

THE OLDER AMERICANS ACT REAUTHORIZATION ACT OF 2016 (as amended) S. 192

First enacted in 1965, the *Older Americans Act* (OAA) provides for a wide range of social services and programs for America's seniors and their caregivers. These programs include nutrition services, family caregiver support, community service employment, and elder abuse prevention. The *Older Americans Act Reauthorization Act* (as amended) reauthorizes these services through 2019 and strengthens the law by:

- Providing better protection for vulnerable elders;
- Streamlining and improving program administration;
- Promoting evidence-based support;
- Improving nutrition services; and
- Aligning senior employment services with the workforce development system.

Providing Better Protection for Vulnerable Elders

<u>Elder Abuse</u>: The bill promotes best practices for responding to elder abuse, neglect, and exploitation in long-term care facilities by requiring the Administration on Aging (AOA) to provide, as appropriate, training for states, area agencies on aging, and service providers on elder abuse prevention and screening. The legislation also encourages states to submit information on elder abuse and improves coordination of activities between state and local aging offices. Furthermore, the bill updates the definitions of "adult protective services," "abuse," "exploitation and financial exploitation," and "elder justice" to ensure support services are in line with current practices intended to prevent abuse and neglect.

<u>Long-Term Care Ombudsman Program</u>: The Long-Term Care Ombudsman Program investigates and resolves resident complaints in nursing home facilities and other adult care homes. The legislation strengthens the program by:

- Clarifying the ombudsman's role includes advocating for residents unable to communicate their wishes;
- Ensuring residents receive private and unimpeded access to an ombudsman;
- Requiring ombudsmen to participate in training provided by the National Ombudsman Resource Center;
- Clarifying ombudsmen may continue to serve residents who are transitioning from a long-term care facility to a home care setting;
- Allowing ombudsmen to assist all residents of care facilities, regardless of age;
- Clarifying the ombudsman office is a "health oversight agency" for purposes of federal law governing heath information privacy (known as "HIPAA"); and

 Strengthening provisions around identifying and resolving potential individual or organizational conflicts of interest.

<u>Holocaust Survivors</u>: Holocaust survivors face a unique difficulties and needs as an aging population. To help address these needs, the legislation requires AOA officials to work with stakeholders to provide guidance and best practices to states with regards to serving Holocaust survivors.

<u>Health and Economic Welfare</u>: The bill clarifies the role of the Assistant Secretary for Aging includes supporting state and local efforts that promote the health and economic welfare of older individuals through a number of activities, including the dissemination of education materials and best practices.

Streamlining and Improving Program Administration

<u>Program Elimination</u>: The bill streamlines the law and refocuses on proven programs by eliminating three outdated and unfunded programs: Computer Training, Multidisciplinary Centers and Multidisciplinary Systems, and Ombudsman and Advocacy Demonstration Projects.

<u>Transportation Services</u>: Reliable transportation services are an unmet need for many older Americans. To help address this need, the legislation directs the Assistant Secretary to provide information and technical assistance on providing efficient, person-centered transportation services, including transportation across geographic boundaries, to service providers, and states and area agencies on aging.

Aging and Disability Resource Centers (ADRCs): Aging and Disability Resource Centers are "one-stop shop" single entry points for information about long-term services available to older Americans. The bill improves ADRC cooperation and coordination with area agencies on aging and other community-based entities in providing information and referrals regarding available home and community based services for individuals who are at risk of residing, or currently reside, in institutional settings. It also updates the definition of "Aging and Disability Resource Center" to be consistent with current practice and current law, including by emphasizing independent living and home and community-based services.

<u>Senior Centers</u>: The bill requires the Assistant Secretary to identify model programs and provide information and technical assistance to states, area agencies on aging, and service providers to support the modernization of multipurpose senior centers.

<u>Home Care</u>: The bill requires the Assistant Secretary, in coordination with states and national organizations, to develop a consumer-friendly tool to assist older individuals and their families in choosing the best home and community-based services for them.

<u>Preventing Fraud and Abuse</u>: The bill expresses continued support for the Medicare program integrity initiative that instructs senior volunteers on how to prevent and identify health care fraud and abuse.

<u>National Family Caregiver Support Program</u>: The bill clarifies current law by stipulating older adults caring for adult children with disabilities and older adults raising children under 18 are eligible to participate in the program.

Promotes Evidence-Based Support

Consistent with current practice, the bill requires "evidence-based" disease prevention and health promotion services. It also encourages states to provide falls prevention and chronic condition self-management programs. Furthermore, under the legislation, grant funding

may be used to deliver oral health screenings among other disease prevention and health promotion services. Finally, it directs the Assistant Secretary to provide technical assistance to, and share best practices with, states, area agencies on aging, and ADRCs on how to collaborate with health care entities. This collaboration includes Federally Qualified Health Centers, in order to improve care coordination for individuals with multiple chronic illnesses.

Improve Nutrition Services

<u>Title III Grants to States Formula</u>: To account for geographic changes in the older population, the bill adjusts the formula for the Title III supportive services, congregate meals, home-delivered meals, and preventive services programs. The formula adjustment would modernize the 2006 hold harmless provision by using the most recent fiscal year funding as a baseline for a new annual dynamic hold harmless. The new formula will reflect more recent population trends and ensure funding meets the nationwide needs of older adults while also protecting states from experiencing a negative adjustment of no more than one percent per year. After three years, the formula's hold harmless will again remain in place at FY2019 funding levels. Minimum grant states are not affected by these changes.

<u>Nutrition Services</u>: The bill encourages, where feasible, the use of locally grown foods in meal programs and identifies potential partnerships and contracts with local producers and providers of locally grown foods.

Aligning senior employment services with the workforce development system

<u>Program Alignment:</u> The bill aligns the employment services provided under the Senior Community Service Employment Program (SCSEP) with the employment services carried out under the *Workforce Innovation and Opportunity Act* (WIOA) and other related jobs programs. The bill also aligns the SCSEP performance indicators related to employment and earnings with the performance indicators used in WIOA to help ensure these services deliver positive results for older Americans and taxpayers.