

ADMINISTRATION ON AGING  
OLDER AMERICANS ACT REAUTHORIZATION

In anticipation of the reauthorization of the Older Americans Act (OAA) in 2011, the Administration (AoA) began early in 2010 to conduct the most open process in history to solicit input from throughout the country. To that end, more than 60 listening sessions were held and online input was received that represented the interests of thousands of consumers of OAA services. During this process, AoA consistently heard the following about the OAA:

- It's "not broken" and that it works well.
- It's helpful, flexible, and responsive to individual/community needs whether the person lives in a very rural/frontier area or an urban center.
- Its national aging services network structure is the "glue" that holds everything together and is effective in coordinating services from multiple sources to build a seamless delivery system.
- It meets the goals established by Congress in providing assistance to help people maintain their health, independence, dignity, and avoid premature institutionalization. In addition it is effective in targeting the poor, near poor and those who are frail and at risk of nursing home admission.
- As a result, it only needs minor enhancements designed to strengthen the capacity of the network to meet the increasing needs and diversity of the older population.

Additional detail regarding reauthorization input received is outlined below:

**1. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

*Add "parent caregiver" to the National Family Caregiver Support Program (subject to the 10% cap), consolidate and clarify program definitions and priorities, and revise and consolidate the authorization of appropriations. This would provide much needed services to older individuals providing care to their adult children (ages 19 to 59), and responds to Congressional intent.*

**2. CONSOLIDATED FUNDING FOR CONGREGATE AND HOME-DELIVERED NUTRITION PROGRAMS**

*Consolidate the funding streams for title III congregate and home-delivered meal programs, require AAA, provider, and community input in allocation determination, and provide a funding "floor" for each State (based on FY 2011 funding levels) so that no State receives from AoA less in consolidated funding than in the previous separate C1 and C2 allocations.*

**3. CONSUMER CONTRIBUTIONS**

*Expand the range of title III services for which cost-sharing is permitted and require States to request a waiver to test cost-sharing for nutrition and case management, or to deny service to an individual for failure to pay cost-sharing. Also, States would be required to demonstrate that no*

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*negative impact results from implementing cost-sharing. Low-income individuals would continue to be excluded from paying under OAA cost sharing programs.*

**4. INCENTIVE PAYMENTS TO ENHANCE THE CAPABILITY OF THE AGING NETWORK**

*Provide additional funds to States as an incentive for high performance in achieving program goals, and give authority to the Assistant Secretary for Aging to develop performance standards that support the Aging Network as a critical vehicle for administration/delivery of home and community-based services and supports for seniors and other long-term care populations.*

**5. EXPANDED ELIGIBILITY FOR LONG-TERM CARE OMBUDSMAN SERVICES AND ABUSE REPORTING**

*Allow Long-Term Care Ombudsmen (LTCO) to serve all residents of nursing facilities regardless of age, and to report abuse without consent where the resident is unable to give consent and where the legal representative is the suspected perpetrator of abuse, neglect, or exploitation of the resident. This would give statutory support to the current practice of LTCO providing service to persons residing in facilities who are under the age of 60.*

**6. SUPPLEMENTAL FUNDING AND EXPANSION OF STATE LEGAL ASSISTANCE DEVELOPMENT PROGRAM**

*Establish a minimum amount of title III funds that may be used for implementing the currently unfunded State Legal Assistance Development Program (chapter 4 of title VII), and add direct legal assistance services as an option under this program. This option would give States an opportunity to optimize results from limited funding, and responds to recommendations of the legal assistance services community. States would be permitted to retain any portion of the amount reserved for legal assistance for the most effective means of responding to legal assistance needs – including allocating funds to some or all AAAs and legal assistance providers, or funding a legal assistance developer.*

**7. TRANSFORMATION OF TITLE IV OF THE OLDER AMERICANS ACT**

*Reduce the extensive list of unfunded demonstration authorities, and add emphasis on timely evaluation and dissemination of projects that inform core programs, e.g., under titles III, VI, and VII. This is designed to focus the authority in title IV on the ability to respond to current and future needs in the field of aging. Currently funded demonstrations would remain and those eliminated may still be funded at the option of the Assistant Secretary.*

**8. INCREASED MINIMUM AMOUNT FOR STATE AGENCIES FOR PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

*Increase minimum amounts for State administrative activities from \$500,000 to \$750,000, with supporting Consumer Price Index data. This would support the efforts of low population States to fulfill their critical role in administration/delivery of home and community-based services and supports for seniors and other long-term care populations.*

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**9. TRANSFER OF OLDER AMERICAN COMMUNITY SERVICE EMPLOYMENT PROGRAM TO DEPARTMENT OF HEALTH AND HUMAN SERVICES**

*Transfer the Older American Community Service Employment (OACSE) program under title V, along with the authority to administer the program, from the Secretary of Labor to the Secretary of Health and Human Services, acting through the Assistant Secretary.*

**10. ESTABLISHMENT OF SENIOR MEDICARE PATROL AS PERMANENT PROGRAM**

*Add a new chapter 5 to title VII ("Elder Rights Protection") that converts the former competitive Senior Medicare Patrol (SMP) demonstration grant to part of the formula grant to States under this title. This would convert a very successful demonstration into a permanent program and provide increased coordination with core programs.*

**11. EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION SERVICES**

*Allow States to provide for title III-D Disease Prevention and Health Promotion services directly or by grant/contract, with a requirement that such services be evidence-based. This option would give States an opportunity to optimize results from limited funding, and expand their efforts in evidence-based programs.*