

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: February 3, 2020

Background

On January 27, 2020, a bipartisan group of Congressional staff from the House and Senate released their proposed bill to reauthorize the Older Americans Act (OAA) for an additional five years. Because this bill was meticulously negotiated between both parties and both chambers in Congress, we are optimistic about its prospects for passage. Staff outlined their desire to use an expedited process in both the Senate and the House to pass the bill and send it to the President for his signature. We therefore believe that, if an OAA Reauthorization is passed during this Congressional session, it is unlikely to differ in any substantial manner from the legislation unveiled on January 27th. Similarly, if Congress does not pass Reauthorization legislation this year, we would expect this bipartisan bill will form the basis of any future Reauthorization. Because there are unlikely to be major changes to the policy, we strongly encourage States to pay close attention to the provisions contained within this legislative proposal.

The current legislative calendar and challenging Congressional dynamics make the bill's overall prospects and timing for passage uncertain. However, we do believe that there is bipartisan desire to pass a reauthorization before the end of the Congressional session (which will likely end sometime in late December or early January). Due to all of these factors, we remain hopeful that Congress will pass a reauthorization bill before the end of the year.

Given the significance of these developments, Advancing States will be hosting an All State Call to discuss the provisions and answer any state questions. The call will occur tomorrow, Tuesday, February 4th at 2:00 pm eastern time (1pm central; noon mountain; 11am pacific). Information to access the meeting is:

Phone Number: (888) 788-0099

Meeting ID: 333 643 241#

Takeaways and Analysis

Overall, this legislation is very similar to the prior bills introduced and passed in the [House](#) and introduced in the [Senate](#). There are several tweaks in order to resolve differences between those prior drafts, but there is no substantially new policy that was not included in previous House or Senate bills. We include a detailed section-by-section analysis of the legislation below, and we have also included a redlined version of the current OAA Statute that demonstrates what the resulting OAA will look like if this legislation is signed into law. We also want to highlight the following key components of the compromise legislation:

- Would reauthorize the OAA for five years, which is less than the Senate-proposed seven-year reauthorization but the same as the House-passed bill;
- Proposes to substantially increase authorization levels for the OAA programs. The bill would increase FY2020 authorizations by seven percent above FY2019 appropriated levels and then by six percent for each of the subsequent four years of the reauthorization. Please note that authorization levels represent funding recommendations. Congressional appropriations are passed each year and may not be the same as the authorization levels. In the past, OAA authorization and appropriation amounts have differed – sometimes substantially;
- Includes the hold-harmless policy that was in the House-passed bill and subsequently included in the earlier Senate-introduced bill. Over a ten-year period, this legislation would reduce and ultimately eliminate the hold-harmless provision;
- Establishes a new research and evaluation center led by a dedicated director. The center would be responsible for coordinating all OAA research and evaluation activities and would be charged with assessing the impact of OAA supports on Medicare and Medicaid spending;
- Expands the definition of disease prevention and health promotion services to include a number of new programs and interventions;
- Includes board and care facilities within the OAA definition of long-term care facilities for the entire act;
- Amends the purpose of Title III of the Act to include measuring the impacts related to social determinants of health of older individuals;
- Increases the minimum allotment for State administrative activities from \$500,000 to \$750,000;
- Eliminates the 10 percent cap of the total Federal and non-Federal share states can use to provide support services to older relative caregivers;
- Establishes a set-aside for Native American Supportive Services for Healthy Aging and Independence;

- Allows ACL/AoA to create grants for demonstration projects with the purpose of building the capacity of tribal organizations and organizations serving Native Hawaiians to provide in-home and community supportive services; and
- Updates the Long-term Care Ombudsman maintenance of effort provisions to 2019.

Section-by-Section Summary of the Legislation

Section 101 – Reauthorization

This section reauthorizes programs in OAA Title II for five years (FY2020-2024). Provides an initial authorization increase of seven percent in FY2020 and then six percent for each of the subsequent years. The specific programs included in this section are: the Administration on Aging, the National Eldercare Locator Service, Pension Counseling, Elder Rights Activities, and ADRCs.

Section 102 – Person Centered, Trauma-Informed Services

Includes access to person-centered, trauma-informed services as appropriate within the objectives of the OAA.

Section 103 – Aging and Disability Resource Centers

Clarifies that ADRCs should work in collaboration with (as appropriate) area agencies on aging, centers for independent living, and other aging or disability entities. Clarifies that ADRC counseling should include a broad range of LTSS and take personal choices into consideration.

Section 104 – Assistive Technology

Defines state assistive technology entity as the entity designed by the Assistive Technology Act of 1998. Directs AAAs to coordinate with the state aging agency to disseminate information about the state assistive technology entity and options available for individuals. Includes AT as a topic that AAAs can advise and make recommendations regarding to local planning organizations.

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 – Screening for Fall-Related Traumatic Brain Injury; Addressing Public Health Emergencies and Emerging Health Threats; Negative Health Effects Associated with Social Isolation

Adds screening and coordination of treatment for fall-related traumatic brain injury and other fall-related injuries to the list of allowable activities under disease prevention and health promotion services in Title I of the Act. Also adds “services that are a part of responses to a public health emergency or emerging health threat” to this list. Lastly, adds screening for and coordination of services to address health effects related to social isolation to the same list.

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 that focuses on those services that use a holistic approach; promote dignity, strength and empowerment; and incorporate evidence-based practices based on the role of trauma in a person’s life.

Section 113 – Traumatic Brain Injury

Defines a traumatic brain injury based upon the Public Health Service Act. The Public Health Service Act definition defines this as “an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to trauma.”

Section 114 – 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 115 – Increased Focus of Assistant Secretary on Negative Health Effects Associated with Social Isolation

Requires ACL/AoA to develop objectives, priorities, and a long-term plan for education about prevention of, detection of, and response to negative health effects associated with social isolation among older individuals. Also requires ACL/AoA to submit a report to Congress on this effort by January 2021.

Section 116 – 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 117 – Evidence-Based Program Adaptation

Requires ACL/AoA to make available information and provide technical assistance on delivery of evidence-based services in different settings and for different populations. Amends the section establishing a TA center on evidence-based services to include a provision directing it to provide information on delivery of services in different settings.

Section 118 – 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, consumer private-pay options, or other similar arrangements that increase the availability of HCBS. We note that 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.

Removes the requirement that State agencies, via the state plan, must assure that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Section 119 – Demonstration on Direct Care Workers

Amends OAA Section 411 (establishing demonstration grants) to include a demonstration, in coordination with the Department of labor, that focuses on recruitment, retention, and advancement of direct care workers.

Section 120 – 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. The center is directed to provide training and technical assistance, share best practices, and make subgrants to agencies to improve the delivery of person-centered, trauma-informed services.

Section 121 – 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 122- 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 year.

Section 123 – Interagency Coordination

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, including technical assistance regarding older adults to the Suicide Prevention Hotline.

Adds “cultural experiences, activities, and services, including in the arts,” to the health and supportive services section of the Title II responsibilities of ACL/AoA.

Section 124 – 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 homelessness prevention services, preventive health care, and long-term services and supports. Defines age-friendly communities as those that are taking steps to include adequate and accessible housing, public spaces and buildings, paths, transportation services, and programs and services designed to support health and well-being; to respect and include older individuals in social opportunities, civic participation, volunteerism, and employment; and to facilitate access to supportive services for older individuals. Additionally, the community should have a plan in place to meet local needs for housing, transportation, civic participation, social connectedness, and accessible public spaces. Specifically excludes assisted living facilities and long-term care facilities from the definition.

Enables ACL to provide technical assistance regarding ways to implement best practices and the committee recommendations.

Section 125 – 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 dietitian nutritionist. Removes the ability for this individual to not be a registered dietitian or registered dietitian 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 126 – 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 127 – Research and Evaluation

This section resolves one of the largest differences between the prior House and the Senate drafts. The compromise establishes a Research, Demonstration, and Evaluation Center for the Aging Network and codifies a director of the center. The legislation does not authorize any specific funding for the

center and congressional staff indicated that they expected it to be supported by ACL's existing research/evaluation financial structure.

The section specifies that the director must be an individual with substantial knowledge of and experience in aging and health policy, and research administration. The center's purpose is to coordinate research, evaluation, and demonstration projects under the OAA; assess the programs and interventions authorized by the OAA; and increase the repository of information on evidence-based programs and interventions available to the aging network.

The center's activities include evaluation of new and existing OAA programs and demonstration; research on the relationship between OAA programs and interventions and the health outcomes, social determinants of health, quality of life, and independence of individuals served; and supporting demonstration projects that support the OAA's objectives.

Requires that the center director develop a five-year plan that outlines research, evaluation, and demonstration project priorities. The plan must be published in the Federal Register for comment. The first plan is due October 1, 2020 and then subsequent plans would be required every five years.

Requires that the center director provide a report on research activities funded under the center and under the Title IV research and evaluation section by December 31st of each year, beginning in 2020.

Requires that HHS, either directly or through a grant/contract, perform an evaluation of OAA programs, which shall include, to the extent practicable, an analysis of the relationship to Medicaid and Medicare expenditures. Directs ACL to provide this report to five Congressional committees with jurisdiction over OAA policy and appropriations.

Section 201 – Social Determinants of Health

Adds "measure impacts related to social determinants of health of older individuals" to the purpose statement of OAA Title III. Note that prior drafts specifically avoided using the term "social determinants of health" due to a lack of statutory definition of the term. Congressional staff stated that since the prior drafts were issued, additional legislative precedent has occurred and HHS feels comfortable that existing definitions of the term allow it to be used in this context. HHS will have some discretion to fully define "social determinants of health" for the purposes of this section.

Section 202 – Younger Onset Alzheimer's Disease

This section modifies the statute to include individuals with younger onset Alzheimer's Disease (or related disorders) under the definition of populations served by adult family caregivers. Additionally,

clarifies that the State Long-Term Care Ombudsman can serve individuals of any age who live in a long-term care facility.

Section 203 – Reauthorization

This section authorizes appropriations for the Title III programs under the Act, which comprise the majority of OAA services. This includes supportive services, congregate and home-delivered nutrition, disease prevention and health promotion, family caregiver services, and the Nutrition Services Incentive Program. The bill includes significant increases in authorized levels. In 2020, the authorization level is seven percent above FY2019 levels and authorizations increase by six percent for each of the subsequent four years. As noted previously, authorized levels do not necessarily result in appropriations so these numbers may not actually represent the funding levels Congress ultimately appropriates. In the past, appropriators have essentially ignored authorized levels and funded OAA programs at significantly different levels.

Section 204 – Hold Harmless Formula

This section is one of the most consequential parts of the reauthorization as it significantly alters the formula used to allocate OAA Title III funding across the states. The draft bill adopts the compromise on hold harmless that was included in both of the prior the Senate and House bills.

Specifically, the 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. This means that the funding for those programs would be reallocated based on the calculations that do not take hold harmless into account.

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. Please note that the transition period for hold harmless extends past the reauthorization period, so it is possible that Congress may revisit this provision before 2029.

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 (LTCO) Program. Specifically, the act changes the reference year for MOE requirements for both AAAs and States from 2000 to 2019. 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. This also includes language clarifying that the LTCO funding provided by the OAA to AAAs and States shall supplement and not supplant other Federal, State, and local funds that support the LTCO functions.

Section 207 – Coordination with Resource Centers

Requires area agencies on aging and states to collect data to determine the services needed by older individuals who were the focus of resource centers funded under Title IV in fiscal year 2019. This section also requires area agencies on aging and states to collect data on the effectiveness of these programs, policies, and services on assisting individuals who were the focus on these resource centers. Area agencies on aging and states must also provide assurances that outreach efforts will identify individuals that are eligible for assistance, with an emphasis on individuals who were the focus of resource centers under Title IV. These requirements must be included in area plans and state plans.

Section 208 – Senior Legal Hotlines

Requires the Assistant Secretary to submit a report to Congress with information on the prevalence of senior legal hotlines, how senior legal hotlines are funded, the usefulness of these hotlines in coordinating and the provision of legal assistance, and recommendation on actions that should be taken regarding senior legal hotlines.

Section 209 – Increase 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 provides language that encourages states to collaborate with area agencies on aging to ensure smoother processes when transferring funds between Title III-B and III-C nutrition programs. States and area agencies on aging would be accountable to consult with each other to modify processes to mitigate administrative barriers when transferring funds between programs to ensure resources are addressing nutritional needs.

Section 211 – Review of Reports

Directs the Assistant Secretary to review reports submitted on the effectiveness of Title IV programs provided by area agencies on aging in meeting the needs of specific populations. The Assistant

Secretary will also review reports regarding outreach efforts to identify specific older individuals and their service needs.

Section 212 – Other Practices

Clarifies that states may share policies or guidance with area agencies on aging regarding consumer contributions but are not required to develop policies or guidance about consumer contributions under the OAA.

Section 213 – Screening for Negative Health Effects Associated with Social Isolation and Traumatic Brain Injury

Includes screening for social isolation and traumatic brain injury to the list of approved supportive health screening services.

Section 214 – Supportive Services and Senior Centers

Includes services that reduce the negative health effects associated to social isolation and promote social connectedness. Also includes cultural experiences, including art, as an activity to improve or maintain older individuals' mental and physical well-being.

Section 215 – Culturally Appropriate, Medically Tailored Meals

Ensures that state nutrition programs include meals with cultural considerations and medically tailored meals.

Section 216 – Nutrition Services Study

Requires the Assistant Secretary to evaluate the discrepancy between available services and resources and the demand for nutrition services, home-delivered meals and congregate meal programs. A report on findings will be submitted to Congress no later than three years after OAA reauthorization. The report will include recommendations on how to evaluate nutrition programs with the most effective and least burdensome methods.

Section 217 – National Family Caregiver Support Program

This section allows states to use or develop caregiver assessments in their NFCSP activities. This section also provides a definition for caregiver assessments. Resources and services provided to caregivers may be informed by caregiver assessments. States must provide information on how caregiver assessments assure quality of services for NFCSP.

The Assistant Secretary will identify best practices in evaluating NFCSP activities, the use of evidence-based caregiver support services, and other relevant issues and make these findings available on the ACL website beginning one year after enactment and every five years thereafter. Additionally, the Assistant Secretary may award funds to eligible entities, including states and nonprofits, for conducting activities of national significance that promote quality and continuous improvement in supporting family caregivers and older family caregivers. Technical assistance in implementing and conducting caregiver assessments must be made available through ACL.

The Assistant Secretary must submit a report to Congress no later than three years after OAA reauthorization. The report will include an analysis on the use of caregiver assessments, the impact of the assessments on family caregivers and individuals receiving care, the impact on the aging network, and the effectiveness of caregiver assessments in identifying specific needs or caregivers, barriers in carrying out caregiver duties, and existing supports. The report will also include recommendations for further usage of caregiver assessments and how to support states and AAAs in implementing the use of caregiver assessments.

Section 218 – National Family Caregiver Support Program Cap

Eliminates the 10 percent cap of the total Federal and non-Federal share states can use to provide support services to older relative caregivers. This section also requires the Assistant Secretary to submit an initial report to Congress on the impact of eliminating the cap no later than 18 months after OAA reauthorization and subsequent reports annually. States that receive allotments for NFCSP for fiscal year 2020 or later must submit the amount of Federal and non-Federal shares used to provide support services for family caregivers and older relative caregivers.

Section 301 – Reauthorization

Reauthorizes Title IV programs and provides appropriation amounts. Fiscal year 2020 will see a seven percent increase in funding, with six percent increases for subsequent years through fiscal year 2024.

Aging network support activities: \$14,514,550 for fiscal year 2020, \$15,385,423 for fiscal year 2021, \$16,308,548 for fiscal year 2022, \$17,287,061 for fiscal year 2023, and \$18,324,285 for fiscal year 2024.

Elder rights support activities: \$15,613,440 for fiscal year 2020, \$16,550,246 for fiscal year 2021, \$17,543,261 for fiscal year 2022, \$18,595,857 for fiscal year 2023, and \$19,711,608 for fiscal year 2024.

Section 302 – Public Awareness of Traumatic Brain Injury

Allows the Assistant Secretary to offer grants or contracts to projects focused on promoting public awareness of traumatic brain injuries in older adults.

Section 303 – Falls Prevention and Chronic Disease Self-Management Education

Includes language that codifies evidence-based falls prevention and chronic disease self-management programs.

Section 304 – Demonstration to Address Negative Health Impacts Associated with Social Isolation

Allows the Assistant Secretary to offer grants and contracts to projects that address negative health effects associated with social isolation among older individuals.

Section 305 – Technical Assistance and Innovation to Improve Transportation Older Adults

Includes other communication methods (call centers, website, mobile applications, etc.) for disseminating information on transportation options and resources for older individuals and organizations serving older individuals.

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 306 – 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

Includes eligible individuals who have been incarcerated within the last five years or on probation as a priority population for the Senior Community Service Employment Program.

Section 402 – Authorization of Appropriations

Reauthorizes the Senior Community Service Employment Program (Title V) and authorizes appropriations for fiscal years 2020 through 2024. There is a seven percent increase in appropriations for fiscal year 2020 and six percent increases for each subsequent year. Appropriations would be \$428,000,000 for fiscal year 2020, \$453,680,000 for fiscal year 2021, \$480,900,800 for fiscal year 2022, \$509,754,848 for fiscal year 2023, and \$540,340,139 for fiscal year 2024.

Section 501 – Reauthorization

Reauthorizes Title VI of the OAA, Enhancing Grants for Native Americans and includes appropriation amounts for Title VI programs for fiscal years 2020 through 2024. There is a seven percent increase in appropriations for fiscal year 2020 and six percent increases for each subsequent year. For parts A and B, Indian and Native Hawaiian programs, appropriations would be \$37,102,560 for fiscal year 2020, \$39,298,714 for fiscal year 2021, \$41,626,636 for fiscal year 2022, \$44,094,235 for fiscal year 2023, and \$46,709,889 for fiscal year 2024. Part C program, the Native American Caregiver Support Program, appropriations would be \$10,759,920 for fiscal year 2020, \$11,405,515 for fiscal year 2021, \$12,089,846 for fiscal year 2022, \$12,815,237 for fiscal year 2023, and \$13,584,151 for fiscal year 2024.

This section also sets aside not more than five percent of Part A and Part B appropriated funds to carry out Part D, Supportive Services for Healthy Aging and Independence, activities if funds for parts A and B are greater than fiscal year 2019 appropriations.

Additionally, this section permits the Assistant Secretary to create grants for demonstration projects with the purpose of 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

Reauthorizes Title VII programs and provides authorized appropriation levels for the ombudsman program and other vulnerable elder rights protection programs. These activities will see a seven

percent increase in appropriated funds for fiscal year 2020 and six percent increase in appropriated funds each subsequent year until fiscal year 2024.

Ombudsman program: \$18,066,950 for fiscal year 2020, \$18,150,967 for fiscal year 2021, \$20,300,035 for fiscal year 2022, \$21,518,027 for fiscal year 2023, and \$22,809,108 for fiscal year 2024.

Elder abuse, neglect, and exploitation prevention programs: \$5,107,110 for fiscal year 2020, \$5,413,537 for fiscal year 2021, \$5,738,349 for fiscal year 2022, \$6,082,650 for fiscal year 2023, and \$6,447,609 for fiscal year 2024.

Section 602 – Volunteer State Long-Term Care Ombudsman Representatives

Provides clarification that State Long-Term Care Ombudsman programs are permitted to reimburse or provide financial support for program volunteers for any costs incurred while representing the program. This includes travel costs.

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

Includes community outreach and education, and technical assistance on the list of multidisciplinary elder justice activities.

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

Requires 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 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 three years to four years after the enactment date of the Act, July 7, 2018.

Section 606 – Best Practices for Home and Community-Based Ombudsman

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.

Section 701 – Technical Corrections

Includes technical corrections throughout the current OAA statute.