



Leadership Council of Aging Organizations

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LCAO OLDER AMERICANS ACT REAUTHORIZATION RECOMMENDATIONS

The Older Americans Act (OAA) is the major federal discretionary funding source for home- and community-based services for seniors. Programs supported through the OAA include home-delivered and congregate nutrition services, the Senior Community Service Employment Program, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older persons, the National Family Caregiver Support Program, and other supportive services. These programs provide vital support for those seniors who are at significant risk of losing their ability to remain independent in their own homes and communities.

The Leadership Council of Aging Organizations (LCAO), which has played a significant leadership role in past reauthorizations, is committed to a reauthorization that will strengthen the OAA for both the seniors currently receiving services and for the baby boomers who, starting in 2006, are eligible to receive services provided by the OAA. The Aging Network established by the Act has been a successful model of service delivery for over 30 years and through this reauthorization should be positioned to assist the country's growing aging population to remain healthy, active, and in their communities for as long as possible.

The number one priority at the recent 2005 White House Conference on Aging, an event held only once a decade, concerned reauthorization of the OAA. Delegates from across the country, largely appointed by Governors and Members of Congress, expressed strong support for strengthening the program, along with serious concerns about its current underfunding. We urge Congress to act on the will of these delegates by updating and improving the Act and providing the funding needed for the OAA to keep seniors independent and productive.

Therefore, the LCAO makes the following recommendations to strengthen and enhance the OAA:

GENERAL

1. Increase OAA authorization levels by at least 25% above current FY 2006 funding levels to reflect inflation and ensure that the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly those over the age of 85, who are the most frail, most vulnerable and in the greatest need of aging supportive services.
2. Provide for a five-year authorization period to ensure continuity, promote quality improvements in programs and services and allow newly-authorized programs and amendments to be fully implemented.

TITLE II

3. Strengthen the National Long-Term Care Ombudsman Resource Center by increasing the authorized appropriation level to \$1 million annually to provide support and training for the Long-Term Care Ombudsman Programs that protect the rights and interests of residents of long-term care facilities and their families.

4. Strengthen the National Center on Elder Abuse by increasing the authorized appropriation level to \$1 million annually to promote understanding, knowledge sharing, and action on elder abuse, neglect, and exploitation.

TITLE III

5. Encourage and support the development and implementation of greater opportunities for innovative, community-based service delivery methods, including consumer-directed models that promote independence, autonomy, choice and control for senior adults and their caregivers.
6. Strengthen the National Family Caregiver Support Program (NFCSP) under Title III-E by:
 - a. Doubling the original authorization to \$250 million per year;
 - b. Revising the definition of “kinship” in the NFCSP to include non-blood relationships;
 - c. Adding a new program focusing on the needs of older persons with Alzheimer’s disease and related dementia and their caregivers, building on the success of the current state demonstration program; and
 - d. Promoting the value of senior volunteers, particularly low income seniors, in providing respite care to relieve caregiver stress.
7. Establish an authorization level of at least \$60 million for the Title III-D Health Promotion and Disease Prevention program, including \$25 million specifically for local implementation of evidenced-based promotion and prevention programs and a \$10 million set aside for a demonstration program on a community-based collaborative involving state or local aging, health care and public health providers to advance health promotion and disease prevention services.
8. Include statutory language in the Older Americans Act that increases support to the aging network to promote senior mobility and to facilitate coordination of human services transportation.

TITLE IV

9. Authorize funds for the Administration on Aging (AoA) to conduct a study on the status and effectiveness of the nutrition programs which should be done by an independent organization such as the Institute of Medicine, and thoroughly disseminate the study’s findings.
10. Authorize funds for a demonstration project to study the ways technological innovations can be used to promote the independence, health and well being of seniors and their caregivers.

TITLE V

11. Maintain the Senior Community Service Employment Program’s (SCSEP’s) dual structure of funding state and national grants and operating through State Units on Aging and the National Sponsoring Agencies.
12. Maintain the Title V SCSEP’s vital, historic focus on community service, which significantly benefits the aging population.
13. Reduce the barriers to participation of older workers in SCSEP. For example, strengthen the income security provided to low-income older workers in the SCSEP by exempting wages earned in the program as income for purposes of determining eligibility for Medicaid and other federal benefits.

14. Develop reasonable performance expectations based on population served, particularly regarding unsubsidized placements.
15. Oppose efforts to consolidate the SCSEP with other employment programs and oppose burdensome administrative requirements or significant programmatic changes. Low-income seniors face barriers to employment far different from the challenges other seniors face in seeking workforce engagement; to divert resources or program focus away from this population would significantly lessen the likelihood that they will find and retain meaningful employment. Frequent changes in SCSEP regulations and administration have created serious negative consequences for both participants and community-based organizations and it is now appropriate to let the changes of the last few years settle in.
16. Strengthen the involvement of the Administration on Aging in the Title V program by requiring the Secretary of Labor to consult with, and obtain the written recommendations of the Assistant Secretary for Aging on operation and administration of Title V.

TITLE VI

17. Strengthen Title VI Aging Grants to Indian Tribes and Native Hawaiian Organizations by increasing authorized appropriations level to \$50 million annually to provide for adequate delivery of nutrition and other supportive services.
18. Increase the authorized appropriations level to \$20 million annually for Part C, the Native American Caregiver Support Program, and provide training to Tribes to use the caregiver funds effectively.

TITLE VII

19. Strengthen the capacity of the aging network to develop and implement a comprehensive elder rights system through:
 - a. Authorizing funding to support the rights of elders through existing Title VII elder rights services. In particular, we recommend the following authorized funding levels:
 - i. Long-Term Care Ombudsman Program at \$45.5 million;
 - ii. Legal Services Developer at \$10 million;
 - iii. Elder Abuse Prevention at \$10 million;
 - iv. Pension Counseling at \$10 million; and
 - v. Native American Organization Provisions at \$10 million.
 - b. Authorizing a funding level of \$50 million to provide assisted living residents and recipients of home- and community-based services access to services of the Long-Term Care Ombudsman Program.
 - c. Recognizing the critical role of adult protective service (APS) in the prevention of and response to elder abuse, neglect and exploitation.
 - d. Statutory recognition of the existing role of state units on aging in administering APS programs.
20. Strengthen provisions and increase the authorized funding levels for Title VII services to enhance access to Legal Assistance to the Elderly and ensure the viability of elder abuse and domestic violence prevention, intervention and related elder justice activities and outreach demonstrations. Also, support Title VII services to enhance capacity and increase training of law enforcement officials and medical staff; broaden public education; and facilitate coordination among all professionals and volunteers involved with the prevention, detection, intervention and treatment of abuse and neglect of vulnerable older adults.

ADDITIONAL WAYS TO STRENGTHEN THE OAA

21. Establish a new title in the OAA that would support the Aging Network to work with state and local governments to actively prepare for the aging of the baby boomers, as well as today's elderly population. Through the new title, funds would support new resources in the Aging Network to coordinate community plans to prepare for the aging population's impact on the social, physical, and fiscal fabric of our nation's cities and counties. The new title would also establish a national resource center to provide the necessary guidance, training, and technical assistance to aging programs in their efforts to help communities develop livable communities for all ages. This title shall be evaluated and sunsetted as necessary.
22. Provide permanent authority and authorize funds to design and implement Aging and Disability Resource Centers to assist older people and adults with disabilities to make informed decisions about their service and support options and serve as the one-stop center for the states long-term care service and support system.
23. Include a national education and training program for new leaders in the aging network that would reinforce and broaden the capacity of aging network to meet future challenges and opportunities.
24. Authorize the creation of a new National Center on Senior Benefits Outreach and Enrollment. The Center would work closely with State Health Insurance Assistance Programs (SHIPs), State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and CMS Regional Offices to create and support a nationwide network of certified enrollment centers.
25. Establish a permanent, evidence-based disease prevention and health promotion program to support healthy, productive aging by capturing the critical lessons learned from the current Evidence-based Prevention Initiative demonstrations. Establish a range of programs in each state. Expand the size (both the number of providing agencies and the number of participants) of the best of the current demonstrations to ensure that these programs can go to scale and to develop more accurate cost estimates and establish readiness to implement criteria. Document adjustments that are being made to current organizational processes and systems to gain a better understanding of which practices can be modified and which practices need to be rebuilt. Provide incentive grants, training and technical assistance to the next generation of agencies that meet the readiness criteria to implement evidence-based prevention programming.
26. Strengthen collaboration between the Administration on Aging and the Corporation for National and Community Service to promote their roles as:
 - a. Catalysts in forging a national policy framework and infrastructure that greatly expands opportunities for millions of older adults to give back and participate in the affairs of their communities;
 - b. Innovators to foster the growth of promising practices, evidence-based and outcome focused program models, and community capacity building initiatives;
 - c. Collaborators with the private sector to change workforce policies and practices and support transition planning for retiring workers; and
 - d. Researchers to establish, and routinely assess against, a baseline for financial savings and cost benefits resulting from older adults remaining active, contributing members of society and from the direct and demonstrable impact they have on reducing serious social problems.
27. Strengthen the authority of state government to ensure that the Act's resources are targeted to those older persons most in need of support to maintain dignity and independence, such as the very old, the poor, the near poor who may not qualify for Medicaid, the frail, those

geographically or socially isolated, limited English speaking individuals, and low-income minority persons.

28. Strengthen and broaden the federal leadership role of the Assistant Secretary for Aging to include new partnerships with the Centers for Medicare and Medicaid Services (CMS):
 - a. To administer the Home and Community-Based Services (HCBS) Medicaid Waiver Programs and other long-term care programs.
 - b. To ensure that older qualified individuals with disabilities have access to services in the most integrated setting appropriate to their needs.
 - c. To provide information, education and counseling to people with Medicare in partnership with CMS.
 - d. To assist in efforts to ensure the integrity of the Medicare program in partnership with CMS.

29. Strengthen collaborative efforts between the Administration on Aging, with its federal leadership role, and all relevant federal agencies with a significant aging portfolio, including but not limited to: the Department of Housing and Urban Development, the Federal Transit Administration, the Corporation for National and Community Service, the Social Security Administration, the Centers for Disease Control, and the Centers for Medicare and Medicaid Services.

30. Strengthen and broaden the leadership role of the State Units on Aging and Area Agencies on Aging (AAAs) to eliminate the institutional bias in their state's long term care system through:
 - a. New partnership with the state Medicaid agencies to ensure that older qualified individuals with disabilities have access to services and adaptive equipment in the most integrated setting appropriate to their needs.
 - b. Requiring active participation in the development and implementation of the state's Olmstead plan, long term care rebalancing plans or meeting ADA Title II requirements for older people.
 - c. Statutory recognition of their expanded responsibilities in the design and implementation of home and community-based service systems including the State Medicaid Home and Community-Based Services Waiver programs for the aged and people with disabilities and other long term care programs.

31. Make proven Title IV projects, including legal hotlines, Family Friends, and Medicare Patrol Projects, permanent service options through stable and reliable funding sources.

Note: The numbering system used in this document is for reference purposes only and should not be considered a prioritization of recommendations.