



Leadership Council of Aging Organizations

Consensus Recommendations *for the* 2011 Older Americans Act Reauthorization

Adopted April 6, 2011

Introduction

The Older Americans Act (OAA) is the major federal discretionary funding source for home and community-based services for older adults. Programs supported through the OAA include home-delivered and congregate nutrition services, in-home supportive services, transportation, caregiver support, community service employment, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older persons, and other supportive services. These programs provide vital support for those older adults who are at significant risk of losing their ability to remain in their own homes and communities, or who need support and protection in long-term care facilities.

In addition, OAA funds resource centers that support the work of the aging services network, these resource centers address a variety of needs, including access to benefits, elder justice, multigenerational service and volunteering, legal services, financial literacy, long-term care ombudsman training, and targeted services to minority and special populations in need.

To develop and implement the wide array of OAA services, a system of federal, state and local agencies and organizations, known as the Aging Network, was established. The core of the Aging Network is the U.S. Administration on Aging (AoA), 56 State and Territorial Agencies on Aging (SUAs), 629 Area Agencies on Aging (AAAs), 246 Title VI Native American and Native Hawaiian aging programs, and more than 30,000 community-based service provider organizations. This critical aging infrastructure is the backbone of our nation's home and community-based long-term services and supports system offering assistance to older adults. The

Aging Network's activities also benefit other populations such as people with disabilities and caregivers.

Supported by the OAA, the Aging Network has successfully served millions of older adults in the community and in long-term care facilities since 1965, and is positioned to assist the country's growing aging population to remain healthy, active, and in their communities. With each reauthorization, the OAA has been adapted to meet the changing needs of this growing population, the changing role of family supports, and expanding research and technological advances, often with inadequate funding. Further, the Aging Network and its services have the potential to save the Medicare, Medicaid, and Veterans Administration programs billions of dollars each year by enabling older adults to stay in their homes and communities and out of hospitals and long-term care facilities.

This current reauthorization provides an opportunity to reassess the successes and shortcomings of the OAA's ability to serve older Americans, particularly those with the greatest social and economic need. In these times of fiscal restraint, the Leadership Council of Aging Organizations (LCAO) offers in this document recommendations for improving the efficiency and effectiveness of the OAA in its delivery of core services and how it interacts and coordinates with other federal programs that serve older adults.

In order to maximize effectiveness, community-based services provided through the Aging Network must be coordinated and integrated with the various federal health care services that older adults receive. In addition, they must work hand in glove with other programs at the state and federal levels such as the Low-Income Energy Assistance Program (LIHEAP), fraud prevention programs, Senior Corps and other programs promoting community service, transportation programs, the State Health Insurance Assistance Program (SHIP), the Adult Protective Services Program and other elder abuse-related programs.

The goal of the following LCAO recommendations is to authorize the AoA, the Assistant Secretary, and the programs and staff across the nation to fulfill their promise by giving them the tools, direction and flexibility to provide the services that the aging population of our nation demands. Our focus is on person and family-centered care with local flexibility to serve the needs of unique communities and sub-populations. LCAO's recommended improvements do not require major changes to the OAA's core services or eligibility requirements. LCAO strongly believes that increasing the authorized funding for all titles of the OAA is necessary; however, provision of adequate funding is just one of the ways that we propose to improve and expand services. Additionally, any new programs added to OAA should be given specific authorization levels.

With the population of older individuals expected to grow exponentially in the coming years, the aging network faces incredible challenges associated with the influx of older individuals into

OAA programs. The LCAO, which has played a significant leadership role in past reauthorizations, is committed to a reauthorization that will strengthen the OAA for both the older adults currently receiving services and for the boomers who, in 2011, have begun turning 65 years of age.

We urge Congress to update and improve the Older Americans Act, while providing the funding needed for OAA programs to keep older Americans independent and productive, thereby saving federal and state government resources. Therefore, the LCAO makes the following recommendations to strengthen and enhance the OAA.

General Recommendations

- ❖ Raise or increase the authorized funding for all titles of the OAA. Additionally, any new programs added to the Act should be given specific authorization levels. With the population of older individuals expected to grow exponentially in the coming years, the Aging Network faces incredible challenges associated with the influx of older individuals into OAA programs. The scope of the OAA is vast and expanding to cover additional populations while the investment in its mission has been severely, and consistently, underfunded.
- ❖ The Aging Network should be considered the focal point for aging related matters at all levels of government. Amend the OAA to explicitly recognize the principal role that State Agencies on Aging have in planning for the social and physical needs of older adults at the state level, and Area Agencies on Aging at the local level.
- ❖ Where possible in the OAA, lesbian, gay, bisexual and transgender older adults should be included as a vulnerable population with greatest social need as a result of a lifetime of bigotry, stigma and discrimination.
- ❖ The underserved, vulnerable communities of all racial and ethnic groups, as well as, lesbian, gay, bisexual and transgender older adults should be explicitly addressed in the OAA in ways that account for their unique family structures and collective experiences. Terms such as “adult care,” “family,” “family caregiver,” “spouse,” “underserved area,” “vulnerable elder,” and “family violence” should be defined to account for the variety of family and care structures of all racial and ethnic communities, and LGBT communities, which include partners and families of choices, as well as spouses and biological families.
- ❖ Where appropriate and practical in the OAA, data collection, project assessments and reporting requirements should ensure that racial groups, as well as lesbian, gay, bisexual and transgender older adults, are studied and appropriately served.

Title I

Title I of the Older Americans Act sets forth the objectives of the statute and the definitions that provide a common understanding of issues, such as how services are targeted and core components of many of the initiatives of the Aging Network. LCAO's recommendations for Title I include those that seek to strengthen and modernize targeting of services to those with greatest economic and social need and modernize language and update definitions to reflect new strategies embraced by the Network.

- ❖ Establish economic security as a goal of the Older Americans Act. Define economic security as having the income, resources and services and supports necessary to meet all basic needs, including housing, health care, transportation, food, miscellaneous essentials and, when necessary, long-term care.
- ❖ Measure “economic need” as having an income at or below 200% of the federal poverty line, in order to strengthen the Act’s goal of directing services to those with the greatest economic and social need.
- ❖ Instruct the Bureau of Labor Statistics to re-visit the methodology and data collection for the experimental Consumer Price Index for the Elderly (developed in 1987 via reauthorization of the OAA) to account for elders’ true expenses. Also instruct BLS to develop a complementary geographically-based measure of economic security for elders.

Definitions

- ❖ The definitions of “greatest social need” in the OAA should explicitly name older adults living with HIV—recognizing the growing number of older adults living with HIV and the related health disparities, discrimination and stigma.
- ❖ The definitions of “minority” status and “greatest social need” in the OAA should explicitly name racial minority groups and lesbian, gay, bisexual and transgender older adults.
- ❖ Amend the definition of Aging and Disability Resource Centers (ADRCs) to make explicit the role of AAAs and Title VI programs in this effort, as well as clarify the importance of formal partnerships between aging and disability organizations in order to successfully implement an ADRC network.
- ❖ To reflect the emerging role of the Aging Network in care coordination, the OAA should be amended to include care coordination as a fully restorative service under Sec. 101 (4) and the following definition of care coordination should be added to Sec. 102: “Care coordination” is a person- and family-centered and interdisciplinary approach to meet the needs of the older adult while enhancing the capabilities of the older individuals and family caregivers. Care

coordination integrates health care, long-term services and supports, and social support services in which an individual's needs and preferences are assessed, along with the needs and preferences of family caregivers. A core element of care coordination is the active engagement of the older adult, the family, community-based service professionals, and health care professionals providing care to an individual in the design and implementation of the plan of care. Activities of care coordination aim simultaneously at meeting individual and family needs, building person and family capacity and improving systems of care.

- ❖ Define advocacy with particular attention to the roles and mandates at the federal, state and local levels. A definition will help to eliminate confusion or misunderstanding about what the OAA requires in terms of advocacy, and ensure that there is a consistent degree of advocacy on behalf of and with older Americans across the country.
- ❖ Amend the OAA to incorporate and promote “person-first” language, objectives and goals.
- ❖ Ensure that information and assistance is properly defined and used consistently throughout the OAA. Amend the definition to: include the preference that information and assistance be provided by an entity which is accredited by a program such as the Alliance of Information and Referral Systems (AIRS) and using the *Standards for Professional Information and Referral*, and ensure that information and assistance services links individuals to opportunities for work and volunteer service in the community.

Title II

Title II sets forth the roles and responsibilities of the U.S. Administration on Aging, including coordination of programs serving older adults across federal agencies, support of national aging services projects and resource centers, and evaluation and oversight of initiatives authorized by OAA. LCAO's recommendations for Title II include those that would enhance evaluation to provide better information on the effectiveness and efficiency of OAA programs; strengthen the capacity of the Aging Network to meet the core objectives of OAA; provide improved research and coordination of federal programs serving older adults; and take proven demonstration projects to scale.

- ❖ The OAA should amend and include provisions that promote cultural and linguistic competence for all racial and ethnic groups, as well as lesbian, gay, bisexual and transgender older adults.

Systems & Programs

- ❖ Strengthen the role of the Aging Network to integrate medical and human services–based long-term services and supports (LTSS), particularly in order to promote the Aging Network's role in health, wellness (both physical and behavioral health) and care

management. To this end, make permanent and fully fund the Aging and Disability Resource Centers and evidence-based health promotion and disease prevention programs, such as the Chronic Disease Self-Management Program.

- ❖ Strengthen the ability of the Aging Network to improve OAA performance by creating capacity-building initiatives. Specifically:
 - Add to the existing Title II evaluation provisions under Section 206 to enhance the capacity of the Administration on Aging (AoA) to perform program evaluations for current OAA and emerging programs. This enhanced capacity would allow AoA to further develop its involvement in evidence-based programming and evaluate the Aging Network's role and capacity in providing long-term services and supports and related system change efforts. The evaluation activities would be funded through their own authorization under Title II.
 - Add a new section under Title II creating a technology development program to assist the Aging Network to invest in and utilize new and innovative technologies to improve service delivery and more effectively track and report on OAA programs and services.
- ❖ Reinforce the role of the Assistant Secretary to provide training and technical assistance, conduct oversight, and disseminate best practices related to the OAA's advocacy provisions. Require the Administration to develop ways to capture and evaluate advocacy activities at the federal, state and local levels which detail their impact on the lives of older adults and on existing policies and systems to improve the lives of older Americans. Such mechanisms shall be developed in collaboration with stakeholders nationwide and focus on process and outcomes elements that can easily be used by the Aging Network.
- ❖ Amend Title II to authorize the Assistant Secretary to:
 - Develop evaluation methodologies that seek uniform qualitative as well as quantitative data to measure the impact of legal services on older Americans.
 - Create a national legal advisory committee to:
 - develop uniform reporting and delivery standards for legal services providers who receive funding and entities who distribute legal services funds;
 - make recommendations to the Assistant Secretary for improving and reforming legal services funding and delivery models; and
 - streamline qualification and authority standards for Legal Assistance Developers nationwide.
 - Make changes based on the evaluation and legal advisory committee input.
- ❖ Amend Section 202(a) 21, which authorizes the Assistant Secretary to establish information and assistance services as priority services for older individuals, to ensure that quality information and assistance services are consistently provided to older individuals, encourage OAA programs to seek accreditation using programs such as the Alliance of Information and

Referral Systems' (AIRS) Standards for Professional Information and Referral, and ensure that there is full collaboration between all governmental information and assistance systems that serve older individuals, whether specialized, crisis intervention, disaster assistance or others.

- ❖ Authorize the Assistant Secretary to provide training and technical assistance as well as funding to support the local adoption of person-centered approaches to economic casework.
- ❖ Strengthen the work and effectiveness of the Interagency Coordinating Committee on Aging to integrate and coordinate federal programs serving older Americans by:
 - Authorizing specific funding for the Coordinating Committee;
 - Requiring that the committee meet quarterly;
 - Requiring the participation of representatives from the Centers for Medicare and Medicaid Services, the HHS Office on Disability, and Federal Transit Administration in addition to those already required in the Act;
 - Charging the Committee with unifying and coordinating activities of multiple agencies and recommending and drafting necessary regulatory and legislative changes to stabilize, expand and strengthen the direct-care workforce, and
 - Charging the Committee with creating an inventory of all federal programs aimed at reducing poverty and increasing the economic security of older adults; unifying and coordinating the activities of agencies administering such programs; analyzing federal program effectiveness against a goal of economic security that draws on a concrete measure, using a methodology such as WOW's Elder Economic Security Standard Index; and recommending and drafting the necessary regulatory and legislative changes to increase economic security of vulnerable and economically disadvantaged older adults.

Resource Centers

- ❖ Establish a technical assistance and resource center for core programs, peer to peer assistance, and SCSEP programs to identify, develop and promote best practices. The Aging Network needs to promote best practices to develop and expand models of long-term services and supports programs that build upon the core programs of Titles III, V, VI and VII.
- ❖ Aging resource centers delineated in the OAA should explicitly address all racial and ethnic groups as well as lesbian, gay, bisexual and transgender older adults.
- ❖ In provisions that refer to other minority resource centers, the OAA should include and list the National Resource Center on LGBT Aging.

- ❖ Effective engagement of older volunteers, particularly the baby boomers, can dramatically increase the capacity of the Aging Network. Therefore, we recommend that the OAA:
 - transition the Multi-Generational Civic Engagement pilot to a permanent program under Title II and invest in the nationwide adoption of the models and best practices evaluated in recent years;
 - develop new roles and opportunities for older volunteers to expand nonprofit services to vulnerable seniors, children and their families;
 - authorize AoA to create a national strategy—in collaboration with the Corporation for National and Community Service—to tap older volunteers as a source of social capital to meet critical community needs; and
 - fund research on how older volunteers (a) increase capacity for the Aging Network and other nonprofits (b) enhance health and independence for the volunteers, and (c) foster improved outcomes for individuals, families and communities, including ways for older volunteers to provide support and information to older adults and their families or caretakers who have experienced or are at risk of elder abuse.
- ❖ Secure appropriate placement for the National Resource Center for Women and Retirement within Title II of the OAA and make it permanent.

Title III

Title III authorizes the state and community programs of the Aging Network and establishes the leadership roles of State Units (SUAs) and Area Agencies on Aging (AAAs). LCAO's recommendations for Title III include innovations and new strategies, but also proposals to retain and strengthen current programs: Supportive Services and Senior Centers, Senior Nutrition, Disease Prevention and Health Promotion, and National Family Caregiver Support.

State and Area Plans

- ❖ Clarify the importance of the AAA's responsibility to seek information, input and expertise from community-based organizations serving older adults, other service providers under the Act, independent experts and other advocates in the planning and service area when developing the area plan, particularly as it pertains to determining community needs, identifying pressing issues and proposing solutions. The process by which this input is solicited and considered should be as transparent as possible.
- ❖ Support civic engagement initiatives that promote the placement of older adults in work and community service roles. Specifically (but not limited to):
 - Create a volunteer management grant program available to senior centers, AAAs or other nonprofit organizations. The grants should be awarded to organizations to support volunteer management positions and staff training focused specifically on recruitment,

- placement, and retention of volunteers age 50+. The grant program should be administered under the civic engagement authority of the Administration on Aging.
- Amend the area plan language to include a provision that adds to the plan strategies to tap the resources of adults age 50+ in volunteer and paid work, including multigenerational work and senior-to-senior service activities.
 - Direct the Assistant Secretary to work with state units on aging and area agencies on aging to ensure that older adults requesting information about service, learning, and employment opportunities are provided with appropriate referrals, information, or resources.
- ❖ Allow SUAs, and AAAs in consultation with the SUA, to use a locally determined measure of economic security to measure economic need and target services in the state and area plans.
 - ❖ Strengthen state and area plans by including the option to monitor direct care workforce supply and standards in the State and area's assessment of how prepared the State/area is for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
 - ❖ Support the development of innovative, community-based service delivery methods by:
 - Incorporating, to the extent feasible, reporting on state funding and/or sponsorship of matching service referral registries into state and area plans for the purposes of assisting participants in identifying and employing qualified service providers. Relevant reporting information includes contact information for the registry; its service area; and the number of consumers and workers participating.
 - Allowing states to develop and run matching service registries as an Information and Assistance service (Sec. 321); and
 - Authorizing funds for creation of and improvements in state matching service registries (Sec. 373(b) and the new Title IV grant program).
 - ❖ When Congress updates the authorization levels in the OAA, it should assess the adequacy of the state minimum funding level established in Section 308 for coordination of statewide long term services and supports, planning, monitoring and evaluation. Section 308 allows states to keep 5% or \$500,000, whichever is greater, for these purposes. This authorization was last updated in 1984. Many states, as a result, have relied on this stagnant amount for almost thirty years. Additionally, the reauthorization should grant states the ability to request additional administrative funding from AoA when the funding they receive is not sufficient to carry out their planning, monitoring and evaluation duties as outlined throughout the Act, including in Sections 305 and 307.

- ❖ Acknowledging the work in some areas to make health care entities aware of community-based supports and services, direct AAAs to include in their area plans their strategies such as a community care coordination task force to ensure that health care entities are made aware of community based supports and services available through the Aging Network and to direct the Assistant Secretary to gather and publish regularly a summary of best practices toward meeting this goal.

III B: Supportive Services

- ❖ Retain the mandate of OAA legal services.
- ❖ Expand the description of transportation services in OAA III B to include mobility management activities. Providing a broad enough definition of mobility management to include the different facets of this burgeoning approach to providing transportation resources promises to improve both program effectiveness and the responsiveness of services they offer to consumers' needs.
- ❖ Formalize the role of the Aging Network in the coordinated public transit–human services transportation planning process and authorize funding support and technical assistance to support these efforts. Include complementary provisions that reinforce and build upon this role under the pending surface transportation reauthorization.

III C: Nutrition

- ❖ Improve data collection in the Title III C nutrition programs, particularly measures of unmet need, such as waiting lists.
- ❖ Enhance the current flexibility in the allocation of Senior Nutrition Program funding in local communities while preserving the integrity of the separate congregate and home-delivered meal programs.
- ❖ Invest in the opportunity to use Title III C funds not only to serve the current population in need but also to transform congregate home-delivered nutrition services to meet the nutrition needs of the burgeoning numbers of older individuals seeking to remain healthy in their communities.
- ❖ Look for and provide support for best practices in nutrition programs that have succeeded in recruiting and retaining first wave boomer participation in addition to existing clientele.
- ❖ Encourage nutrition programs to offer participants full access to fresh fruits and vegetables and where appropriate and financially feasible offer meal options based on cultural and ethnic either requirements or preferences.

- ❖ Add language to the OAA nutrition section to highlight the need for the provision and funding of special meals stemming from a religious requirement, ethnic consideration, or health condition when there is sufficient demand in a community to warrant such special meals. Additionally, have AoA analyze whether service providers are able to obtain viable contracts for these special meals, and ensure that nutrition projects encourage those who distribute meals to homebound individuals are aware of warning signs for medical emergencies, injury and abuse.

III D: Disease Prevention & Health Promotion

- ❖ Key principles, standards and lessons learned from AoA's *Evidence-Based Disease and Disability Prevention Program* should be permanently imbedded in the core services of the OAA. Title III D should be strengthened to integrate evidence-based health promotion and disease prevention programs. Funding levels must be authorized and sufficient to meet the need for these cost-saving and health-boosting programs.
- ❖ Better recognize the importance of nutrition programs that actively support evidence-based disease prevention and health promotion programs.

III E: National Family Caregiver Support Program

- ❖ Strengthen the National Family Caregiver Support Program (NFCSP) by increasing its authorization to \$250 million per year.
- ❖ Clarify that older caregivers of adult children with disabilities are eligible for NFCSP services. Conflicting definitions in the Act have prevented the implementation of congressional intent in the last reauthorization, so all relevant sections must be amended.
- ❖ As part of a person and family-centered care approach, specifically allow for family caregiver assessments to be provided to family caregivers under the NFCSP.
- ❖ Make support of family councils in long-term care facilities an allowable activity under NFCSP.

Housing with Services

- ❖ Add a new housing with services subsection (Part F) under Title III that would target resources for the development and implementation of comprehensive housing with services models to better serve older adults in federally-assisted rental housing and Low-Income Housing Tax Credit Rental Housing. This new subsection would include its own authorized funding amounts for a range of services, including all service categories currently outlined under Title III B and planned for under the Section 305 and 306 planning provisions of the OAA. Specifically, the section would include an area "Housing with Services Plan;" in-home care (including personal care and chore services); coordinated case management services (in collaboration with a service coordinator, if applicable); mental health and wellness referral

services and screenings; congregate meal services; access to personal emergency response systems and medication reminders/management systems; mobility management; chore services; adult day services; aging services technology; and non-emergency transportation services. The new subsection would include provisions focusing on how the programs would coordinate with other Title III programs; interact with HUD Section 202 housing service coordinators; grant allocation; technical assistance; quality assurance; and oversight.

New Ideas, Requirements

- ❖ Build on existing Title III provisions to encourage greater collaboration between AoA and the DOT and FTA-funded programs that will help break down funding silos. By developing effective partnerships, AAAs will be able to serve more individuals with additional funding available through the FTA's specialized transportation programs.
- ❖ Transfer the current State Health Insurance Assistance Program (SHIP) to AoA and, if necessary, authorize AoA to administer the program under the Act. This transfer of the SHIP from Centers for Medicare and Medicaid Services (CMS) to AoA acknowledges the extensive role of AAAs and Title VI Native Americans aging programs in providing Medicare assistance and counseling to beneficiaries.

Title IV

Title IV supports testing of innovative programs and strategies and evaluation of their effectiveness. However, resources have never been sufficient to support a vibrant research and development function for the Administration on Aging, to provide not only rigorous evaluation of new initiatives, but also a strong evidence base for current Aging Network efforts. In particular, there is a need for measuring how these home and community-based services are a cost-effective means to improve the health and economic security of older adults, and thus help bend the cost curve of spending on Medicare and Medicaid. LCAO's recommendations for Title IV include strengthening existing demonstration projects and resource centers. Any new demonstration programs and research on innovations should continue to support and build capacity for the core functions of the Aging Network, and invest in building an evidence base before taking the initiative to scale.

In addition, LCAO supports more emphasis on effective models of integrated community service delivery (especially, HCBS delivery), long-term care institutional accountability, health promotion and disease prevention, transportation, successful models of elder abuse and neglect prevention, and training for career preparation and continuing education for personnel in the field of aging.

Building the Capacity of the Aging Network

Strengthen the ability of the Aging Network to improve OAA performance by creating capacity-building initiatives, such as the following proposals.

- ❖ The research and development capacity at AoA should be strengthened by specifying in the Act that a fully qualified Chief Science Officer be appointed with authority to direct Aging Network–related research, demonstration and evaluation projects based on rigorous scientific standards. Rigorous standards, including peer review by leading scientists for the award and execution of evaluations, research, and program demonstrations are needed for the results to be credible, and thus of benefit to the Aging Network and older adults. Research, evaluations, and demonstrations are needed that show cost savings (such as to Medicare and Medicaid) that would be useful for budget scoring to demonstrate the ability to bend the entitlement cost curve.
- ❖ Important service innovations occur at the community level, but there is insufficient funding and research expertise at that level to translate/validate best practices into evidence-based interventions. An investment in such research can be made through appropriately designed grant programs that relate to the priorities of the OAA and the Aging Network.
- ❖ Funding should be made available through grant competitions directed to the community level (to AAAs, senior centers and other CBOs) for evidence-based research, evaluations and demonstrations. The grants should be based on partnerships with local universities and community-level Aging Network organizations, and focus on priority areas where innovation is needed. Research/demo agendas should be consistent with state and area plans.
- ❖ Create a senior center modernization fund to foster senior center innovation, leadership, and capacity-building. Tap into the vast expertise of multipurpose senior centers by expanding their role in state and local needs assessment and planning.
- ❖ Create a new training and professional development program to boost employment efforts in the field of aging services that we as a nation have a strategic interest in growing: jobs in the provision of aging services and long-term services and supports. This new program would have its own funding authorization so it would not be dependent on other OAA funds or take away from services.
- ❖ Direct the Assistant Secretary to work with HHS and CMS to create demonstration projects to assist AAAs and ADRCs to extend their expertise in supportive services planning and delivery to health/medical care entities that are involved in developing new models of care coordination and disseminate best practices and resource tools in these areas.

Current Resource Centers and Demonstrations

- ❖ Reauthorize Community Innovations in Aging in Place to 1) promote aging in place through the identification of innovative strategies to link older individuals to programs and services that sustain quality of life and independence and 2) ensure that the National Technical Assistance Center remains a resource to demonstration grantees and a central repository of the tools, assessments, data, lessons learned, and best practices that arise from the demonstrations, for the benefit of the nation's Aging Network.
- ❖ Authorize dedicated funding to implement the Technical Assistance and Innovation to Improve Transportation for Older Americans program under Section 416 of the OAA.

New Ideas for Resource Centers and Demonstrations

- ❖ Authorize and provide funding for the Assistant Secretary to establish an economic security resource center to test innovative practices in planning, evaluation and service delivery using a locally-determined measure of economic security. Funding will build on existing practices by SUAs, AAAs and other community-based service providers to incorporate an economic security framework and measure in OAA programs through a national clearinghouse of best practices and targeted technical assistance. The resource center will:
 - create an economic security evidence-base;
 - pilot test uses of a locally determined measure of economic need in OAA programs; and
 - build the capacity of the network to target services to economically vulnerable populations.
- ❖ Establish grant programs to fund:
 - state initiatives on coordination and improvement of long-term care workforce training, including standardization of training principles and practices;
 - state establishment of interagency data collection systems on long-term care workforce-related variables; and
 - testing and implementation of state payment and procurement policies that encourage long-term care providers to adopt human resource practices consistent with high quality service delivery.
- ❖ Establish a demonstration program, including an Advisory Panel for oversight and evaluation, to test an Advanced Aide training curriculum for direct-care workers who, with training, have the ability to assume new responsibilities.
- ❖ Develop and fund a Nutrition Resource Center. The function of this center would be to help the Aging Network improve programmatic operations including implementation of best practices, capacity building, broadening coordinated care linkages, resource and information sharing, problem solving, cost containment and multidisciplinary collaborations interactions.

- ❖ To support the expansion and promulgation of Aging Network person-centered approaches to economic casework, authorize the creation of the National Economic Security Center Demonstration by the Assistant Secretary in cooperation with related Federal agency partners administering relevant economic security programs (DOL, HUD, HHS, SSA, USDA, NeighborWorks, CNS). Funding would be provided to establish local economic security centers, implement new or expand existing economic security casework strategies, provide training and technical assistance, evaluate impact and success, develop and maintain a best practices clearinghouse, and provide web-based decision support and assessment tools.

Title V

Title V authorizes the Senior Community Service Employment Program (SCSEP), the only federal program that provides job training and placement services for low-income older adults. Participants are provided with part-time, subsidized employment while they receive training, job placement assistance and supportive services; often SCSEP participants are with Aging Network or other local organizations to increase the capacity to serve the community. LCAO's recommendations for Title V include those that seek to provide employment opportunities in new sectors and strengthen coordination with the Workforce Investment system.

- ❖ The Senior Community Service Employment Program (SCSEP) should be reauthorized to improve the program and funding should be expanded to serve a greater number of low-income seniors, while enhancing coordination with the Workforce Investment Act system, which is also up for reauthorization.
- ❖ Community service should be maintained as a strong component of the program. In addition to helping older workers achieve self-sufficiency, the SCSEP also provides an economic boost to communities and much needed assistance to agencies where the older workers provide services.
- ❖ Priority service to older individuals with multiple barriers to employment should continue to be maintained as a strong emphasis and the program should continue to provide the full range of customized services and supports that has been proven successful in serving older workers and helping them transition to the workforce.
- ❖ Allow the use of pilot and demonstration authority in Section 502(e) to:
 - provide new services for participants as well as extend services to older adults who are low-income but do not qualify for SCSEP;
 - expand the scope of SCSEP to provide a broad range of direct and referred services for seniors who need job training and placement services and income supports by adopting a person-centered approach that includes assessment of need, economic casework, coordination of benefits, and engagement of diverse service providers; and

- authorize a pilot to test “Sector Strategies” in SCSEP to create employment opportunities and applicable training to place older workers in jobs where local labor market need is identified. Jobs will be created with an emphasis on addressing older worker issues such as requisite physical conditioning, discrimination, workplace culture, flexibility, and job specific skills and employer issues, including recruiting and retaining older workers and redesigning roles for older workers.
- ❖ Encourage SCSEP to train older workers to become Home Health, Personal Care Aides, and other direct care workers, as has been successfully tested in 502(e) pilots.
- ❖ Eliminate durational limits for SCSEP. Participants in SCSEP should be allowed to remain on the program rather than be subject to the maximum time extension they would be permitted in the current law. Revise performance requirements to better reflect the population served, including evaluating placement rate rather than entered employment; measuring earnings gain rather than average earnings; and adopting a community service measure that retains an appropriate balance with job placement, reinforces the core purpose of community service in the program and reflects the value of community service rather than the number of hours worked by participants. Amend OAA Sec. 503(g) to ensure that durational limit exits do not negatively affect the evaluation of programs.
- ❖ Create a competitive grant making process that ensures efficiency, fairness, and minimal disruption to customers and is based on experience and performance. Grantees that meet performance expectations should not have territories disrupted every four years, which results in a decrease in services to older workers, at least for the first full year after competition. Absent unusual circumstances, current or prospective grantees should not be awarded territories for which they have not applied and do not have expertise to serve.
- ❖ Provide clarification and streamline the law to eliminate the complicated data validation and data collection requirements. Current data collection requirements result in complex procedures, which place an inordinate value on compiling information rather than on customer-focused service delivery. Support the administration of SCSEP through employment and training administrative funds rather than reducing grants to cover the cost of administration.
- ❖ SCSEP projects should be encouraged to enter into memorandums of understanding (MOUs) with their local AAAs (if the project is not administered by the AAA), outlining the steps the agencies will take to effectively coordinate their programs, similar to coordination provisions under Section 511 of the Workforce Investment Act.

- ❖ The requirement to be unemployed is often a barrier to service for the most vulnerable older workers who have sporadic, extremely low wage jobs. Eligibility requirements should be changed to allow severely underemployed individuals who meet the program's income limit the opportunity for enrollment.
- ❖ To emphasize the importance of senior-to-senior service and ensure targeted placement of SCSEP participants in serving older adults and preventing elder abuse, amend the grant authority section to provide that each SCSEP project approved by the Secretary "will contribute to the general welfare of the community, which may include support for children, youth, and families and for the health and safety of older adults."
- ❖ SCSEP should be encouraged to:
 - work with nonprofit organizations that have a record of success in developing and implementing effective technology curriculum designed specifically for older adults; and
 - partner with such nonprofit organizations to provide training, comprehensive student materials, evaluation, and support for a broad range of workforce technology skills, including as appropriate and practicable basic and intermediate computer skills, Internet, email, word processing, spreadsheets, presentations, and other key skills appropriate for assisting older adults to enter or re-enter the workforce.

Title VI

Title VI provides primary authority for funding nutrition and family caregiver support services to Native American (Indian, Alaskan and Hawaiian) elders, who are among the most economically disadvantaged elderly minority in the nation. However, there has long been a lack of proper investment in the Title VI programs, which further exacerbates the challenges Indian elders face. LCAO's recommendations for Title VI, therefore, focus on different ways to build the capacity of Title VI programs to better meet the goals of OAA.

- ❖ Build the capacity of and funding for Title VI programs to strengthen their ability to serve the complex and urgent needs of elders in Indian country.
- ❖ Create a new training, professional development, and technical assistance program under Title VI to boost employment efforts in the field of aging services for Title VI grantees. Current training and technical assistance support to Title VI programs is less than 1 percent of Title VI funding while other Title II and IV training and technical assistance provisions have been unfunded. This new program would have its own authorized funding to promote a range of capacity-building activities including training, professional development, and technology enhancements.

- ❖ Specify authorization amounts for Part A and B of Title VI at a level that corrects the significant underfunding of the program and reflects the need in Indian country for these vital services. Provide a comparable increase in authorization levels for the Part C Caregiver Support Program over the same period.
- ❖ Establish a new subsection under Title VI to focus on addressing the transportation needs of Native American elders. This new subsection would include its own authorized funding amounts for a range of mobility services including: transportation planning and coordination efforts; collaboration with other transportation programs focused on the Native American population; mobility management services; efforts to address unmet transportation needs; and to develop new and innovative programs to serve elders' transportation needs in rural and frontier communities.

Title VII

Title VII, which authorizes vulnerable elder rights protection activities, plays a unique role in the OAA because it does not fall neatly into the category of community-based services. Protecting the rights and well-being of the most frail and vulnerable older adults living in long-term care facilities is equally important to serving those still living in their own homes, and LCAO's recommendations for Title VII are designed to give the long-term care ombudsman program the necessary tools to protect residents' rights, secure and protect necessary documents, avoid conflicts of interest, and address elder abuse, neglect and exploitation. Also included are proposals intended to strengthen the state legal development program to enable it to realize its full potential.

- ❖ Strengthen the State Legal Assistance Developer Program by requiring each state to have a full-time legal assistance developer; providing that the Assistant Secretary develop, within 12 months, standards for the work and qualifications of developers; and ensuring that the developers be independent from political and other influence to set priorities and address issues as necessary.
- ❖ The Assistant Secretary shall ensure through regulation (or other communications with OAA programs) and through oversight that all programs funded under the OAA have received the appropriate elder abuse-related training, where staff, including volunteers, come into direct contact with older adults. Further, the Assistant Secretary shall ensure the coordination between Title VII abuse prevention education and awareness programs and Title III and Title VI programs.

Long-Term Care Ombudsman

- ❖ Direct the Assistant Secretary to issue regulations that would clarify: requirements for long-term care ombudsman training; the State Long-Term Care Ombudsman's responsibilities to manage the Ombudsman Office, including fiscal management; and that the Ombudsman program shall be a unified program under the Office of the State Long-Term Care Ombudsman.
- ❖ Support and encourage resident and family councils by strengthening the ombudsman role and by making support of such councils an allowable expense under the National Family Caregiver Support Program.
- ❖ Ensure that the Ombudsman program is effective and that the rights of residents are protected by ensuring private and unimpeded access to the ombudsman and confidentiality ensuring access to all records concerning the resident; allowing all facility residents to receive ombudsman services.
- ❖ Amend the OAA to do more to identify, remove, and remedy organizational and individual conflicts of interest.
- ❖ Strengthen the ombudsman program by providing a separate authorization for funding for ombudsman services provided to assisted living facility residents and a demonstration program for ombudsmen for home and community-based services; and update the maintenance of effort provisions to ensure that funding for Ombudsman programs is not cut during state budget crises.

Cross-Title Recommendations

Livable Communities (*Titles III and IV*)

- ❖ Establish new provisions with dedicated funding authorizations to support the Aging Network to assist state, county, city, and tribal governments across the nation to proactively prepare for the aging of their communities and particularly the aging of the Baby Boomers. The provisions would authorize funding and outline the role and activities to be performed by a full-time planner/community organizer position. This new planner/community organizer would take a leading role in working with other agencies and stakeholder organizations, including the business sector, in developing a comprehensive livability plan and implementation strategy that would be fully coordinated with the SUA and AAA planning efforts. Activities would center on planning in such areas as health and wellness, housing, transportation, economic development, civic engagement, and the use of health-related technology. The provision would also establish a National Resource Center on Livable Communities for all Ages to provide the necessary guidance, training and technical

assistance to SUAs, AAAs, Title VI Native American aging programs, and non-profits in their comprehensive planning efforts.

Transportation (*Titles III and IV*)

- ❖ Explore ways to strengthen the Aging Network's role in transportation's coordinated planning activities through greater collaborative efforts between transit, planning and aging agencies and enhancing the role of the Aging Network in the growing field of mobility management services. (*See other transportation recommendations under Titles III and IV.*) Include complementary provisions that reinforce and build upon this role under the pending surface transportation reauthorization.

Emergency Preparedness (*Titles II and III*)

- ❖ Promote federal, state, and local information sharing by establishing a consistent policy to ensure that FEMA voluntary National Emergency Family Registry System and state Silver Alert information for the age 60 and older population is shared with the SUA and AAAs in federally declared disaster areas. In addition, grant funding should be established through AoA and FEMA to support the SUA and AAAs working with regional and local Emergency Management Authorities to implement a voluntary emergency preparedness registry system for people with functional needs. It is recommended that the system utilize geographic mapping technology.
- ❖ Reinforce existing federal policy to formalize coordination plans. Build on the emergency preparedness provisions added to the OAA in 2006 by requiring that AoA work with FEMA to formalize coordination plans with the SUA and AAAs. Direct HHS, AoA, FEMA Office of Disability Integration and Coordination, and Department of Homeland Security to train the Aging Network on how they can work effectively together during disaster planning, response and recovery efforts.
- ❖ Fulfill the promise of the OAA emergency planning provisions by authorizing dedicated funding to AAAs to support the critical endeavors described under Section 306(a)(17). Reassess the OAA disaster assistance program under Section 310 and consider changes that will allow AoA to provide more substantive and timely aid to the Aging Network in times of disaster. As an example, raise the cap on the amount of total payments during any fiscal year to states, AAAs, and tribal organizations to provide supportive services during disasters, which is currently based on a percentage of total Title IV appropriations.

For more information about the Leadership Council of Aging Organizations (LCAO) or this consensus document, please contact the current chairing organization. Contact information available at www.lcao.org.