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Older Americans Act: Background and Overview

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Introduction

Originally enacted in 1965, the Older Americans Act (OAA) supports a wide range of social services and programs for individuals aged 60 years or older. These services and programs include supportive services, congregate nutrition services (i.e., meals served at group sites such as senior centers, community centers, schools, churches, or senior housing complexes), home-delivered nutrition services, family caregiver support, community service employment, the Long-Term Care Ombudsman Program, and services to prevent the abuse, neglect, and exploitation of older persons. Except for Title V, Community Service Employment for Older Americans (CSEOA), all programs are administered by the Administration on Aging (AOA) in the Administration for Community Living (ACL) within the Department of Health and Human Services (HHS). Title V is administered by the Department of Labor's (DOL's) Employment and Training Administration.

Congress has reauthorized and amended the OAA numerous times since it was first enacted in 1965. The last OAA reauthorization occurred in 2006, when Congress enacted the Older Americans Act Amendments of 2006 (P.L. 109-365), which extended the act's authorizations of appropriations through FY2011 (authorizations of appropriations for most OAA programs, including the senior nutrition programs, expired on September 30, 2011). Congress has continued to appropriate funding for OAA-authorized activities for FY2012 through FY2016.

In the 114th Congress, the Senate introduced a bipartisan bill to reauthorize the OAA for a three-year period. The Older Americans Act Reauthorization Act of 2015 (S. 192) was introduced January 20, 2015, and would authorize appropriations for most OAA programs through FY2018. It also would make various amendments to existing OAA authorities, including changes to the statutory funding formula for supportive services and centers, congregate nutrition, home-delivered nutrition, and disease prevention and health promotion services under Title III of the act. On January 28, 2015, the Senate Health, Education, Labor, and Pensions (HELP) Committee ordered S. 192, the Older Americans Act Reauthorization Act of 2015, reported favorably on February 3, 2015. S. 192 passed the Senate without amendment on July 16, 2015, and was subsequently referred to the House Committee on Education and the Workforce. For a section-by-section summary of key provisions under S. 192, see the **Appendix**.

Legislation to reauthorize OAA also was introduced during the 113th Congress, with legislative action in the Senate HELP Committee. OAA reauthorization bills were introduced in the Senate (S. 1028 and S. 1562), and the Senate HELP Committee ordered S. 1562, the Older Americans Act Reauthorization Act of 2014, reported favorably with an amendment in the nature of a substitute on October 30, 2013. The bill was subsequently placed on the Senate Legislative Calendar but was not considered on the Senate floor. In the House of Representatives, OAA reauthorization bills were introduced (H.R. 3850 and H.R. 4122). These bills were referred to the Committee on Education and the Workforce but saw no further legislative action.

This report first provides information on the OAA's historical development. Next, it briefly describes the act's titles, highlighting selected provisions.

Older Americans Act: Historical Development

Congress created the Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older individuals. The original legislation established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The law also

established the Administration on Aging (AOA) within the then-Department of Health, Education, and Welfare (DHEW) to administer the newly created grant programs and to serve as the federal focal point on matters concerning older persons.

Although older persons may receive services under many other federal programs, today the act is considered to be the major vehicle for the organization and delivery of social and nutrition services to this population. It authorizes a wide array of service programs through a nationwide network of State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and tribal organizations, as well as thousands of aging and social service providers in local communities. The act also supports the sole federal job program targeting low-income older workers, and funds training, research, and demonstration activities in the field of aging.

Prior to the creation of the act in 1965, older persons were eligible for limited social services through some federal programs. However, with the recognition that older individuals were becoming an increasing proportion of the population and that their needs were not being formally addressed through existing programs, many groups began advocating on their behalf. Their actions led President Truman to initiate the first National Conference on Aging in 1950. Conferees called for government and voluntary agencies to accept greater responsibility for the problems and welfare of older persons.

Further interest in the field of aging led President Eisenhower to create the Federal Council on Aging in 1956 to coordinate the activities of the various units of the federal government related to aging. The beginning of a major thrust toward legislation along the lines of the later-enacted OAA was made at the 1961 White House Conference on Aging. The conferees called for a federal coordinating agency in the field of aging to be set up on a statutory basis, with adequate funding for coordinating federal efforts in aging, as well as a federal program of grants for community services specifically for the elderly.¹

In response to the White House Conference on Aging recommendations, legislation was introduced in 1962 to establish an independent U.S. Committee on Aging to cut across the responsibilities of many departments and agencies, and create a program of grants for social services, research, and training that would benefit older persons. Legislation introduced in 1963 modified the 1962 proposal by creating within DHEW the AOA, which was to be under the direction of a Commissioner for Aging, appointed by the President with the approval of the Senate.

The OAA as introduced in 1965 paralleled the 1963 proposal. Sponsors emphasized how it would provide resources necessary for public and private social service providers to meet the social service needs of the elderly. The act received bipartisan support and was signed into law by President Lyndon Johnson on July 14, 1965 (P.L. 89-73). In addition to creating AOA, the act authorized grants to states for community planning and services programs, as well as for research, demonstration, and training projects in the field of aging. In his remarks upon signing the bill, the President indicated that the legislation would provide “an orderly, intelligent, and constructive program to help us meet the new dimensions of responsibilities which lie ahead in the remaining years of this century. Under this program every state and every community can now move toward a coordinated program of services and opportunities for our older citizens.”²

¹ U.S. Department of Health Education and Welfare, Special Staff on Aging, *The Nation and Its Older People, Report of the White House Conference on Aging, Jan. 9-12, 1961*, Washington, April 1961, <http://hdl.handle.net/2027/mdp.39015001657678>.

² Public Papers of the Presidents of the United States, *Lyndon B. Johnson*, vol. 2, Washington, 1965, p. 744.

Major Amendments to the Older Americans Act

Since the original legislation was enacted in 1965, the OAA has been amended numerous times. The following provides a summary of major amendments to the OAA over the past four decades.

1960s

The first amendments to the act in 1967 (P.L. 90-42) extended authorization for the state grant program and for research, demonstration, and training programs created in 1965. In 1969, Congress added authority under P.L. 91-69 for a program of area-wide model projects to test new and varied approaches to meet the social service needs of the elderly. The 1969 amendments also authorized the foster grandparent and retired senior volunteer programs to provide part-time volunteer opportunities for the elderly. (Authority for volunteer programs was subsequently repealed and these programs were reauthorized under the Domestic Volunteer Service Act of 1973, P.L. 93-113).

1970s

Major amendments to the act occurred in 1972 with the creation of the national nutrition program for the elderly (P.L. 92-258). The 1973 amendments (P.L. 93-29) represented a major shift in federal law with the establishment of sub-state AAAs. For the first time, Congress authorized the creation of local agencies whose purpose is to plan and coordinate services for older persons and to act as advocates for programs on their behalf. These amendments also created legislative authority for the community service employment program for older Americans which had previously operated as a demonstration initiative under the Economic Opportunity Act. In 1974, Congress passed legislation to extend the national nutrition program for the elderly (P.L. 93-351). The 1975 amendments (P.L. 94-135) extended the OAA through 1978, specifying certain services to receive funding priority under the state and area agency on aging program. In 1977, Congress made changes to the OAA nutrition program under P.L. 95-65, which permitted states to receive cash payments in lieu of donated food under the U.S. Department of Agriculture's surplus commodities food program.

The 1978 amendments (P.L. 95-478) represented a major structural change to the act when the separate grant programs for social services, nutrition services, and multipurpose senior center facilities were consolidated into one program under the authority of SUAs and AAAs. The intent of these amendments was to improve coordination among the various service programs under the act. Among other changes were requirements for establishing state long-term care ombudsman programs and a new Title VI authorizing grants to Indian tribal organizations for social and nutrition services to older Native Americans.

1980s

The 1981 amendments (P.L. 97-115) made modifications to give SUAs and AAAs more flexibility in the administration of their service programs. These amendments also emphasized the transition of participants to private sector employment under the community service employment program. In 1984, Congress enacted a number of provisions (P.L. 98-459), including adding responsibilities for AOA; adding provisions designed to target services toward low-income minority older persons; giving more flexibility to states regarding service funds allocations; and giving priority to the needs of Alzheimer's patients and their families. The 1986 amendments (P.L. 99-269) increased authorized appropriations to provide a higher per meal reimbursement rate and directed the Secretary of Agriculture and the Department of Health and Human Services

(HHS) to inform states, AAAs, and meal providers of their eligibility to participate in the National Commodity Processing Program.

The 1987 amendments (P.L. 100-175) expanded certain service components of SUAs and AAAs to address the special needs of certain populations. Congress authorized the following six additional distinct authorizations of appropriations for services: in-home services for the frail elderly; long-term care ombudsman services; assistance for special needs; health education and promotion services; services to prevent abuse, neglect, and exploitation of older individuals; and outreach activities for persons who may be eligible for benefits under the supplemental security income (SSI), Medicaid, and food stamp programs. Among other changes were provisions designed to give special attention to the needs of older Native Americans and persons with disabilities, emphasize targeting of services to those most in need, elevate the status of AOA within HHS, and liberalize eligibility of community service employment participants for other federal programs.

1990s

The 1992 amendments (P.L. 102-375) restructured some of the act's programs. A new Title VII, Vulnerable Elder Rights Protection Activities, was created to consolidate and expand certain programs that focus on protection of the rights of older persons. Title VII incorporated separate authorizations of appropriations for the long-term care ombudsman program; program for the prevention of elder abuse, neglect, and exploitation; elder rights and legal assistance development program; and outreach, counseling, and assistance for insurance and public benefit programs. In addition, provisions were included to strengthen requirements related to targeting of Title III services on special population groups. Other amendments authorized programs for assistance to caregivers of the frail elderly; clarified the role of Title III agencies in working with the for-profit sector; and required improvements in AOA data collection.

In 1993, Congress amended the OAA (P.L. 103-171) to establish an Assistant Secretary for Aging (formerly the Commissioner on Aging) within HHS, extended the time frame for convening the White House Conference on Aging, and made technical amendments to the act and several other acts.

2000s

The 2000 amendments (P.L. 106-501) were enacted after six years of congressional debate on reauthorization. P.L. 106-501 extended the act's authorizations of appropriations for programs through FY2005. These amendments authorized the National Family Caregiver Support Program under Title III; required the Secretary of Labor to establish performance measures for the senior community service employment program; allowed states to impose cost-sharing for certain Title III services older persons receive while retaining authority for voluntary contributions by older persons toward the costs of services; and consolidated a number of previously separately authorized programs. In addition, the amendments required the President to convene a White House Conference on Aging by December 31, 2005.

In 2003, Congress amended the OAA (P.L. 108-7) to revise provisions for the Nutrition Services Incentive Program, whereby maintaining access to commodities within USDA but transferring authority for such program from the USDA, where it had been since its inception, to AOA.

The 2006 amendments (P.L. 109-365) extended the act's authorizations of appropriations for programs through FY2011. Among other things, P.L. 109-365 authorized the Assistant Secretary for Aging to designate an individual within AOA to be responsible for prevention of elder abuse, neglect, and exploitation and to coordinate federal elder justice activities. It revised the formula

for the allocation of Title III funds and revised the Title V community service employment program to place more emphasis on training of older individuals, while maintaining emphasis on placing them in community service activities. The law also required the Secretary of Labor to conduct a national competition for Title V funds every four years. The 2006 amendments also required states to conduct increased planning efforts related to the growing number of older people in coming decades, and focused attention on the needs of older people with limited English proficiency and those at risk of institutional placement. The law added authority for the Assistant Secretary for Aging to conduct several new demonstration programs under Title IV. Among these are demonstration projects for model projects to assist older people to age in place, including supportive services programs in Naturally Occurring Retirement Communities (NORCs).

Older Americans Act: Current Law

The OAA statutory language contains seven titles. Funding for most OAA programs is provided in annual HHS appropriations; OAA Title V is part of annual DOL appropriations. Final FY2016 discretionary funding for OAA programs is estimated at \$1.915 billion.³ Title III received the largest proportion of OAA funding, with 71% of funding appropriated to nutrition, supportive services, family caregivers, and health promotion activities. Almost one-fourth of OAA funding (23%) was allocated to Title V, the Community Service Employment for Older Americans (CSEOA) Program. The remainder was allocated to OAA activities under Titles II, IV, VI, and VII. The following provides a brief summary of each title of the act.

Title I. Declaration of Objectives; Definitions

Title I of the OAA sets out broad social policy objectives oriented toward improving the lives of all older Americans, including adequate income in retirement, the best possible physical and mental health, opportunity for employment, and comprehensive long-term care services, among other things. Also, Title I provides definitions for various terms under the act. Title I does not authorize appropriations.

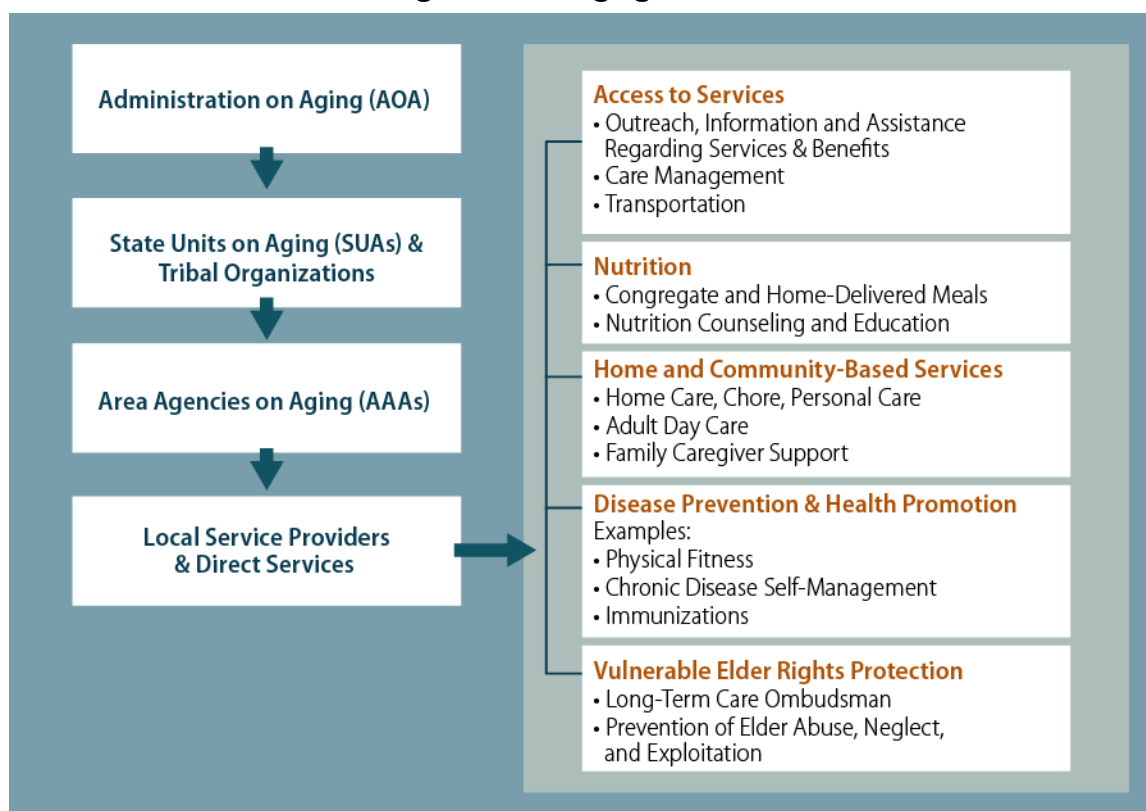
Title II. Administration on Aging

Title II establishes the Administration on Aging (AOA) as the chief federal agency advocating for older persons and sets out the responsibilities of AOA and the Assistant Secretary for Aging. The Assistant Secretary is appointed by the President with the advice and consent of the Senate. Title II also establishes State Units on Aging (SUAs), who serve as the state agency primarily responsible for planning and policy development as well as administration of OAA activities. In addition, the act authorizes the Assistant Secretary to make grants to eligible tribal organizations for social and nutrition services to older Native Americans (see report section entitled, “Title V. Community Service Employment for Older Americans”).

³ FY2016 funding data in this report is from Division H of the “Explanatory Statement Submitted by Mr. Rogers of Kentucky, Chairman of the House Committee on Appropriations Regarding House Amendment No. 1 to the Senate Amendment on H.R. 2029, Consolidated Appropriations Act, 2016,” House of Representatives, *Congressional Record*, vol. 161, no. 184 Book III (December 17, 2015), pp. H10289, H10296, H10331-H10334, <https://www.congress.gov/crec/2015/12/17/CREC-2015-12-17-pt3-PgH10161.pdf>; and U.S. Department of Health and Human Services, Administration for Community Living, *Fiscal Year 2017 Justification of Estimates for Appropriations Committees*, http://acl.gov/About_ACL/Budget/docs/FY_2017_ACL_CJ.pdf.

Title II also establishes Area Agencies on Aging (AAAs), which are designated by SUAs to operate within specified planning and service areas. AAAs serve as local entities who, either directly or through contract with local service providers, oversee a comprehensive and coordinated service system for the delivery of social, nutrition, and long-term services and supports to older individuals. Collectively, these 56 SUAs, over 600 AAAs, over 260 tribal and Native Hawaiian organizations, and almost 20,000 aging and social service providers in local communities comprise the Aging Network (see **Figure 1**).⁴ With respect to the distribution of federal funding, AOA allocates federal funds authorized under OAA statutory funding formulas to SUAs and tribal organizations. SUAs, in turn, award these funds to AAAs based on an intrastate funding formula developed in accordance with AOA guidelines and approved by the Assistant Secretary.

Figure 1. The Aging Network



Source: Prepared by the Congressional Research Service.

Discretionary funding authorized under Title II goes toward program administration and Aging and Disability Resource Centers (ADRCs), described in greater detail below, as well as other authorized activities that support the Aging Network and Elder Rights activities (see textbox entitled “OAA Title II: Aging Network and Elder Rights Support Activities”).⁵ Program

⁴ The 56 State Units on Aging include the 50 states, 5 U.S. territories, and the District of Columbia. U.S. Department of Health and Human Services, Administration for Community Living, The Older Americans Act: Aging Well Since 1965, <http://acl.gov/NewsRoom/Observances/OAA50/docs/OAA-Brief-Final.pdf>http://acl.gov/About_ACL/Budget/docs/FY_2016_ACL_CJ.pdf.

⁵ Also authorized under Titles II and IV (Sections 201, 201, and 411) of the OAA is the Senior Medicare Patrol (SMP) Program, which funds projects that educate older Americans and their families to recognize and report Medicare and (continued...)

administration funding for all Administration for Community Living (ACL) programs, which includes those authorized by the OAA, were funded at \$40.1 million in FY2016.

Aging and Disability Resource Centers

The aim of Aging and Disability Resource Centers (ADRCs) is to create “one-stop shop” single entry points for information about the range of public and private long-term services and supports (LTSS) available to consumers. ADRCs may provide options counseling regarding public and private LTSS, and provide access to public programs such as Medicaid and Department of Veterans Affairs programs. ADRCs may also provide discharge planning and care transition services to help individuals remain in their own homes after a hospitalization, rehabilitation, or skilled nursing facility visit. There are over 500 ADRC sites nationwide, operating in 50 states, two territories, and the District of Columbia.⁶ Funding to ADRCs was \$6.1 million in FY2016.

(...continued)

Medicaid fraud. Beginning in FY2016, direct discretionary funding is no longer provided for SMP. Instead, FY2016 appropriations language fully funds SMP activities under appropriations from the Health Care Fraud and Abuse Control (HCFAC) account. This account distributes funding to various anti-fraud activities from the Medicare Trust Fund at the joint discretion of the HHS Secretary and Attorney General. Total SMP funding for the program was \$17.6 million in FY2015. ACL estimates FY2016 SMP funding at the same level; see U.S. Department of Health and Human Services, Administration for Community Living, *Fiscal Year 2017 Justification of Estimates for Appropriations Committees*, p. 145, http://acl.gov/About_ACL/Budget/docs/FY_2017_ACL_CJ.pdf.

⁶ U.S. Department of Health and Human Services, Administration for Community Living, *Fiscal Year 2016 Justification of Estimates for Appropriations Committees*, p. 209. A directory of ADRCs is at the Aging and Disability Resource Center Technical Assistance Exchange website at <http://www.adrc-tae.org/tiki-index.php?page=ADRCLocator>.

OAA Title II: Aging Network and Elder Rights Support Activities

The following OAA programs and activities are funded under OAA Title II:

Aging Network Support Activities

- *The National Eldercare Locator and Engagement* assists individuals, through a nationwide toll-free phone number and website, in identifying community resources for older persons (<http://www.eldercare.gov>, or 1-800-677-1116). It also supports model programs in senior civic engagement and volunteer engagement (FY2016 funding is \$2.0 million).
- *The Pension Counseling and Information Program* provides funds to six regional counseling projects that help older Americans learn about and receive the retirement benefits to which they are entitled. This program also supports the National Education and Resource Center on Women and Retirement Planning, which provides workshops and information on financial education and retirement planning for women (FY2016 funding is \$1.9 million.)

Elder Rights Support Activities

- *The National Center on Elder Abuse* provides information to the public and professionals regarding elder abuse prevention activities, and provides training and technical assistance to state elder abuse agencies and to community-based organizations (<http://www.ncea.aoa.gov>, FY2016 funding is \$765,000).
- *The National Long-Term Care Ombudsman Resource Center* provides training and technical assistance to state and local long-term care ombudsmen (<http://www.ltombudsman.org>, FY2016 funding is \$516,000).

Source: U.S. Department of Health and Human Services, Administration for Community Living, *Fiscal Year 2017 Justification of Estimates for Appropriations Committees*, pp. 87-93, and 151-158.

Note: ACL reported combined program funding for the National Eldercare Locator and civic engagement under *National Eldercare Locator and Engagement*; however, civic engagement activities are authorized under OAA Title IV, Section 417, and included under Title II activities for simplicity.

Title III. Grants for State and Community Programs on Aging

Title III authorizes grants to 56 SUAs and over 600 AAAs to act as advocates on behalf of, and to coordinate programs for, older persons. Title III accounted for 71% of the OAA's total FY2016 funding (\$1.353 billion out of \$1.915 billion). States receive separate allotments of funds based on a statutory funding formula for supportive services and centers, family caregiver support, congregate nutrition, home-delivered nutrition, the nutrition services incentive grant program, and disease prevention and health promotion services.⁷ The OAA allows states some flexibility to transfer funds among Title III programs. For example, in FY2013, states collectively transferred a net total of \$73.8 million from congregate nutrition to either supportive services or home-delivered nutrition.⁸

Title III services are available to all persons aged 60 and older, but are targeted at those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in rural areas. Means testing is prohibited. Participants are encouraged to make voluntary contributions for services they receive. States are allowed to implement cost-sharing policies for certain services on a sliding-scale fee basis, but older persons must not be denied services due to failure to make cost-sharing payments. State, local, and private funding sources also supplement federal OAA funds for these services.

⁷ State allotments for Title III programs are listed at HHS, ACL, *State and Tribal Funding Allocations*, http://acl.gov/About_ACL/Allocations/OAA.aspx.

⁸ U.S. Department of Health and Human Services, Administration for Community Living, *FY2013 Report to Congress*, prepared by the Administration on Aging, p. 17, http://www.acl.gov/NewsRoom/Publications/docs/AOA_2013_AnnualReport.pdf.

In 2013, the most recent year for which data are available, 11.5 million older persons were served by Title III programs.⁹ Title III services included the provision of 138 million home-delivered meals; 80.3 million congregate meals; 22.2 million rides to medical appointments, grocery stores, and other activities; 36.5 million hours of personal care, homemaker, and chore services; and 8.5 million hours of adult day care/adult day health services in FY2014.¹⁰

Title IV. Activities for Health, Independence, and Longevity

Title IV of the OAA authorizes the Assistant Secretary for Aging to award funds for training, research, and demonstration projects in the field of aging.¹¹ Over the years, Title IV has supported a wide range of research and demonstration projects, including those related to income, health, housing, retirement, and long-term services and supports, as well as projects on career preparation and continuing education for personnel in the field of aging. Title IV activities received \$16.7 million in discretionary funding FY2016. Funding provided under Title IV goes toward various activities that are designed to support health, independence, and longevity of older individuals (see textbox entitled “OAA Title IV: Activities for Health, Independence, and Longevity”).¹²

⁹ HHS, AOA, Aging Network, *Aging Integrated Database (AGID)*, Profile of State OAA Programs: 50 States + DC & Territories, State Profiles, Table 1. Persons Served Under OAA Title III - Estimated Unduplicated Count (Clusters 1-3) and Counts of Registered (Clusters 1 and 2) Clients by Service, http://www.agid.acl.gov/StateProfiles/Profile/NationalTables/Downloads/2013/Table_1_FFY_2013.zip.

¹⁰ U.S. Department of Health and Human Services, Administration for Community Living, *Fiscal Year 2017 Justification of Estimates for Appropriations Committees*, pp. 36 and 53.

¹¹ A compendium of many past Title IV grant projects is at <http://www.aoa.acl.gov/Grants/Compendium/index.aspx>.

¹² Also authorized under Title IV, Section 411, are Falls Prevention activities and the Alzheimer’s Disease Initiative – Specialized Supportive Services. Funding for these programs and activities for FY2016 were provided under mandatory funding for the Prevention and Public Health Fund.

OAA Title IV: Activities for Health, Independence, and Longevity

The following OAA programs and activities are funded under Title IV authorities:

Ageing Network Support Activities

- *The National Alzheimer's Call Center* is staffed by customer service workers and social workers; it provides free information, referrals, and counseling for persons with Alzheimer's disease, their families, and caregivers (FY2016 funding is \$945,000).
- *National Resource Centers on Native American Elders* provide research and technical information on health, long-term services and supports, elder abuse, mental health, and other issues relevant to older Native Americans (FY2016 funding is \$655,000).
- *National Minority Aging Organizations Technical Assistance Centers* provide culturally and linguistically appropriate information on health promotion and disease prevention for Asian-Pacific American, Native American, Hispanic, and African-American older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons (FY2016 funding is \$1.2 million).
- *Program Performance and Technical Assistance* supports the development of outcome measures and performance measurement tools to assess the results of OAA programs (FY2016 funding is \$799,000).
- *Holocaust Survivor's Assistance* provides supportive services for aging Holocaust survivors living in the United States (FY2016 funding is \$2.5 million).

Elder Rights Support Activities

- *Legal Assistance and Supports* funds two different activities. First, Model Approaches help states integrate Adult Protective Services into broader state legal service delivery networks. Second, Legal Assistance and Support grants fund services to professionals and advocates working in legal, elder rights, and aging and disability services to further develop resources available to older individuals with social or economic needs (FY2016 funding is \$2.6 million).
- *Elder Justice/Adult Protective Services (APS)* provides funding for demonstration grants to states to enhance their APS Systems, technical assistance to states with regard to the national APS data collection effort, and research in the areas of elder abuse, neglect, and exploitation (FY2016 funding is \$8.0 million).

Source: U.S. Department of Health and Human Services, Administration for Community Living, *Fiscal Year 2017 Justification of Estimates for Appropriations Committees*, pp. 87-93, and 151-158.

Note: FY2016 funding for the Elder Justice Initiative may also be used for activities authorized under OAA Sections 751 and the Elder Justice Act (§2042(a) of the Social Security Act).

Title V. Community Service Employment for Older Americans

Title V, Community Service Employment for Older Americans (CSEOA), also known as the Senior Community Service Employment Program (SCSEP), has as its purpose the promotion of useful part-time opportunities in community service activities for unemployed low-income¹³ persons who are 55 years or older and who have poor employment prospects. The Title V program is administered by DOL's Employment and Training Administration; it is the only OAA program not administered by ACL. For FY2016, Title V represented 23% of OAA discretionary funding (\$434.4 million out of \$1.915 billion). DOL allocates Title V funds for grants based on a statutory funding formula to state agencies in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories, and to national organizations. There is a 10% nonfederal match requirement for Title V grant activities.

SCSEP participants are placed in part-time positions working in a variety of community service activities, such as in day care centers, senior centers, schools, and hospitals.¹⁴ Participants work part-time and receive on-the-job experience and skills. The program operates on a program year

¹³ Participants' incomes must be no greater than 125% of the federal poverty guidelines, 20 C.F.R. §641.500.

¹⁴ U.S. Department of Labor, *Senior Community Service Employment Program*, <http://www.doleta.gov/Seniors/>.

(PY) basis from July 1 through June 30.¹⁵ For PY2014 (ending June 30, 2015), the CSEOA program supported 44,790 job slots, serving 67,356 participants, at a cost of \$6,449 per participant.¹⁶ Enrollees are paid no less than the highest of the federal minimum wage, the state or local minimum wage, or the prevailing wage paid by the same employer for similar public occupations. In addition to wages, enrollees receive training, physical examinations, personal and job-related counseling, transportation for employment purposes (under certain circumstances), and placement assistance into unsubsidized jobs. In PY2014, 46% of participants who exited the program found employment in the following quarter; of those, 74% remained employed through the next two quarters.¹⁷

On September 1, 2010, DOL promulgated a final rule implementing changes made by the 2006 OAA amendments.¹⁸ These changes include a 48-month limit on individual participation, increases in funds available for training and supportive services, and a requirement that national grants recompile every four years, among other changes. The most recent competition for national grantees was conducted in FY2012; the next competitive grant opportunity is anticipated in 2016.¹⁹

Title VI. Grants for Services for Native Americans

Title VI authorizes funds for supportive and nutrition services to older Native Americans. Funds are awarded directly by ACL to Indian tribal organizations, Native Alaskan organizations, and non-profit groups representing Native Hawaiians. To be eligible for funding, a tribal organization must represent at least 50 Native Americans aged 60 and older. In FY2015 grants were awarded to 264 tribal organizations representing 400 Indian tribes, including one organization serving Native Hawaiian elders.²⁰ The program provides services such as transportation, home-delivered and congregate nutrition services, information and referral, and a wide range of home care services. Title VI also authorizes caregiver support services to Native American elders. Respite, caregiver training, information and outreach, counseling, and support groups are among the services provided. For FY2016, these programs received \$38.7 million (\$31.2 million for supportive and nutrition services, and \$7.5 million for Native American family caregivers).

¹⁵ Program Year 2015 allotments were announced in DOL, *Employment and Training Administration, Program Year (PY) 2015 Planning Instructions and Allotments for Senior Community Service Employment Program (SCSEP) Grantees*, Training and Employment Guidance Letter No. 25-14, http://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3508. Per OAA Section 517(b), CSEOA is forward funded; for example, dollars appropriated in FY2015 (October 1, 2014 to September 30, 2015) are used for PY2015 (July 1, 2015 to June 30, 2016).

¹⁶ There are more participants than job slots in a given program year; as participants leave the program their job slots can be filled by new participants. U.S. Department of Labor, *Fiscal Year 2017 Congressional Budget Justification, Employment and Training Administration, Community Service Employment for Older Americans*, p. CSEOA-13, <http://www.dol.gov/sites/default/files/documents/general/budget/CBJ-2017-V1-06.pdf>.

¹⁷ Ibid., p. CSEOA-13.

¹⁸ U.S. Department of Labor, Employment and Training Administration, "Senior Community Service Employment Program; Final Rule," *75 Federal Register* 53786, September 1, 2010. The rule's effective date was October 1, 2010.

¹⁹ U.S. Department of Labor, Employment and Training Administration, *Upcoming ETA Funding Competitive Opportunities*, January 19, 2016, https://www.doleta.gov/grants/pdf/ETA_Funding_Opportunities.pdf.

²⁰ U.S. Department of Health and Human Services, Administration for Community Living, *Fiscal Year 2017 Justification of Estimates for Appropriations Committees*, p. 82.

Title VII. Vulnerable Elder Rights Protection Activities

Title VII authorizes the Long-Term Care (LTC) Ombudsman Program as well as Elder Abuse, Neglect, and Exploitation Prevention Programs. For FY2016, these programs received a total of \$20.7 million.²¹ The majority of Title VII funding (\$15.9 million, or 77%, in FY2016) is directed at the LTC Ombudsman Program, which investigates and resolves complaints of residents in nursing facilities, board and care facilities, and other adult care homes. In FY2014, ombudsmen handled more than 191,000 resident complaints and provided almost 491,000 consultations to individuals and long-term care facilities.²²

²¹ State allocation tables are at ACL, *Mandatory Funding Allocations*, http://www.acl.gov/About_ACL/Allocations/OAA.aspx.

²² U.S. Department of Health and Human Services, Administration for Community Living, “Administration on Aging (AOA), Long-Term Care Ombudsman Program,” http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/Ombudsman/index.aspx. HHS, ACL, AGing Integrated Database (AGID), Data-at-a-Glance, National Ombudsman Reporting System (NORS), “Total State and Local Counts: Number of Consultations to Individuals and Number of Consultations to Facilities: 50 States + DC & PR,” <http://www.agid.acl.gov/DataGlance/NORS/>.

Appendix. Older Americans Act Reauthorization Act of 2015, S. 192: Section-by-Section Summary of Key Provisions

The following is a section-by-section summary of key provisions in S. 192, as reported to the Senate on February 3, 2015.

Section 1. Short Title

States the title of the bill as Older Americans Act Reauthorization Act of 2015.

Section 2. Definitions

The bill would add or amend terms and definitions under OAA Title I. Specifically, it would replace the term “abuse” with a new definition and would add a new term and definition for “adult protective services.” It would also amend the definition of “Aging and Disability Resource Center” and “elder justice,” and it would establish that the term “exploitation” also includes “financial exploitation.” It would further amend the definition of “disease prevention and health promotion services” to include oral health as a part of routine health screening. For a comparison of these current law definitions and proposed changes to the term or definition, see **Table A-1**, which follows the section-by-section summary.

Section 3. Administration on Aging

The bill would make the following amendments to Title II of the act, which sets forth requirements for the Administration on Aging (AOA).

Best Practices

The bill would add a new requirement for the AOA Director of the Office of LTC Ombudsman Programs to collect and analyze best practices related to responding to elder abuse, neglect, and exploitation in LTC facilities, and publish a report. It would further require that the Assistant Secretary, acting through the designee responsible for elder abuse prevention and services, coordinate with the heads of state adult protective services programs and the Director of the Office of LTC Ombudsman Programs in fulfilling specified responsibilities.

Technical Assistance and Training

The bill would amend the function of the Assistant Secretary for Aging to include the term “health and economic” in requiring the AOA to (1) assist in the establishment of programs designed to meet the health and economic needs of older individuals; and (2) prepare, publish, and disseminate educational materials dealing with the “health and economic” welfare of older individuals. It would also include reference to the Health Resources and Services Administration (HRSA) in requiring the AOA to coordinate with other agencies in developing a national plan regarding specified training needs in the field of aging.

The bill would add a new provision requiring the AOA to provide information and technical assistance to states, AAAs, and service providers, in collaboration with relevant federal agencies, on providing efficient, person-centered transportation services, including across geographic

boundaries. It would add a new provision requiring the AOA to identify model programs and provide information and technical assistance to states, AAAs, and service providers to support the modernization of senior centers. It would also require the AOA to provide technical assistance and share best practices with states, AAAs, and ADRCs on how to collaborate and coordinate services with health care entities such as Federally Qualified Health Centers (FQHCs) in order to improve care coordination for individuals with multiple chronic illnesses.

It would require the Assistant Secretary in providing for the AOA to play a lead role with respect to issues concerning home and community-based long-term care to include, when feasible, developing a consumer-friendly tool to assist older individuals and their families in choosing home and community-based services with particular focus on ways for consumers to assess how providers protect the health, safety, welfare, and rights of older individuals including the rights provided under OAA Section 314 (regarding Rights Related to In-Home Services for Frail Individuals).

In requiring the Assistant Secretary to implement ADRCs in all states, the bill would amend language with respect to ADRCs providing personalized and consumer-friendly assistance to empower individuals to “identify and articulate goals of care” and to help individuals “respond to” or plan ahead for their “long-term care needs.” It would also add a new provision requiring ADRCs to provide information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or return to the community.

It would further add a new provision requiring the Assistant Secretary to ensure that programs authorized under the OAA include appropriate training in the prevention of abuse, neglect, and exploitation and provision of services that address elder justice and exploitation of older individuals.

Authorization of Appropriations

It would authorize the appropriation of such sums as may be necessary for each of FY2016 through FY2018 for the following activities: administration, salaries, and expenses for AOA; the eldercare locator service; and pension counseling and information programs.

Section 4. State and Community Programs on Aging

The bill would make the following amendments to OAA Title III, which provides grants for state and community programs on aging.

Authorizations of Appropriations

The bill would authorize the appropriation of such sums as necessary for each of FY2016 through FY2018 for OAA Title III Part B, Supportive Services; Part C, Subpart 1, Congregate Nutrition Services; Part C, Subpart 2, Home-Delivered Nutrition Services; and Part D, Disease Prevention and Health Promotion. It would also authorize the appropriation of \$187 million for each of FYs 2016 through 2018 for Part E, National Family Caregiver Support Program.

Statutory Funding Formula Allocations

The bill would change the statutory funding allocations for OAA Title III, Parts B, C, and D, which allocate funding to supportive services, congregate nutrition, home-delivered nutrition, and preventive services. It would retain the same state and territory minimum amounts allotted under current law and the same population-based formula factor (aged 60 and over), but would reduce

state and U.S. territory hold harmless amounts (currently referenced to FY2006 funding levels) by 1% from the previous fiscal year as follows:

- For FY2016, no state would receive less than 99% of the annual amount allotted to the state in FY2015.
- For FY2017, no state would receive less than 99% of the annual amount allotted to the state in FY2016.
- For FY2018, no state would receive less than 99% of the annual amount allotted to the state in FY2017.
- For FY2019 and each subsequent fiscal year, no state would receive less than 100% of the annual amount allotted to the state in FY2018.²³

Area Plans

The bill would include the term “modernization” in requiring that each plan provide for certain specified services through a comprehensive and coordinated system for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work). It would also add a new provision that would require the area plan to provide that the AAA will, in coordination with the state agency and with the state agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse neglect and exploitation education, as appropriate. It would include protection from elder abuse, neglect, and exploitation among a list of topics that AAAs may make recommendations to government officials in the planning and service area as well as recommendations to the state on actions to build capacity to meet the needs of older individuals in the planning and service area.

Supportive Services and Senior Centers Program

The bill would include chronic condition self-care management and falls prevention to the list of supportive services that state grant programs may provide. It would also add behavioral health screening and falls prevention services screening, and screening for elder abuse, neglect, and exploitation to this list. It would amend language to add senior center modernization to a list of grant activities the Assistant Secretary must make to states. It would further require the AAAs to make efforts to coordinate the services with agencies and organizations carrying out intergenerational projects to pursue opportunities for the development of intergenerational shared site models for programs or projects, consistent with the OAA’s purposes.

Nutrition Services

The bill would authorize the appropriation of such sums as necessary for each of FY2016 through FY2018 for the Nutrition Services Incentive Program (NSIP). It would also replace the term “solicit” with “utilize” in requiring the state to ensure that a nutrition project “utilize” the expertise of a dietician or other individuals with equivalent education and training in nutrition science, or an individual with comparable expertise. It would further amend this section to add

²³ For further information about OAA statutory funding formulas and analysis of proposed change to certain Title II Program’s statutory funding formula under S. 192, see CRS Report RS22549, *Older Americans Act: Funding Formulas*, by (name redacted) .

that, where feasible, the state should ensure that the nutrition project encourages the use of locally grown foods in meals programs and identifies potential partnerships and contracts with local producers and providers of locally grown foods.

Disease Prevention and Health Promotion Services Program

The bill would amend Part D to establish an “Evidence-Based” Disease Prevention and Health Promotion Services Program and require the Assistant Secretary to provide grants to states for “evidence-based” disease prevention and health promotion services and information.

National Family Caregiver Support Program

The bill would replace the definition of “child” (which currently includes an individual with a disability) with separate definitions of the terms “child” and “individual with a disability.” Specifically, it would define the term “child” to mean an individual who is not more than 18 years of age. It would define the term “individual with a disability” to mean an individual with a disability, as defined in Section 3 of the Americans with Disabilities Act (ADA), who is not less than 18 and not more than 59 years of age.

It would also replace the term “grandparent or older individual who is a relative caregiver” with the term “older relative caregiver.” It would define “older relative caregiver” to mean a caregiver who is 55 years of age or older and who lives with, is the informal provider of in-home community care to, and is the primary caregiver for a child or an individual with a disability. In the case of a caregiver for a child, an older relative caregiver is the grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally. In the case of a caregiver for an individual with a disability, an older relative caregiver is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.

Section 5. Activities for Health, Independence, and Longevity

Under OAA Title IV, the bill would authorize the Assistant Secretary to make grants and enter into contracts providing continuing support for Medicare program integrity initiatives that train senior volunteers to prevent and identify health care fraud and abuse. It would authorize the appropriation of such sums as may be necessary for each of FY2016 through FY2018 to carry out training, research, and discretionary projects relating to older Americans. It would further amend requirements for training grants under Native American Programs to provide annually for “national trainings” for directors of programs under Title IV of the act instead of (as currently) an annual national training meeting.

Also under OAA Title IV, it would also amend requirements for legal assistance demonstration and support projects for older individuals to require that the Assistant Secretary make grants or enter into contracts with “nonprofit organizations” experienced in providing support and technical assistance on a nationwide basis to certain specified entities and other organizations interested in the legal rights of older individuals instead of (as currently) “national nonprofit organizations” with such experience. The bill would repeal certain grant programs under Title IV of the act. Specifically, it would repeal grants for Section 415 (Computer Training), Section 419 (Multidisciplinary Centers and Multidisciplinary Systems), and Section 421 (Ombudsman and Advocacy Demonstration Projects).

Section 6. Community Service Senior Opportunities

The bill would authorize the appropriation of such sums as necessary for each of FY2016 through FY2018 for the Community Service Employment for Older Americans Program under Title V of the act.

Section 7. Grants for Native Americans

The bill would authorize the appropriation of such sums as necessary for each of FY2016 through FY2018 for the Native American Caregiver Support Program under Title VI of the act.

Section 8. Vulnerable Elder Rights Protection Activities

Ombudsman Definitions

The bill would amend the definition of the term “resident” to mean “an individual” who resides in a LTC facility instead of (as currently) an “older individual.” Thus, it would eliminate explicit reference to “older” individuals, which would allow residents of any age who reside in LTC facilities to receive Ombudsman Program services, including investigating and resolving complaints.

Ombudsman Programs

The bill would require the state long-term care (LTC) Ombudsman to be responsible for the management, including the fiscal management, of the Office of the State LTC Ombudsman (hereinafter referred to as the “Office”). It would amend the functions of the Ombudsman to add language stating that the Ombudsman’s functions include identifying, investigating, and resolving complaints that are made by, or on behalf of, residents with limited or no decision making capacity and who have no known legal representative. It would further specify that if such a resident is unable to communicate consent for an Ombudsman to work on a complaint involving the resident, the Ombudsman would be required to seek evidence to indicate what outcome the resident would have communicated and work to accomplish that outcome. It would also amend the duties of designated local ombudsman entities and representatives to identify, investigate, and resolve complaints made by or on behalf of residents with limited decision making capacity in similar circumstances.

In addition to residents having regular and timely access to the Ombudsman’s services, the bill would require that the Ombudsman ensure that residents have private and unimpeded access to such services. In providing technical support for the development of resident and family councils, the bill would require the Ombudsman to actively encourage and assist in the development of such councils. Similarly, it would also amend the duties of designated local ombudsman entities and representatives to actively encourage and assist in the development of such councils. It would further add that the Ombudsman, when feasible, continue to carry out specified functions on behalf of residents transitioning from a LTC facility to a home care setting.

Procedures for Access

The bill would amend the requirement that a state ensure representatives of the Office have “access” to LTC facilities and residents to specify that representatives have “private and unimpeded access.” It would also amend the current law provision that requires representatives to have appropriate access to the medical and social records of a resident, subject to certain

conditions, to provide that representatives have appropriate access to “all files, records, and other information” concerning a resident rather than (as currently) “files.” It would amend current law to clarify that representatives must have appropriate access to review such information when a resident is “unable to communicate consent” to the review and has no legal representative, rather than (as currently) “unable to consent.” Similarly, it would expand the requirement that representatives have access to the “records” as is necessary to investigate a complaint, to specify that representatives have access to the “files, records, and information” necessary.

It would add that the Ombudsman and representatives of the Office would be considered a “health oversight agency” for purposes of Section 246(c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, P.L. 104-191), including regulations issued under that section. Thus, the release of residents’ individually identifiable health information to the Ombudsman could not be prevented from occurring under certain specified circumstances.

Disclosure

Current law requires the state agency to establish procedures for the disclosure of files maintained by the program by the Ombudsman or other ombudsman entities. The bill would strike the language “files and records” and replace it with “files, records, and other information” in each place the term appears under disclosure requirements. It would amend disclosure requirements pertaining to the identity of the complainant or resident to ensure that the Ombudsman may disclose information as needed in order to best serve residents with limited or no decision making capacity who have no known legal representative and are unable to communicate consent, in order for the Ombudsman to carry out functions and duties as described.

Conflict of Interest

The bill would replace the subsection on conflict of interest with a new subsection that separately describes individual and organizational conflict of interest.

Individual Conflict of Interest

The bill would require the state agency to ensure that no individual, or member of an immediate family of an individual, involved in the designation of the Ombudsman, or the designation of a local ombudsman entity or representative, is subject to a conflict of interest. Furthermore, the state agency would be required to ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the office, employee, or representative, be subject to a conflict of interest. The bill would also require the state agency to ensure that the Ombudsman

- does not have direct involvement in the licensing or certification of a LTC facility or provider of a LTC service;
- does not have an ownership or investment interest in a LTC facility or service;
- is not employed by, or participating in the management of, a LTC facility or a related organization, and has not been employed by such a facility or organization within one year before the date of the determination involved;
- does not receive, or have the right to receive, directly or indirectly, remuneration under a compensation arrangement with an owner or operator of a LTC facility;
- does not have management responsibility for, or operate under the supervision of an individual with management responsibility for adult protective services (APS); and

- does not serve as a guardian or in another fiduciary capacity for residents of LTC facilities in an official capacity.

Organizational Conflict of Interest

The bill would require the state agency to comply with specified requirements in a case where the Office poses an organizational conflict of interest, including a situation in which the Office is placed in an organization that is responsible for licensing, certifying, or surveying LTC services in the state; is an association of LTC facilities or any other residential facilities for older individuals; provides LTC services including those carried out under certain Medicaid waiver and other authorities; provides LTC case management; sets rates for LTC services; provides APS; is responsible for Medicaid eligibility determinations; conducts preadmission screenings for placement in LTC facilities; or makes decisions regarding admission or discharge of individuals to or from such facilities.

The state agency would not be authorized to operate the Office or carry out the program, directly or by contract or other arrangement, in a case in which there is an organizational conflict of interest unless such conflict of interest has been identified by the state agency, disclosed by the state agency to the Assistant Secretary in writing, and remedied in accordance with certain requirements. In a case where potential or actual organizational conflict of interest involving the Office is disclosed or reported to the Assistant Secretary by any person or entity, the Assistant Secretary would require the state agency to remove the conflict or submit and obtain the approval of the Assistant Secretary for an adequate remedial plan that indicates how the Ombudsman will be unencumbered in fulfilling specified functions.

Section 9. Behavioral Health

The bill would amend certain sections of the act (§102, Definitions; §201, Establishment of AOA; §202, Functions of the Assistant Secretary; and §321, Supportive Services and Senior Centers) to include the term “behavioral” to specified provisions that address mental health to read “mental and behavioral” health.

Section 10. Guidance on Serving Holocaust Survivors

The bill would require the Assistant Secretary to issue guidance to states, AAAs, and providers of services for older individuals with respect to serving Holocaust survivors, including promising practices for conducting outreach. It would require the Assistant Secretary to consult with experts and organizations serving Holocaust survivors and take into account the possibility that the needs of Holocaust survivors may vary based on geography. The proposed guidance must include how certain providers, such as nutrition services providers, transportation service providers, LTC ombudsman, and supportive services providers may address the specified needs of Holocaust survivors under the act.

**Table A-1. Comparison of Changes to Definitions in Title I of the Older Americans Act:
Current Law and Older Americans Act Reauthorization Act of 2015 (S. 192)**

(Proposed changes to current law under S. 192 indicated in *italics*)

Term	Current Law	Senate Bill (S. 192), as Reported to Senate
Abuse	The term “abuse” means the willful— (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.	<i>The term “abuse” means the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.</i>
Adult Protective Services	Not defined.	<i>The term “adult protective services” means such services provided to adults as the Secretary may specify and includes services such as— (A) receiving reports of adult abuse, neglect, or exploitation; (B) investigating the reports described in subparagraph (A); (C) case planning, monitoring, evaluation, and other casework and services; and (D) providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.</i>

<p>Aging and Disability Resource Center</p>	<p>The term “Aging and Disability Resource Center” means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing—</p> <p>(A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care;</p> <p>(B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and</p> <p>(C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.</p>	<p>The term “Aging and Disability Resource Center” means an entity, network, or consortium established by a State as part of the State system of long-term care, to provide a coordinated and integrated system for older individuals and individuals with disabilities [as defined in Sec. 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)], and the caregivers of older individuals and individuals with disabilities, that provides—</p> <p>(A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated <i>long-term care services, and Federal or State programs that provide long-term care services and supports through home and community-based service programs;</i></p> <p>(B) <i>person-centered</i> counseling to assist individuals in assessing their existing or anticipated long-term care needs <i>and goals</i>, and developing and implementing a <i>person-centered plan</i> for long-term care <i>that is consistent with the desires of such an individual and</i> designed to meet the individual’s specific needs, <i>goals</i>, and circumstances;</p> <p>(C) access for individuals to the full range of publicly-supported long-term care services and supports for which the individuals may be eligible, including home and community-based service options, by serving as a convenient point of entry for such programs and supports; and</p> <p>(D) in cooperation with area agencies on aging, centers for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.), and other community-based entities, information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or to return to the community.</p>
<p>Disease Prevention and Health Promotion Services</p>	<p>The term “disease prevention and health promotion services” means—</p> <p>(A) health risk assessments;</p> <p>(B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;</p> <p>...</p>	<p>The term “disease prevention and health promotion services” means—</p> <p>(A) health risk assessments;</p> <p>(B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, <i>oral health</i>, and nutrition screening;</p> <p>...</p>

Elder Justice	<p>The term “elder justice”—</p> <p>(A) used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and</p> <p>(B) used with respect to an individual who is an older individual, means the recognition of the individual’s rights, including the right to be free of abuse, neglect, and exploitation.</p>	<p>The term “elder justice” means—</p> <p>(A) <i>from a societal perspective</i>, efforts to—(i) prevent, detect, treat, intervene in, <i>and prosecute</i> elder abuse, neglect, and exploitation; and (ii) protect older individuals with diminished capacity while maximizing their autonomy; and</p> <p>(B) <i>from an individual perspective</i>, the recognition of an <i>older individual’s</i> rights, including the right to be free of abuse, neglect, and exploitation.</p>
Exploitation and Financial Exploitation	<p>The term “exploitation” means the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.</p>	<p>The term “exploitation <i>and financial exploitation</i>” mean the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.</p>

Source: CRS analysis of Section 102, Definitions, of the Older Americans Act (OAA, P.L. 89-73, as amended) and Section 2, Definitions, of the Older Americans Act Reauthorization Act of 2015 (S. 192), as reported to Senate, February 3, 2015.

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