and responsiveness to consumer needs, and authorize dedicated funding under Title IV to improve transportation options for older Americans.
- ❖ Allow Area Agencies on Aging, in consultation with the State Unit on Aging, to use a locally determined measure of economic security or the Supplemental Poverty Measure to measure economic need and target services in area plans.
- ❖ Enhance the ability of the Aging Network to explore innovative ways to coordinate care and services for older adults and family caregivers. Building on existing authority for outreach, information and referral, case management, care coordination, and similar functions and authorities in the Act, provide more resources under Title III B to encourage more community-based interventions, assistance, and care and service coordination.

- ❖ Encourage states to create and fund matching service registries that gather information about the needs and preferences of consumers, and the availability, skills, and preferences of workers, while incorporating, to the extent feasible, reporting on state funding and/or sponsorship of matching service referral registries into state and area plans.
- ❖ Prioritize additional funding within the OAA for special meals stemming from cultural factors (including religion and ethnicity) or health-related concerns, where sufficient demand exists in a community to warrant such special meals.
- ❖ Require area and state plans to include a statement acknowledging gaps and opportunities in the OAA-related home and community-based services (HCBS) workforce in their geographic areas; encourage state units and area agencies on aging to develop strategies that improve workforce adequacy in OAA-related HCBS.

Family Caregiver Supports

Title III E, the National Family Caregiver Support Program has improved the ability of millions of family caregivers to care for the older adults in their families. The unpaid work that family caregivers provide holds an economic value of nearly \$470 billion. Title III E provides grants to states and territories to create innovative programs to empower caregivers to care for their families at home for as long as possible. By providing information, counseling, training, respite care, and supplemental services, the program reduces caregiver depression, anxiety, and stress, enabling caregivers to provide care longer and thereby avoid or delay the need for costly hospital and institutional care.

- ❖ *Increase the use of standardized family caregiver assessment tools that assess the specific problems, needs, strengths, and resources of family caregivers, determine whether they would benefit from supports and services, and provide referrals for the family caregiver supportive services.***
- ❖ In some areas of the country hit hardest by the opioid epidemic, the need for caregiver services focused on grandparents raising grandchildren is rapidly escalating. Up to 10 percent of Title III E National Family Caregiver Support Program funding may currently be used by state and area agencies to serve this specific population. For a limited time period, provide the option for the cap to be raised by a modest amount, if certain criteria are met.
- ❖ The RAISE Family Caregivers Act requires the development and updating of a strategy to recognize and support family caregivers. Extend the RAISE Family Caregivers Act, whether as part of OAA reauthorization or otherwise.

Title V, Senior Community Service Employment Program

Title V authorizes the Senior Community Service Employment Program (SCSEP), the only federal program that provides job training and placement services for low-income older adults. Participants are provided with part-time, subsidized employment while they receive training, job placement assistance and supportive services. Often SCSEP participants are placed with their local Aging Network or another community organization to increase their capacity

to serve the community. LCAO's recommendations for Title V include those that seek to reflect the diverse employment challenges SCSEP participants face and the scope of services the program provides in response; to clarify performance measures; and to provide new placement and employment opportunities to meet today's workforce needs.

- Emphasize in the OAA that SCSEP is a program that targets a special population (older workers 55+) and that its services provide access to a range of direct and referred services to promote economic self-sufficiency. This person-centered approach includes assessment of need, case management, coordination of benefits, and engagement of diverse service providers.
- ❖ Update the “most-in-need” priority populations served by SCSEP to include eligible older Americans with criminal records (justice involved) to reflect the enormous barriers they face in securing employment.
- ❖ Update the SCSEP core performance indicator measurement for “entry into unsubsidized employment” to reflect the common performance accountability system of the Workforce Innovation and Opportunity Act (WIOA) and to match the following WIOA definition of *dislocated adult worker* as “not more than age 72” (29 USC Ch. 32 §3172).
- ❖ Expand the definition of host agency from 501(c)(3) to other IRS recognized/ incorporated 501(c) entities, including 501(c)(6) (such as Business Leagues and Chambers of Commerce).
- ❖ Encourage SCSEP to focus on training older workers to join the country's fastest-growing occupations, which include Home Health Aides, Personal Care Aides, and other direct care workers. Training older workers to become direct care workers has been successfully tested in OAA section 502(e) pilots.

Title VI, Native American Aging Programs

Title VI provides primary authority for funding nutrition and family caregiver support services to Native American (Indian, Alaskan, and Hawaiian) elders, who are among the most economically disadvantaged elderly minority populations in the nation. The percentage of Native American elders is growing at a faster pace than the rest of the nation and this population experiences higher rates of many chronic diseases. LCAO's recommendation for Title VI, therefore, focuses on building the capacity of the Title VI programs to better address the challenges faced by Native American elders and to more fully align with the goals of the OAA.

- ❖ *Expand Title VI, Grants for Native Americans, to allow and authorize funding for a wider range of supportive services than is feasible with current funding and capacity, such as transportation, health and wellness programs. Create a new training, professional development, and technical assistance program under Title VI.***

Elder Rights Protection Activities, Elder Justice, and Legal Services

The authorization of elder rights protection activities plays an important role in the OAA to protect the rights and well-being of the most frail and vulnerable older adults in the community and long-term care facilities. LCAO's recommendations are designed to support the long-term care ombudsman programs, adult protective services programs, and legal services programs that protect elder rights and address abuse, neglect, self-neglect, and financial exploitation. These proposals intend to strengthen the programs to enable them to reach their full potential.

Title VII Long-Term Care Ombudsman Program

- ❖ *Update minimum funding and maintenance of effort provisions for the State Long-Term Care Ombudsman Program to reflect the most current fiscal year, thereby correcting outdated language and time frames within the 2016 reauthorization. These changes will ensure that funding for is not cut during state budget crises, that non-federal funds are maintained, and that future federal increases do not replace other funding for the program.***
- ❖ Strengthen the State Long-Term Care Ombudsman Program by providing a separate authorization for \$20 million to fund ombudsman services provided to assisted living facility residents.
- ❖ Support and recognize the use of volunteer representatives of the Office of the State Long-Term Care Ombudsman Program. This technical change would ensure that all states allowed ombudsman programs to provide support, such as transportation, to volunteers, who otherwise might not be able to serve the program and residents.
- ❖ Increase the current Title VII State Long-Term Care Ombudsman Program authorized funding level to \$35 million.

Adult Protective Services

- ❖ *Strengthen the commitment to the protection of the rights of vulnerable older adults by providing additional support for Adult Protective Services (APS) programs through the inclusion and authorization for funding of a federal interagency Elder Justice Coordinating Council, grants to APS programs through the agency overseeing the program, the continuation of the National Adult Maltreatment Reporting System, and a National APS Resource Center based in a nonprofit organization. Provide additional support to start or expand tribal APS programs, which will adhere to state and tribal statutory definitions for populations covered by APS; such definitions may include younger people with disabilities.*

Legal Services

- ❖ *Retain the mandate for OAA legal services and the national legal assistance support system of activities for states and local agencies on aging for providing, developing, and supporting legal assistance for older adults. ***
- ❖ Strengthen the State Legal Assistance Developer Program by requiring each state to have a full-time legal assistance developer; by providing that the Assistant Secretary develop, within 12 months, standards for the work and qualifications of developers; and by ensuring that the developers be independent from political and other influence to set priorities and address issues as necessary.

Research, Evaluation, and Demonstration

Though the OAA's foundational infrastructure has remained strong in the decades since it was first envisioned by Congress, emerging best practices and research have guided changes to its programs and services to ensure they meet the needs of the nation's growing and diverse aging population. With growing demand for outcomes data and evidence-based programs, LCAO believes it is essential that the U.S. Administration on Aging (AoA) have the proper authority to invest in innovations, test new models, and evaluate existing and promising programs and practices that address the needs of the nation's rapidly aging population.

- ❖ *Create a robust aging services research and development authority in the Act to evaluate, enhance, and replicate evidence-based interventions and innovations that can improve outcomes, reduce Medicare or Medicaid costs, and promote independence and healthy aging. ***
- ❖ Create a formal connection between the Administration for Community Living (ACL), the Department of Labor (DOL), and the Department of Housing and Urban Development (HUD)—an interagency committee—to enhance data sharing and collection on social determinants of health in the context of building increasingly robust HCBS delivery systems in towns, cities, counties, states, regions, metropolitan statistical areas, and rural areas.
- ❖ Direct the Assistant Secretary to develop a plan to implement recommendation 1-g from the National Academies of Sciences, Engineering, and Medicine's *Families Caring for an Aging America* report: "Launch a multi-agency research program sufficiently robust to evaluate caregiver interventions in real-world health care and community settings, across diverse conditions and populations, and with respect to a broad array of outcomes."
- ❖ Direct evaluation and assessment of Title III C per-meal reimbursement rates at state and regional levels to strengthen understanding of the impact of such rates on the growing need for services.
- ❖ Establish grant programs that fund the implementation and evaluation of innovative strategies to recruit and retain the direct care workforce in HCBS, thereby strengthening that workforce's ability to provide high-quality care to older adults.
- ❖ Direct AoA to produce an analysis on possible incentives for the Aging Network to be included/involved in Medicaid managed LTSS systems and other integrated initiatives that include/involve LTSS.

- ❖ Authorize a demonstration project to continue and expand ACL's emphasis on developing innovative services for older adults who have experienced trauma, building on the advancements of the ACL-funded Center for Advancing Holocaust Survivor Care.
- ❖ Direct AoA to produce an analysis of how provider-based models can be a worthwhile alternative or complementary addition to insurance-based managed LTSS.

Local Focus and Flexibility

In the 1973 reauthorization, Congress created the Area Agency on Aging designation to establish a local infrastructure for planning, developing and coordinating the delivery of a range of vital home and community-based services and supports. This local planning and development system uses input-gathering and planning mechanisms (e.g., area plans) to directly engage with older adults, their caregivers and other key community stakeholders such as OAA providers to drive how current and future programs look and are implemented at that local level.

- ❖ *Maintain Title III's commitment to local planning and development so that programs and services can not only benefit from the input of local agencies and providers, but can also better meet the need of that planning and service area's older adults and family caregivers. This local focus is unique to the OAA and different from other federal and state-funded health and wellness programs, but it is critical to ensuring that all services are delivered in the most person-centered way possible.***
- ❖ Clarify that nothing in the Act prohibits Area Agencies on Aging or other service providers from engaging, outside of their OAA funding, in the provision of privately paid services to consumers or other health care and LTSS payers.

Populations of Greatest Social Need

While Older Americans Act programming and services are available to all older individuals, the Act includes targeting provisions to direct assistance to those with the greatest social or economic need. Over the past 54 years, the definition of greatest social or economic need has been expanded and now includes older adults who have low incomes, are people of color, have limited English proficiency, reside in rural areas, or are at risk of needing institutional care. Further expansion of greatest social or economic need is necessary to alleviate social isolation for particularly at-risk and vulnerable populations who have an elevated need for home and community-based services. Being socially isolated is both a cause and consequence of poverty, which can lead to poor health outcomes, weaker social relations and networks, and lack of access to public services and supports.

- ❖ Where possible in the Act, include lesbian, gay, bisexual and transgender older adults as a vulnerable population with greatest social need resulting from a lifetime of bigotry, stigma, and discrimination.
- ❖ Where possible in the Act, include older adults who have experienced abuse, neglect, and exploitation as a vulnerable population with greatest social need.

- ❖ Require states to prioritize services for older individuals with greatest social need by broadening the categories of applicable low-income older individuals to include the following populations:
 - Holocaust survivors, if there is a critical mass of survivors in the specific local jurisdiction;
 - Older adults with a history of trauma, the impact and implications of which are likely to resurface in later life; relevant trauma would be associated with a particular demographic group, such as Holocaust survivors, military veterans, and refugees.

Administrative Provisions, Resource Centers, and Other Initiatives

Enhance the ability of the U.S. Administration on Aging to coordinate programs serving older adults across federal agencies, support of national aging services projects and resource centers, and evaluation and oversight of initiatives authorized by OAA. LCAO's recommendations include those that would strengthen the capacity of the Aging Network to meet the core objectives of OAA; provide improved coordination of federal programs serving older adults; and enhance the capacity of the network.

- ❖ *Enhance the Act's ability to meet the needs of people with dementia and their caregivers, as well as older adults who are socially isolated.***
- ❖ Incorporate the amendments proposed by the Senior Home Modification Assistance Initiative Act (S. 913 in the 115th Congress) to direct AoA to coordinate federal resources for home modifications for older individuals and publish educational materials on home modifications for older adults and family caregivers.
- ❖ Include language establishing business acumen training and technical assistance as a permanent and funded authority of the Assistant Secretary on Aging under Title II. Build upon current efforts by AoA/ACL to enhance the capacity and business acumen of the Aging Network; these educational and technical assistance efforts are vital to ensuring that the state, local, and community infrastructure established in the Act continues to be able to sustain itself, to innovate and to maintain pace with changes in health and social service systems, and, most importantly, to serve effectively a rapidly growing population of older adults and family caregivers.
- ❖ Incorporate person-centered, trauma-informed (PCTI) care into the objectives of the OAA, pursuant to 42 U.S.C. § 3001; define PCTI care as “incorporating knowledge about trauma into social service programs and procedures and promoting a sense of safety in clients” in 42 U.S. Code § 3002; and require states to include PCTI policies and practices in their state and area plans, pursuant to 42 U.S.C. §§ 3026 and 3027.
- ❖ Designate a person within ACL to serve as the federal government's coordinator for Holocaust survivor services and supports.

Resource Centers

- ❖ Direct the Assistant Secretary (in Title II) to establish and operate a National Resource Center on Family Caregiving to conduct research; provide training, technical assistance, and information to state and local

programs; analyze policy, programs, and practices and share best practices with the Aging Network; and provide support to the National Family Caregiver Support Program.

- ❖ Secure permanent placement of the National Resource Center for Women and Retirement Planning within Title II, to be authorized at not less than \$500,000.

Formalizing Program Authorizations

Despite the loss of investment in Title IV Program Innovations, statutory language remains that gives the Assistant Secretary on Aging the authority to award funding to promote local innovations that support the core services of the OAA and target specific issues or concerns related to aging. For several years, Congress has invested Prevention and Public Health Fund resources in Alzheimer's Disease Programs, Falls Prevention and Chronic Disease Self-Management Education (CDSME), but the statute lacks a specific authorization level. Given the human and fiscal toll of falls, chronic conditions, and Alzheimer's disease and other dementias, LCAO proposes strengthening the legislative language on these three grant programs and explicitly authorizing amounts to allow for growth in subsequent years, relative to investments in other OAA priorities.

- ❖ Establish the Alzheimer's Disease Programs under the Act to allow ACL to distribute grants for specialized community-based dementia care training and for services for people living with dementia and their care partners; authorize the program at an amount sufficient to keep pace with the increasing numbers of persons and families impacted by dementia.
- ❖ Add an authorization level for Chronic Disease Self-Management Education (CDSME), with annual increases at a rate consistent with other OAA authorization language.
- ❖ Add an authorization level for falls prevention in Section 411(b), with annual increases at a rate consistent with other OAA authorization language.

For more information about the Leadership Council of Aging Organizations (LCAO) or this consensus document, please contact the current chairing organization. Contact information available at www.lcao.org