HCBS Pre-Conference Intensive: Aging and Disability 101
Aging & Disability 101
Overview of the OAA
Older Americans Act: The Foundation of the Aging Services Network

Aging & Disability 101 Pre-Conference Intensive

Carol V. O’Shaughnessy
November 10, 2020
Older Americans Act of 1965, P.L. 89-73, July 14, 1965
Population Age 65 and over as a Percent of US Population

• 1965 – 9 percent
• 2020 – 17 percent
  – 56 million
• 2030 – 20 percent, a demographic turning point
  – 73 million

OAA: The Foundation for Evolving National Public Policy on Aging

• Creation of strategies, programs, and services to meet needs of older adults
• Tangible and intangible help to innumerable older adults
• Continuous and dynamic identification of the supportive services needs of older adults
• Development of nationwide aging infrastructure
• Recruitment of thousands of career professionals to the field of aging

The OAA Enacted in 1965 – A Legacy of the 1960s Great Society Programs

- Stipulated 10 broad national policy objectives to enhance the lives of older people
- Creation of the Administration on Aging (AoA) as the federal focal point on aging in the federal government
- Created state grants for community planning and services
- Created authority for research, demonstration and training projects in the field of aging
OAA Brief Historical Development

Figure 2. Timeline of Major Events

**Other Legislation**

- **1965**
  - Medicare and Medicaid enacted

- **1965**
  - Older Americans Act enacted

- **1972**
  - Congregate nutrition program enacted
  - Social Security cost of living adjustments established
  - SSI program enacted

- **1973**
  - AAAs enacted

- **1975**
  - SSBG program enacted

- **1978**
  - LTC Ombudsman services required
  - Home-delivered nutrition program enacted

- **1981**
  - Medicaid HCBS waiver program enacted

- **1987**
  - OBRA nursing home reform enacted

- **1987**
  - LTC Ombudsman Program received separate authorization of funds; disease promotion and health prevention and elder abuse prevention activities enacted

**OAA Legislation**
## OAA Historical Timeline, cont.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>ADA enacted</td>
</tr>
<tr>
<td></td>
<td>SHIP enacted</td>
</tr>
<tr>
<td>1992</td>
<td>Olmstead Supreme Court decision affirms rights of individuals to live in community settings, per ADA</td>
</tr>
<tr>
<td>1999</td>
<td>Family Caregiver Support Program enacted</td>
</tr>
<tr>
<td>2000</td>
<td>Medicare prescription drug program enacted</td>
</tr>
<tr>
<td>2003</td>
<td>HCBS LTSS development activities and evidence-based disease prevention and health promotion services enacted</td>
</tr>
<tr>
<td>2006</td>
<td>Lifespan Respite Care Act enacted</td>
</tr>
<tr>
<td>2010</td>
<td>PPACA, EJA enacted</td>
</tr>
<tr>
<td>2012</td>
<td>ACL created</td>
</tr>
<tr>
<td>2014</td>
<td>Increased funding for state agency on aging administration</td>
</tr>
<tr>
<td>2020</td>
<td>SHIP transferred to ACL</td>
</tr>
</tbody>
</table>
OAA Titles at a Glance

Title I. Declaration of Objectives
• Sets out broad policy objectives oriented toward improving the lives of all older people.

Title II. Administration on Aging
• Establishes AoA within the Department of Health & Human Services as the chief federal agency advocate for older adults and sets out responsibilities of AoA and the Assistant Secretary for Aging. Establishes aging network activities

Title III. Grants for State and Community Programs on Aging
• Authorizes activities of state & area agencies on aging & funds for supportive & nutrition services, family caregiver support, & disease prevention & health promotion

Title IV. Activities for Health, Independence, and Longevity
• Authorizes research, training, and demonstration projects in the field of aging
Title V. Community Senior Services Opportunities Act

- Authorizes funds to support part-time employment opportunities for unemployed low-income people age 55 and older who have poor employment prospects

Title VI. Grants for Native Americans

- Authorizes grants for supportive, nutrition services, and caregiver services for American Indians, Alaskan Natives, and Native Hawaiians

Title VII. Vulnerable Elder Rights Protection Activities

- Authorizes funds for the long-term care ombudsman program & services to prevent elder abuse, neglect, & exploitation
Aging Services Network

Federal
- U.S. Department of Health and Human Services Administration on Aging

State
- State Agencies on Aging (56)
- Tribal Organizations (281)

Local
- Area Agencies on Aging (618)

Provider
- Service Providers (Nearly 20,000)
Total Appropriations (in millions) = $2.1 billion

- Title II: Administration on Aging
- Title III: Grants for State and Community Programs on Aging
- Title IV: Activities for Health, Independence, and Longevity
- Title V: Community Service Senior Opportunities Act
- Title VI: Grants to Native Americans
- Title VII: Vulnerable Elder Rights Protection Activities

Title III Grants for State and Community Programs, FY 2020

Total Appropriations Title III: $1.5 billion

- Supportive Services (Title III B): $390.07
- Nutrition Services (Title III C): $24.85
- Disease Prevention and Health Promotion (Title III D): $185.94
- Family Caregiver Services (Title III E): $936.75

Major State and AAA Functions

Planning and coordination of services and advocacy for older adults

Evaluation of needs older adults in the state and each planning and service area (PSA)

State and AAA plans developed on a multi-year basis

Administration of wide range of service programs
# Primary Service Categories

<table>
<thead>
<tr>
<th>Access to Services</th>
<th>Nutrition</th>
<th>Home and Community-based LTSS</th>
<th>Disease Prevention and Health Promotion</th>
<th>Family Caregiver Support</th>
<th>Vulnerable Elder Rights Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach, information and assistance</td>
<td>Congregate and home-delivered meals</td>
<td>Home care, chore, personal care</td>
<td>Evidence-based health promotion</td>
<td>Individual counseling</td>
<td>Long-term care ombudsman</td>
</tr>
<tr>
<td>regarding benefits</td>
<td>Nutrition counseling and education</td>
<td>Adult day care</td>
<td>Health risk assessments</td>
<td>Access and information and assistance</td>
<td>Prevention of elder abuse, neglect and exploitation</td>
</tr>
<tr>
<td>Case management</td>
<td></td>
<td>Home modification</td>
<td>Routine health screening</td>
<td>Support groups and caregiver training</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td>Physical fitness programs</td>
<td>Respite care</td>
<td></td>
</tr>
</tbody>
</table>
Title III Programs: Supportive Services

Title III-B:

**Purpose:** help older adults remain independent in their own homes and communities

**Percent of OAA Funding:** 19%

**Priority services:** access services (CM, I&R/A, transportation) home care, and legal assistance

**Multiplicity of services:** on average, AAAs provide 27 services
Title III Programs: Nutrition Programs

- **Title III C-1:** Congregate Meals
- **Title III C-2:** Home-Delivered Meals
- **Section 311:** Nutrition Services Incentive Program

**Purpose:** to reduce hunger, food insecurity, malnutrition, promote socialization, and delay onset of poor health resulting from poor nutrition or sedentary lifestyle. Provides indirect income support for older adults

**Percent of OAA Funding:** 45%

**Current status:** Number of HDMs outpacing CMs due to greater demand, leveraging of non-federal funds for HDMs, and state initiatives to expand services for frail older adults at home
OAA Nutrition: National Evaluation

Source: Mathematica Policy Research
Title III Programs: Evidence-Based Health Promotion and Disease Prevention

Title III-D

**Purpose:** Wide range of services authorized by law, e.g. health risk assessments and screening, nutritional counseling, physical fitness, medicine management

**Percent of OAA Funding:** 2%

**Current issues:**
- limited funding …
- Therefore, program is intended to provide seed money to leverage other funding sources
Title III Programs: Family Caregiving Services

Title III-E

**Purpose:** Support for millions of caregivers provide informal, unpaid care to older and younger adults who have mental/physical impairments. One study found 1 and 5 Americans are caregivers.

**Services:** I&R/A, individual counseling, support groups, caregiver training and respite care

**Percent of OAA Funding:** 9%

**Current issues:** Many consider caregiving stress a growing public health issue
Title III-E Family Caregiving Services Cont.

Title III-E

**Recipients:** adult caregivers to older adults, people with Alzheimer's disease of any age, older relatives providing care to children under age 18

**National evaluation results:**
- caregivers provide care for average of 7 years and 9 hours/day
- reduces caregiver burden
- focus on those with intense caregiving responsibilities
- 40% of AAAs have waiting lists, esp. for respite care
Title III: Priority for Services

Eligibility for Services:

- Individuals over the age of 60 with priority for those with “greatest economic and social need”
- No means testing for services

“Greatest social need” is defined in law as those with low income and whose racial or ethnic status may heighten the need for services, older individuals residing in rural areas, as well as or those who have needs related to social factors, such as those with a physical or mental disability experience cultural, social, or geographic isolation that restricts their ability to perform normal daily tasks or threatens their capacity to live independently.

“Greatest economic need” is defined as having an income below the official federal poverty level (FPL).
Title III: Who Receives Services?

In 2018, about 15% of adults age 60 and over received any OAA service – about 11 million people.

A smaller number – about 2.7 million people – about 4% of older adults received services on a regular basis.

ACL data show that the program reaches most vulnerable:
- 1/3 of recipients of regular services had income below the FPL compared to 10% of all older adults.
- 32% were members of minority groups compared to 26% of all older adults.
Voluntary contributions allowed

- Voluntary contributions are allowed for any Title III services if the method of solicitation is non-coercive. Contributions may be solicited for congregate and home-delivered meals, transportation, and senior center services among others.

Cost sharing allowed

- Cost sharing is allowed for certain services other than those that are specifically prohibited. These may include home care, respite care, adult day care, transportation, home repair and others.

Cost sharing prohibited

- Information & assistance & outreach
- Congregate & home delivered meals
- Benefits counseling
- Case management
- Ombudsman services
- Elder abuse prevention services
- Legal assistance
- Other consumer protection services
- Any services delivered by tribal organizations
Title III: Studies of Unmet Need

• Two GAO reports 2011 and 2015
  – Large majority (89%) who were food insecure did not receive OAA meals
  – Large majority (90%) who were limited in 2 or more ADLs did not receive home-delivered meals
  – Interviews with state officials indicated that funding constraints and lack of knowledge of programs contributed to unmet needs
Title V: Senior Community Service Employment Program (SCSEP)

**Purpose:** provide part-time employment for unemployed low-income people age 55 and over with poor employment prospects AND to help enrollees transition to unsubsidized employment. Enrollees work in community services jobs and often in Title III services programs, such as nutrition sites, hospitals, and schools.

**Eligibility for Services:** People over the age of 55 with incomes less than 125% FPL.

**Percent of OAA Funding:** 19%

**Administered by:** Department of Labor
SCSEP Continued

• Participants earn the higher of federal or state minimum wage or local prevailing rate of pay; receive training, counseling and other work-related benefits

• DOL contracts with states and 19 national organizations as host agencies that recruit and enroll participants
Recipient organizations: Recipient organizations must represent at least 50 people age 60 and older

Services: nutrition and supportive and caregiver services funded through three programs.

1) Indian Program; 2) Native Hawaiian Program; 3) Native American Caregiver Support Program

Percent of OAA Funding: 2.1%
Title VII: Vulnerable Elder Rights Protection Activities

State LTC Ombudsman:

**Purpose:** Based on a consumer advocacy model to improve quality of care for residents of nursing homes, assisted living facilities, and board and care homes. Active representation and protection of resident rights. Intended to complement federal and state oversight of facilities by federal and state inspection required by Medicare/Medicaid.

**Eligibility for Services:** Serves residents *regardless of age.*

**Percent of OAA Funding:** 1.1%
LTC Ombudsman, Continued

• Program relies heavily on volunteers – over 60% of ombudsman workforce

• Significant funding from state and local sources

• BUT limited funding threatens program’s ability to meet legislative mandates
Title VII, Continued

• Prevention of Elder Abuse, Neglect and Exploitation
  – State required to create public awareness of ways to identify and prevent abuse/neglect/exploitation
  – Develop state systems and legal protections to protect those who report abuse/neglect/exploitation
  – Most funding for adult protective services comes from other sources, primarily the Social Services Block Grant (SSBG) program and state and local sources.
How do OAA dollars flow?

- From AoA to states:
  - Population-based formula stipulated by law*
- Supportive, nutrition, and elder rights programs:
  - State’s proportionate share of the US population aged 60 and older
- Family caregiver services:
  - State’s proportionate share of the population aged 70 and older
- From AoA to Indian tribal and Native Hawaiian orgs:
  - Application-based grants

*Also includes requirements for hold harmless, minimum amounts for small states and territories
How do dollars flow? (Title V)

• Complex formula hold harmless at grantees’ 2000 level of funding; division of remaining funds into two parts for national organizations and states; and population age 55 and older in each state
• Generally, in recent years, 78% of funds to national organizations and 22% to states
Key Takeaways

Broad mission, limited resources

Centerpiece of aging services network. State and AAA planning, coordination and advocacy functions and state-wide partnerships to improve well-being of older adults

Services well-targeted to most in need

Prohibition on means testing provides flexibility to fill gaps of means-tested program
Key Takeaways

Advocacy functions have led to leveraging of non-OAA funding to complement limited OAA funding

BUT continued constraints on resources will stress the aging services network in the future
OAA Report

• In January 2021 ADvancing States will release a new primer on the OAA
• Useful for an array of constituencies
• Will be available in electronic and print formats
Policies for the Future

• How should programs be changed to accommodate changing older population?
• What actions are necessary to prepare for the older adult population in 2030—the 1 in 5 of the US population?
• What are major priorities for the next reauthorization of the OAA (in 2024)?
Appendix
Themes in Legislative Developments

Participation of older adults in OAA programs
Universal vs targeted participation

Tension between federal designated services and state and local needs

Balance between planning/coordination/ advocacy functions and day-to-day management of service programs
Some R&D initiatives become operating programs e.g., nutrition program, long-term care ombudsman.

Tension between requirements to develop “comprehensive and coordinated service system,” but limited control over non-OAA funds –”power of persuasion” “in the other guys’ pockets”
Selected Resources

- Administration on Community Living, Profile of State OAA Programs: 50 States + DC & Territories, State Profiles, 2018
  ttps://agid.acl.gov/StateProfiles/Profile/Pre?id=109&topic=0
Leadership, innovation, collaboration for state Aging and Disability agencies