



Updated May 6, 2024

# **Older Americans Act: Summary in Brief**

#### **Overview**

The Older Americans Act (OAA; P.L. 89-73, as amended; 42 U.S.C. Ch. 35) supports a wide range of social and health-related services and programs for older adults, including supportive services (i.e., personal care, chore services, and transportation); congregate nutrition services (i.e., meals served at group sites such as senior centers, schools, and senior housing complexes); home-delivered nutrition services (commonly referred to as "meals on wheels"); family caregiver support; the long-term care ombudsman program; and services to prevent the abuse, neglect, and exploitation of older persons. The OAA also provides part-time opportunities in community service for unemployed low-income older adults. These programs and services focus on supporting older Americans to live in their homes and communities.

### **Background and Legislative History**

The OAA was created in response to concerns by policymakers about a lack of community social services for older adults. Proposals discussed in the early 1960s called for a federal agency in the field of aging to be established in statute, with adequate funding for coordinating federal efforts in aging, including federal grants for community services specifically for older adults. In response, legislation was introduced in Congress to create the Administration on Aging (AOA) and a grants program for social services, research, and training that would benefit older adults. Sponsors of the OAA said the agency would provide resources necessary for public and private social service providers to meet the social service needs of older adults. Since it was enacted in 1965, the OAA has been reauthorized and amended numerous times. Most recently, the 116th Congress extended OAA authorizations of appropriations through FY2024 (P.L. 116-131; Supporting Older Americans Act of 2020).

#### **Current Law**

The OAA statutory language contains the following seven titles, which authorize various programs and activities:

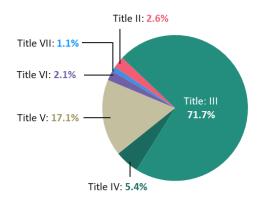
- **Title I, Declaration of Objectives:** sets policy objectives and defines terms under the act.
- **Title II, Administration on Aging:** establishes administrative functions for the executive branch under AOA headed by the Assistant Secretary for Aging.
- Title III, Grants for State and Community Programs on Aging: authorizes grants to states and U.S. territories that provide supportive services, nutrition services (home-delivered and congregate nutrition), disease prevention, and family caregiver services and supports for adults aged 60 and older.

- Title IV, Activities for Health, Independence, and Longevity: authorizes grants for research, innovation, training, and related projects in the field of aging.
- Title V, the Community Service Senior
  Opportunities Act: authorizes grants to states, U.S.
  territories, and national organizations to promote parttime opportunities in community service for
  unemployed low-income older adults aged 55 and older.
- **Title VI, Grants for Native Americans:** authorizes grants to tribal organizations for supportive and nutrition services to older Native Americans.
- Title VII, Vulnerable Elder Rights Protection Activities: authorizes grants to states and U.S. territories for vulnerable elder rights protection activities, including the long-term care ombudsman program.

### **Funding**

OAA funding is provided in annual appropriations through the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act. Total funding was almost \$2.4 billion in FY2024 (see **Figure 1**).

Figure 1. Older Americans Act, FY2024 Funding Funding as a percentage of OAA total, \$2.372 billion



**Source:** CRS Report R43414, Older Americans Act: Overview and Funding.

### **Aging Network**

Most OAA programs are administered by AOA within the Administration for Community Living (ACL), which is an operating agency under the Department of Health and Human Services (HHS). Title V is administered by the Department of Labor's (DOL's) Employment and Training Administration (ETA). In addition to the federal agencies that administer OAA programs and activities (HHS/ACL and DOL/ETA), the OAA establishes a national network of states, tribal organizations, local agencies, service providers and volunteers that plan and provide services, referred to as the "Aging Network."

In order to receive OAA Title III and VII formula grant funding, states must establish a state agency, referred to as State and Territorial Units on Aging (SUAs). This entity is primarily responsible for planning and policy development as well as administration of OAA activities. The OAA also requires states to designate Area Agencies on Aging (AAAs) that operate within one or more planning and service areas (PSAs) designated by the SUA. AAAs serve as local entities that, either directly or through contract with local service providers (LSPs), oversee the delivery of social, nutrition, and long-term services and supports to older adults in the community. SUAs are responsible for developing and administering a multiyear State Plan that provides goals and objectives, as well as assurances, under the act. Similarly, AAAs are responsible for developing Area Plans that are submitted to states.

### **Types of Grants**

Based on annual appropriated funding, ACL provides funding for two types of grants to various entities to conduct research or provide services and supports to older adults under OAA-authorized programs and activities.

#### **Formula Grants**

For most OAA program funding, entities such as states, U.S. territories, and tribal organizations are allotted funding through federal statutory formulas, sometimes referred to as mandatory grants. In general, statutory requirements for allocating program funding are based on a population-based formula factor (e.g., share of population aged 55 and over, aged 60 and over, or aged 70 and over) with a minimum grant allocation. Some statutory requirements include a "hold harmless" provision, designed to guarantee that states' or other entities' allotments (or portions of allotments) will be no less than the amount allotted in a certain fiscal year (e.g., FY2000 or FY2019). For certain formula grant programs, states are required to provide a matching share. For supportive services, congregate, and home-delivered nutrition programs, states are required to provide a 15% matching share. A matching share of 25% is required for the family caregiver program.

#### **Competitive Grants**

The OAA also authorizes various programs and activities that ACL funds through grants or cooperative agreements to state and local governments, nonprofit organizations, institutions of higher education, and small businesses through a discretionary or competitive grants process. ACL often has discretion in determining the projects to fund and award amounts. Grantees may have some flexibility and control over achieving the grant's objectives within the scope of the approved grant application.

### **Participant Eligibility**

In general, older adults must be aged 60 and older to participate in OAA programs and activities. However, depending on the program, other demographic and eligibility criteria may apply. There is no means test (i.e., income or asset test) for OAA program eligibility. Rather, states must target programs and services to individuals with *greatest economic* and *greatest social need*, which are defined in statute as follows:

- *Greatest economic need* means the need resulting from an income level at or below the poverty line.
- Greatest social need means the need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens their capacity to live independently.

In targeting OAA funding, states are required to develop an intrastate funding formula (IFF) for distribution of certain Title III program allocations. The IFF takes into account the geographical distribution of older adults in the state as well as the distribution of older adults with greatest economic and social need (with particular attention to low-income minority older individuals) among specified PSAs. The state formula for distribution of Title III allocations must be developed in accordance with AOA guidelines and approved by the Assistant Secretary for Aging.

### **Cost-Sharing and Contributions**

States have the option to impose cost-sharing on some services. However, states are prohibited from implementing cost-sharing for older adults whose incomes are at or below the federal poverty level and certain services. These prohibited services are

- information, benefits counseling, case management;
- ombudsman, elder abuse prevention, legal assistance, or other consumer protection activities;
- congregate and home-delivered nutrition services; and
- any services delivered through tribal organizations.

LSPs may solicit voluntary contributions from older adults toward the costs of services. Older adults may not be denied a service because they will not or cannot make a contribution. Funds collected through voluntary contributions are to be used to expand services.

### **Issues Facing Congress**

The 118<sup>th</sup> Congress may consider extending authorizations of appropriations, which expire September 30, 2024, for FY2025 and beyond in the next reauthorization of the act. Policymakers may also consider the extent to which OAA funding can sustain the innovation necessitated by COVID-19 in a post-pandemic era, as well as the funding implications of the potential growth in demand for services due to the increasing number and proportion of older adults. Congress may also consider whether the next OAA reauthorization is an opportunity to update or expand existing programs and activities and/or authorize new activities. On February 14, 2024, ACL published a final rule that updated regulations for implementing OAA programs and activities, the first substantial update in over 35 years. These final regulations may have implications for the ongoing legislative discourse.

Kirsten J. Colello, Specialist in Health and Aging Policy

IF12530

## Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.