

## OAA Reauthorization Analysis and Update

**To:** State Aging and Disability Directors  
**From:** Damon Terzaghi, Adam Mosey, Elaine Sawyer  
**Re:** Senate Older Americans Act Reauthorization Bill  
**Date:** January 10, 2020

### Background

On December 16, 2019, Senators Collins and Casey [released](#) S.3057, the *Modernization of the Older Americans Act Amendments*, to reauthorize the Older Americans Act (OAA) for an additional seven years. The bill was read twice and referred to the Senate Committee on Health, Education, Labor and Pensions (HELP). As you know, the last OAA Reauthorization was enacted in 2016 for a three-year period that expired on September 30<sup>th</sup>, 2019.

### Takeaways and Analysis

S.3057 is similar to the Senate [bill](#) released back in June but also includes a number of updates included in the House-passed [bill](#) back in September. Similarly, the Senate bill includes significant increases to authorized funding levels, including 7 percent in the first year and 6 percent in the following six years. In addition to the full section-by-section analysis below, we wanted to highlight a few other significant proposals in the bill:

- Modifies the definition of disease prevention and health promotion services to include a wide range of new supports, such as:
  - prevention of sexually transmitted diseases;
  - chronic pain management;
  - screening for suicide risk;
  - responses to public health emergencies and emerging health threats;
  - screening for malnutrition; and
  - screening for immunization status.
- Clarifies that AAAs are not prohibited from delivering services that are not provided or authorized by this Act.
- Extends the RAISE Family Caregivers Act by an additional five years
- Repurposes the Interagency Coordinating Committee on Aging to focus on healthy aging and age-friendly communities
- Modifies and expands the OAA evaluation activities within the US Department of Health and Human Services

- Includes a new requirement for States, in consultation with area agencies on aging, to ensure the process used by the State in transferring funds across nutrition programs
- Prioritizes the SCSEP program for eligible individuals who are offenders, individuals who were subject to any stage of the criminal justice process and face barriers to employment as a result from a record of arrest or conviction.
- Provides an authorization for the currently funded Falls Prevention and Chronic Disease Self-Management Programs;
- Eliminates the cap on Title III-E NFCSP funds that can be allocated toward older relative caregivers (currently at 10 percent);
- Increases minimum funding level for state administrative expenses from \$500,000 to \$750,000, which should benefit 24 states.

The Senate draft bill released in June left a placeholder for one of the most contentious issues in the previous reauthorization that led to it being held up for five years, which are the hold harmless provisions. This senate bill adopts the hold harmless provision included in the House-passed bill, which we analyze in depth in Section 204 below.

## Specific Highlights from the Legislation

### Section 101 – Reauthorization

This section authorizes appropriations for specific programs and defines the length of the OAA reauthorization. Notably, the bill would reauthorize the OAA for seven years (FY2020-FY2026) which is longer than prior OAA reauthorizations and is also longer than the House-passed reauthorization.

Funding for several programs is authorized in this section and there are substantial increases over existing funding levels. However, please note that a programmatic authorization is a recommendation made by the bill authors. The actual funding is determined during the annual appropriations process and appropriators are not required to abide by authorized levels. Despite the nonbinding nature, bipartisan agreement which increases authorized levels could be helpful with securing additional funds during the appropriations process.

The following authorization levels are included in this section:

ACL/AoA Administration: FY2020: \$44,041,171; FY2021: \$46,684,701; FY2022: \$49,485,783; FY2023: \$52,454,930; FY2024: \$55,602,226; FY2025: \$58,938,360; and FY2026: \$62,474,661.

National Eldercare Locator Service: FY2020: \$2,186,227; FY2021: \$2,317,401; FY2022: \$2,456,445; FY2023: \$2,603,832; FY2024: \$2,760,062; FY2025: \$2,925,665; and FY2026: \$3,101,206.

Pension Counseling and Information Programs: FY2020: \$1,992,460; FY2021: \$2,112,008; FY2022: \$2,238,728; FY2023: \$2,373,052; FY2024: \$2,515,435; FY2025: \$2,667,361; and FY2026: \$2,826,343.

Elder Rights Support Activities (in OAA Section 202 – separate from other elder rights activities): FY2020: \$1,375,011; FY2021: \$1,457,511; FY2022: \$1,544,962; FY2023: \$1,637,660; FY2024: \$1,735,919; FY2025: \$1,840,074; and FY2026: \$1,950,479.

Aging and Disability Resource Centers: FY2020: \$8,708,043; FY2021: \$9,230,526; FY2022: \$9,784,357; FY2023: \$10,371,419; FY2024: \$10,993,704; FY2025: \$11,653,326; and FY2026: \$12,352,525.

### **Section 102 – Person-Centered, Trauma-Informed Services**

Amends the OAA declaration of objectives to include access to person-centered, trauma informed services as appropriate.

### **Section 103 – Aging and Disability Resource Centers**

Modifies the OAA definition of Aging and Disability Resource Centers (ADRCs) to clarify that they should operate in collaboration (as appropriate) with area agencies on aging (AAAs), centers for independent living (CILs), and other aging/disability entities. Clarifies that ADRC counseling focuses on long-term services, supports and care and is consistent with individual choices.

### **Section 104 – Assistive Technology**

Includes a definition of “State assistive technology entity” that is based on the Assistive Technology Act of 1998. Modifies AAA area planning requirements to require that they coordinate with the State assistive technology entity to facilitate access to and acquisition of assistive technology for older adults. Includes assistive technology as one of the topics that AAAs may make recommendations to government officials in the planning and service area and the State regarding actions to build capacity around.

Modifies OAA Section 411 to clarify that grants for applied social research should be aligned with evidence-based practice and that the development, implementation, and assessment of technology-based service models are consistent with the Rehabilitation Act’s Section 508 accessibility standards.

### **Section 105 – Vaccination**

Adds “immunization status” to the allowable health screening activities within the definition of disease prevention and health promotion services. Includes “infectious disease and vaccine-preventable disease” within evidence-based health promotion programs as part of the definition of disease prevention and health promotion services.

### **Section 106 – Malnutrition**

Adds “screening for malnutrition” as a component of nutrition screening within the definition of disease prevention and health promotion services. Amends Title III, Part C (nutrition programs) to include reducing malnutrition as one of the purposes of the Part.

### **Section 107 – Sexually Transmitted Diseases**

Adds “prevention of sexually transmitted diseases” within evidence-based health promotion programs as part of the definition of disease prevention and health promotion services.

### **Section 108 – Addressing Chronic Pain Management**

Adds “chronic pain management” within evidence-based health promotion programs as part of the definition of disease prevention and health promotion services.

### **Section 109 – Screening for Suicide Risk**

Adds “screening for suicide risk” within the behavioral health services part of the definition of disease prevention and health promotion services.

### **Section 110 – Addressing Public Health Emergencies and Emerging Health Threats**

Adds “responses to public health emergencies and emerging health threats” as a new section within the definition of disease prevention and health promotion services.

### **Section 111 – Clarification Regarding Board and Care Facilities**

Strikes a provision that limited the inclusion of board and care facilities within the OAA definition of long-term care (LTC) facilities. Previously board and care facilities were only considered LTC facilities for the purposes of OAA Section 307(a)(12) [services for the prevention of abuse of older individuals] and Section 712 [The LTC Ombudsman program].

### **Section 112 – Person-Centered, Trauma-Informed Services**

Includes a definition of “person-centered, trauma-informed” services within the OAA.

### **Section 113 – Modernizing the Review of Applications and Providing Technical Assistance for Disasters**

When an applicant applies for a grant that they previously operated, this section stipulates that ACL/AoA must ensure that the grant is being operated effectively to achieve its stated purpose and that the applicant has complied and will continue to comply with all grant assurances.

Requires ACL/AoA to annually publish a list of centers and demonstration projects funded under each title of the OAA and to ensure that it is provided directly to States and area agencies on aging.

Requires ACL/AoA to provide technical assistance and share best practices with States and area agencies on aging on how to collaborate and coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments, Federal agencies as appropriate, and any other institutions that have responsibility for disaster relief service delivery.

**Section 114 – Notification of Availability of or Updates to Policies, Practices, and Procedures Through a Uniform E-Format**

Requires ACL/AoA to use a standardized electronic format to notify States, AAAs, providers, and grantees of any changes to policies, practices, or procedures.

**Section 115 – Evidence-Based Program Adaptation**

Requires ACL/AoA to disseminate information and provide technical assistance on delivery of evidence-based services in different settings and for different populations.

**Section 116 – Business Acumen Provisions and Clarification Regarding Outside Funding for Area Agencies on Aging**

Codifies in law that ACL/AoA must operate a technical assistance center (either directly or via a grant/contract) that provides assistance on business acumen, capacity building, organizational development, innovation, and other methods of growing and sustaining the capacity of the aging network to serve older individuals and caregivers most effectively.

Clarifies that AAAs are not prohibited from delivering services that are “not provided or authorized by this Act.” This includes via contracts with health care payers, private-pay options, or other similar arrangements that increase the availability of HCBS. Prior reauthorization drafts had some ambiguity in this language, but we believe this allows AAAs to both provide services that are outside the scope of the OAA as well as services that might be included in the OAA but are unavailable to an individual due to funding limitations or similar restrictions.

**Section 117 – National Resource Center for Older Individuals Experiencing the Long-Term and Adverse Consequences of Trauma**

Directs ACL/AoA to operate (either directly or via a grant/contract) a national resource center on person-centered, trauma-informed services.

### **Section 118 – National Resource Center for Women and Retirement**

Directs ACL/AoA to operate (either directly or via a grant/contract) a technical assistance center that focuses on basic financial management, retirement planning, and other educational tools, that promote financial literacy and help to identify and prevent fraud and exploitation of older women. This is a codification of the existing center run by WISER.

### **Section 119 – Family Caregivers**

Codifies that the ACL Administrator/Assistant Secretary on Aging is responsible for carrying out the RAISE Family Caregivers act. Extends the RAISE Family Caregivers Act by an additional five years.

### **Section 120 – Coordination with Assistant Secretary for Mental Health and Substance Use and Director of the Centers for Disease Control and Prevention**

Directs ACL/AoA to coordinate with the Assistant Secretary for Mental Health and Substance Use and the Director of the Centers for Disease Control and prevention regarding suicide prevention for older adults.

### **Section 121 – Modernizing the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities**

Repurposes the Interagency Coordinating Committee on Aging to focus on healthy aging and age-friendly communities. Directs the committee to develop a national set of recommendations that support older individuals as they age in place, that promote age-friendly communities, and that support access to long-term services and supports. Includes a definition of age-friendly communities and enables ACL to provide technical assistance regarding ways to implement best practices and the committee recommendations.

### **Section 122 – Professional Standards for Nutrition Official Under the Assistant Secretary**

Requires that the ACL/AoA employee responsible for the administration of OAA Title III-C nutrition services be a registered dietitian or registered dietician nutritionist. Removes the ability for this individual to not be a registered dietitian or registered dietician nutritionist but instead be a credentialed nutrition professional or have education and training that is substantially equivalent to the education and training for a registered dietitian or a credentialed nutrition professional.

### **Section 123 – Report on Social Isolation**

Requires the Secretary of HHS to prepare a report on OAA activities supported or funded by ACL/AoA that include a focus on addressing the impacts of social isolation. The due date for an interim report is

two years after the date of enactment of the law, and the due date for a final report is five years after enactment. The report is expected to include information on:

- 1) If social isolation is being adequately addressed under these programs;
- 2) Information on the prevalence of isolation in both urban and rural areas;
- 3) Public health impacts associated with social isolation;
- 4) The role of preventive measures in mitigating negative impacts of isolation;
- 5) Current public awareness of negative public health impacts of isolation;
- 6) Efforts to address the negative public health impacts of isolation.

The report is also expected to identify whether these programs:

- 1) Support projects to decrease the negative impacts of isolation among both older individuals and their caregivers;
- 2) Support outreach activities for screening individuals for negative impacts of social isolation; and
- 3) Include a focus on decreasing these negative impacts.

Lastly, the report is expected to include, as appropriate, recommendations for reducing the negative impacts associated with social isolation.

### **Section 124 – Innovation, Demonstration, and Evaluation within Aging Programs**

This section modifies and expands the OAA evaluation activities within the US Department of Health and Human Services (HHS). It designates the HHS Secretary as the entity responsible for the demonstration, research, and evaluation functions, though we would expect the actual activities to be delegated to some component of HHS, most likely ACL and/or the Assistant Secretary for Planning and Evaluation.

The legislation would require HHS to, where feasible, evaluate the impact of OAA programs on the “determinants of health for program participants” as well as the relationship between OAA programs and health care expenditures – with an emphasis on Medicare and Medicaid. We note that the language does not discuss “social determinants of health” and instead uses “determinants of health.” There is no definition of “determinants of health” within the legislation so it is somewhat unclear what distinction there is between the bill’s language and the more commonly-used “social determinants of health” framework.

The bill would also provide HHS with the flexibility to replicate successful projects under Title IV of the OAA which could include, as appropriate, a national demonstration. The bill would also direct HHS to require that selected (ie: not all, but at least some) projects under Title IV of the OAA be targeted to address the determinants of health for participants; show the relationship between the intervention and health care expenditures while preserving or enhancing quality of care; and contain performance measures that evaluate whether the projects are achieving those goals. The bill also contains language that allows, but does not appear to require, HHS to prioritize demonstration projects that intend to address at least one of the following goals:

- 1) Multigenerational engagement;
- 2) Support for caregivers caring for individuals of any age;
- 3) Community-based partnerships; or
- 4) Other activities that the Secretary believes would achieve the objectives of this research/demonstration section.

Additionally, HHS is required to publish a 5-year plan that establishes a framework for evaluating OAA programs. This framework would be published in the Federal Register and open for public comment. The first plan would be due December 1, 2020 and then subsequent plans would be published on December 1<sup>st</sup> every 5-years thereafter.

Lastly, the bill modifies OAA Title IV in several ways. First, it renames Title IV as “Innovation, Demonstration, and Evaluation within Aging Programs.” Second, it removes the following two goals from the Title IV statement of purpose: “to expand the Nation’s knowledge and understanding of the older population and the aging process” and “to increase awareness of citizens of all ages of the need to assume personal responsibility for their own longevity.” The bill replaces those goals with gaining a better understanding and knowledge base for both appraising services and facilities as well as for developing new ways to improve the lives of older adults in their place. Lastly it expands the scope of evaluation grants that can be made under Title IV. Previously those grants focused on the performance of Title IV projects, but the amendment enables them to evaluate the performance of any program, activity, or service within the OAA.

### **Section 201 – Determinants of Health**

Adds measurement of determinants of health of older individuals to the list of state agency and AAA responsibility under Title III grant administration.

### **Section 202 – Younger Onset Alzheimer’s Disease**

This section includes individuals with younger onset Alzheimer’s Disease under the definition of populations served by adult family caregivers. Additionally, individuals with younger onset Alzheimer’s Disease can be residents served by the State Long-Term Care Ombudsman.

### **Section 203 – Reauthorization**

This section authorizes appropriations for the programs under the Act, including supportive services, congregate and home-delivered nutrition, disease prevention and health promotion, and family caregiver services. Specific authorized levels begin on page 35 of the bill text. The bill includes significant increases in authorized levels similar to the House bill. As noted previously, authorized levels do not necessarily result in appropriations so these numbers may not come to be. In the past, appropriators have essentially ignored authorized levels and funded OAA programs at significantly different levels.

### **Section 204 – Hold Harmless Formula**

This section adopts the compromise on hold harmless that was struck in the House version of the bill.

The House bill states that:

“(I) The term ‘allot’ means allot under this subsection from a sum appropriated under section 303(a) or 303(b)(1), as the case may be.

Based on our analysis, this would replace the current hold harmless language that applies to Title III-B, III-C, and III-D. It would instead **only apply the hold harmless provisions to title III-B** [HCBS Supportive Services - which is appropriated by sec. 303(a)] **and to Title III-C1** [Congregate Meals – which is appropriated by 303(b)(1)]. The Hold Harmless provisions would no longer apply to Title III-C2 [Home Delivered Meals] or to Title III-D [Disease Prevention and Health Promotion] as they are not included in the definition of “allot” for this subsection.

Further, for those funding amounts included in the hold harmless provisions, there is a different policy applied depending on whether the total appropriations are greater or less than the amount appropriated for FY2019 (which is the base year used for the calculation). All of the percentages in the formula refer to the amount allocated in FY2019 – not in the prior year. The two different policies are:

- If the amount available for the relevant grant program (title III-B or III-C1) is **less than or equal to** FY2019 levels:
  - States would receive amounts based on the same population-based formula (proportion of the U.S. population age 60 and over) and state and territory minimum grant amounts. Under the House proposal, states subject to a reduction would have their allotments

- reduced by 0.25 percent each year from their FY2019 levels over the course of the 10-year compromise period.
  - For example, in FY2020, no state would receive less than 99.75 percent of the amount allotted to the state for FY2019. For FY2021, no state would receive less than 99.50 percent of the amount allotted for FY2019 and so forth, until FY2029, when the hold harmless provision is repealed entirely from the law.
- If the amount available for the relevant grant program (title III-B or III-C1) **exceeds** FY2019 levels, the following two-part process kicks in:
  - The first part of the process applies only to the amount of funding available that is equal to the FY2019 levels. States would receive the first portion of their grants based on the same population-based formula discussed above. HH would decrease these state amounts by 0.25 percent from their FY2019 levels on the same schedule from FY2020-FY2029 as discussed above.
  - The second part of the process applies to amounts exceeding the FY2019 levels. For this amount, states would receive an allotment solely based on their proportion of the population 60 and over.
  - The two amounts would be combined together to form the total allotment amount for states for a given year.
- After 2029, the hold harmless provision would be repealed, and state allotments would solely be based on the population-based formula with no hold harmless provisions.

### **Section 205 – Outreach Efforts**

Adds a provision that directs AAAs to specifically focus on survivors of the Holocaust at risk of institutional placement when doing outreach to potentially eligible individuals.

### **Section 206 – Maintenance of Effort for State Long-Term Care Ombudsman Program**

This section updates the Area Plan and State Plan requirements related to the Maintenance of Effort for the State Long-term Care Ombudsman Program. Specifically, the act changes the reference year for MOE requirements for both AAAs and States from 2000 to 2019. In essence, this means that States and AAAs cannot spend less Title III or Title VII funding on the Ombudsman program than they did in FY2019 on the program in the future.

### **Section 207 – Coordination with Resource Centers**

Amends the requirements within the OAA state and area plan provisions to require that states and AAAs collect data regarding service needs of individuals targeted by centers funded under Title IV of the Act and directs that outreach efforts should attempt to reach all eligible individuals with an emphasis on individuals targeted by those centers. This also includes information on the effectiveness

of programs, policies, and services provided by such area agency on aging in assisting these individuals and clarifies that this applies to centers that were in operation as of the effective date of the legislation.

### **Section 208 – Senior Legal Hotlines**

Instructs ACL/AoA to submit a report to Congress on the operation and uptake of senior legal hotlines across the country, including analysis of the usefulness of the hotlines and recommendations on actions that could be taken to improve them.

### **Section 209 – Increase in Limit on Use of Allotted Funds for State Administrative Costs**

The minimum funding level for state administrative expenses would increase from \$500,000 to \$750,000. This would provide states more resources for implementation and oversight of statewide programs for the growing aging population. Seventeen states were at the \$500,000 minimum allotment, and seven states were above \$500,000 but below \$750,000. All 24 of these states would increase to \$750,000.

### **Section 210 – Improvements to Nutrition Programs**

This section focuses on OAA nutrition programs and places new requirements on state agencies. It includes a new requirement for States, in consultation with area agencies on aging, to ensure the process used by the State in transferring funds under Section 308(b)(4) (i.e.: the transfer authority between Title III C1 and C2 nutrition services) is simplified and clarified to reduce administrative barriers and direct limited resources to the greatest nutrition service needs at the community level.

### **Section 211 – Review of Reports**

Directs the Assistant Secretary to review and aggregate reports submitted under section 207 (above), including on the effectiveness of programs and services provided by AAAs to assist older adults and outreach to serve individuals whose needs are the focus of all centers funded under title IV in fiscal year 2019.

### **Section 212 – Other Practices**

Directs GAO to engage in a comprehensive study related to a wide range of policies under the OAA, including information about and a list of contracts with health care organizations, and State-implemented cost-sharing policies by area agencies on aging, waiver use, and waiver use policies, and voluntary contribution policies.

### **Section 213 – Culturally Appropriate, Medically Tailored Meals**

Allows for Title III-C programs flexibility in the types of meals they serve their populations, based on cultural and medical considerations.

### **Section 214 – Nutrition Services Study**

Directs ACL/AoA to do a study on nutrition services with a specific emphasis on demand for meals vs. the available number of meals under the OAA. The bill text specifically discusses a potential ACL review of state waiting list policies and other methods used to measure when demand exceeds supply.

### **Section 215 – National Family Caregiver Support Program**

Includes the definition of a “caregiver assessment.” Caregiver assessments gather information about a caregiver’s situation, who is a participant in the assessment, and identifies the caregiver’s needs, barriers, and existing supports. The assessment process will provide the opportunity for caregivers to participate in the assessment, requires direct contact with the caregiver to identify needed supports, and includes a reassessment process. This section also allows for the use of caregiver assessments in informing services and supports a caregiver will receive. Assessments are not mandated, but the language encourages ACL to promote the use of caregiver assessments.

This section authorizes the Assistant Secretary to provide technical assistance to implement the use of caregiver assessments. The Assistant Secretary is also required to submit a report on the use of caregiver assessments, the impact of caregiver assessments on family caregivers and individuals receiving care, the impact of caregiver assessments on the aging network, and how the assessments are used to identify needs and challenges for family caregivers.

### **Section 216 – National Family Caregiver Support Program Cap**

This section removes the cap on the National Family Caregiver Support Program (NFCSP) funding for grandparents raising grandchildren, which is currently capped at 10 percent of total federal and non-federal funding. The NFCSP allows states to provide supportive services for adult family caregivers. The Assistant Secretary on Aging is required to submit a report to Congress on the impact of eliminating the 10 percent cap. States who receive federal funding for the NFCSP for FY2020 must submit a fiscal year report to the Assistant Secretary with the amounts of federal and non-federal funds to provide supportive services to family caregivers.

### **Section 301 – Reauthorization**

This section provides appropriation amounts for aging network support activities and elder rights support activities between fiscal year 2020 and fiscal year 2026. Funding for these activities would increase by 6 percent each year.

Aging network support activities would be funded at \$14,549,157 for FY2020, \$15,422,107 for FY2021, \$16,347,433 for FY2022, \$17,328,279 for FY2023, \$18,367,976 for FY2024, \$19,470,054 for FY2025, and \$20,638,357 for FY2026.

Elder rights support activities would be funded at \$15,650,667 for FY2020, \$16,589,707 for FY2021, \$17,585,090 for FY2022, \$18,640,195 for FY2023, \$19,758,607 for FY2024, \$20,944,123 for FY2025, and \$22,200,770 for FY2026.

### **Section 302 – Falls Prevention and Chronic Disease Self-Management Education**

This section allows the Assistant Secretary to create grants to implement evidence-based falls prevention programs for older adults and individuals with disabilities. This section also allows for the creation of grants to implement evidence-based chronic disease self-management programs for older adults and individuals with disabilities.

### **Section 303 – Technical Assistance and Innovation to Improve Transportation for Older Individuals**

Updates methods demonstration projects or technical assistance organizations can use to disseminate information on transportation options to older adults and people with disabilities. New methods include call centers, websites or Internet-based portals, mobile applications, or other technology.

This section also allows calls on organizations to improve the accessibility and availability of information on public transit, on-demand transportation services, volunteer-based transportation services, and private transportation provider options for older adults and people with disabilities. Additionally, organization can help individuals improve their ability to schedule trips on demand and in advance, find and share resources and reduce costs of transportation services for older adults, and coordinate trips when requested from an individual.

### **Section 304 – Grant Program for Multigenerational Collaboration**

This section allows the creation of grants for projects aimed towards providing for older adults the opportunity to participate in multigenerational and civic engagement activities. Projects should be developed with a focus on the health and wellness of older adults and younger generations, namely reducing social isolation in older adults, improving economic well-being for older adults, and supporting family caregivers. Grants and contracts would also support multigenerational nutrition and meal service programs and programs that promote volunteerism opportunities for older adults to mentor younger generations.

States, area agencies on aging, or organizations that provide older adults the opportunity to engage in multigenerational activities will be eligible to be awarded grants and contracts for a period no less than

36 months. The Assistant Secretary would be required to evaluate grant and contract activities no later than three years after the reauthorization of the OAA and submit a report to Congress within six months after completing the evaluation.

### **Section 401 – Priority for the Senior Community Service Employment Program**

Prioritizes the SCSEP program for eligible individuals who are offenders, individuals who were subject to any stage of the criminal justice process and face barriers to employment as a result from a record of arrest of conviction. States will need to include a plan for the inclusion of these individuals in SCSEP programs in their state plan on aging and when applying for competitive grants.

### **Section 402 – Authorization of Appropriations**

This section includes the updated appropriation amounts for Title V programs for fiscal year 2020 through fiscal year 2026. Programs would have a 6 percent increase in funding each year with funding at \$429,020,486 for FY2020, \$454,761,715 for FY2021, \$482,047,418 for FY2022, \$510,970,263 for FY2023, \$541,628,478 for FY2024, \$574,126,187 for FY2025 and \$608,573,758 for FY2026.

### **Section 501 – Authorization of Appropriations**

This section includes appropriation amounts for Title VI programs for fiscal year 2020 through fiscal year 2026. Programs will have a 6 percent increase each year. Funding for parts A and B will be \$38,524,324 for FY2020, \$40,835,783 for F 2021, \$43,285,930 for FY2022, \$45,883,086 for FY2023, \$48,636,071 for FY2024. \$51,554,235 for FY2025, and \$54,647,489 for FY2026. Part C will be funded at \$10,785,575 for FY2020, \$11,432,710 for FY2021, \$12,118,672 for FY2022, \$12,845,792 for FY2023, \$13,616,540 for FY2024, \$14,433,532 for FY2025, and \$15,299,544 for FY2026.

This section also states that 5 percent of funds appropriated for parts A, B, and C must be made available for Part D if appropriated funds are greater than appropriated funds from fiscal year 2019. Part D is designated as supportive services for healthy aging and independence.

Additionally, Section 501 of the bill permits the Assistant Secretary to create grants for demonstration projects aimed towards building the capacity of tribal organizations and organizations serving Native Hawaiians to provide in-home and community supportive services. The goal of these projects is to provide supports for older Indians and Native Hawaiians to help individuals avoid placement in long-term care facilities. In-home and community services can include transportation, information and referral, case management, family caregiver support, and other programs. Organizations providing supportive services under parts A or B are not prohibited from providing services for demonstration projects.

### **Section 601 – Reauthorization; Vulnerable Elder Rights Protection Activities**

This section includes the appropriated amounts for the ombudsman program and other elder rights protection activities for fiscal year 2020 through fiscal year 2026. These programs would see a 6 percent increase in funding. Funding for the ombudsman program would be \$18,110,027 for FY2020, \$19,196,629 for FY2021, \$20,348,427 for FY2022, \$21,569,332 for FY2023, \$22,863,492 for FY2024, \$24,235,301 for FY2025, and \$25,689,419 for FY2026.

Other programs would be funded at \$5,119,287 for FY2020, \$5,426,444 for FY2021, \$5,752,031 for FY2022, \$6,097,153 for FY2023, \$6,462,982 for FY2024, \$6,850,761 for FY2025, and \$7,261,807 for FY2026.

### **Section 602 – Volunteer State Long-Term Care Ombudsman Representatives**

Provides clarifying language to allow designated volunteers who represent local ombudsman entities to be reimbursed for any costs, including transportation, when serving as a volunteer.

### **Section 603 – Prevention of Elder Abuse, Neglect, and Exploitation**

This section includes community outreach and education to the list of activities states can implement to support multidisciplinary elder justice activities. This section also changes language to include the implementation of innovative practices in communities to develop multidisciplinary partnerships for elder justice activities.

### **Section 604 – Principles for Person-Directed Services and Supports During Serious Illness**

This section would require the Administrator of ACL to disseminate principles regarding service delivery and care planning for person-directed services and supports during serious illness to stakeholders in the aging network and covered state agencies, area agencies on aging, and other federal agencies. These principles would be used as a guide in setting priorities around service delivery and care plans for programs provided by these agencies. This section also requires the Administrator to receive ongoing feedback from stakeholders and to prepare a report to Congress on that feedback three years after reauthorization of the OAA.

### **Section 605 – Extension of the Supporting Grandparents Raising Grandchildren Act**

This section extends the Supporting Grandparents Raising Grandchildren Act by one year, from 3 years to four years after the enactment date of the Act, July 7, 2018.

### **Section 606 – Best Practices for Homes and Community-Based Ombudsmen**

The section requires the Assistant Secretary to issue a report on the best practices for home and community-based ombudsmen updating a report issued by the National Direct Service Workforce Resource Center within CMS no later than three years after reauthorization.

### **Section 607 – Senior Home Modification Assistance Initiative**

This section requires the Comptroller General to issue a report that includes:

- An inventory of federal programs that support evidence-based falls prevention, home assessments, and home modifications for older adults and individuals with disabilities;
- Statistical data on the number of participants served by each of those programs;
- A demographic analysis of individuals served by those programs;
- Duplication or gaps in services provided;
- The impact on health status and health outcomes; and
- A review of federal efforts to coordinate programs prior to reauthorization of the OAA;
- Information on the accessibility of consumer-friendly resources on evidence-based falls prevention, home assessments, and home modification programs to area agencies on aging and individuals attempting to live in their homes.