



n4a's Recommendations *for the 2011 Reauthorization of the Older Americans Act*



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April 2011

The reauthorization of the Older Americans Act provides an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of the current and future populations of older adults and their caregivers. Since its inception in 1965, the Older Americans Act (OAA) has evolved to meet the changing needs and expectations of an aging America. Consequently, the scope of the OAA has expanded to better address and support the needs of older adults and their caregivers.

To respond to the dramatic increase in the nation's aging population over the next three decades, the Act must evolve once again. n4a believes that the OAA's mission must expand to further support the role of the Aging Network as the focal point for aging services and to assist our nation's communities in meeting the challenges and opportunities of this "age wave."

After extensive discussion and research via listening sessions, online surveys and other communications with our members and other members of the Aging Network, n4a developed the following recommendations that we believe are vital to the strengthening of the OAA.

Not intended to be exhaustive of all positions n4a may take during the reauthorization process, these recommendations represent our highest priorities.

Please note that subsequent editions of these recommendations may be released by n4a to respond to proposals from the Administration or Congress.

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1. Flexibility

Overall Recommendation 1: Preserve the Act's flexibility, person-centered commitment and the major local impact and contribution of aging services in the community.

While terminology has changed over time, the OAA has always been fundamentally person-centered; one of the core philosophies of the OAA that makes this possible is local flexibility. Any changes to the Act should highlight and build upon the local flexibility and inherent person-centered nature of the OAA's core philosophy and history.

Background: Of top importance to Area Agencies on Aging (AAAs) and Title VI Native American aging programs is increasing local flexibility in order to provide more customized support for the consumers that they serve. The reauthorization should provide opportunities to reduce restrictions on local flexibility. If done strategically, the result will be a more person-centered and successful experience for older adults and caregivers. Congress must be careful not to impose new restrictions that reduce the ability of AAAs/Title VI programs to meet their clients where they are and get them the services and supports they need.

Rec. 1-A: Merge Title C-1 and C-2 into one nutrition subtitle C that preserves the infrastructure of the congregate and home-delivered meal programs while allowing for local flexibility in funding distributions. Make room for innovation in reducing hunger among older adults that is not necessarily a home-delivered or congregate site meal. Additionally, allow limited use of III C funds for transportation of older adults to congregate meal sites.

Rec. 1-B: Increase local transfer authority within the Act, specifically between all Title III subtitles. At a minimum, the current transfer authority of 30 percent between Titles III B and III C must be maintained.

Rec. 1-C: Simplify the Title III E National Family Caregiver Support Program's data collection at the local level and prevent restrictions on how funds allocated to AAAs may be used in the community by family caregivers. Increase authorization levels to meet the tremendous need for these services.

2. Long-Term Services and Supports

Overall Recommendation 2: 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.

Background: With the passage of the Affordable Care Act (ACA), there are new opportunities for AAAs and Title VI programs to play a stronger and more enhanced role in promoting Medicare preventive services, transitional care, medical home model, options counseling, mental health services and community-based/evidence-based health promotion and disease prevention programs. It is imperative that the OAA reflect this new reality and continue to promote the development of comprehensive long-term services and supports systems in every state and community.

Rec. 2-A: The Act’s definition of an Aging and Disability Resource Center (ADRC) must be amended to make clear the relationship between the AAA and the ADRC. The AAA’s role at the local level is as the planner and coordinator—and in the case of services provided in the ADRC model such as I&R, a service provider—yet the OAA does not address the intersection between ADRCs and AAAs. Further strengthen the ADRC definition to clarify the importance of formal partnerships between aging agencies and disability organizations in order to successfully create an ADRC network.

Rec. 2-B: Strengthen OAA Title III D Preventive Health programs to incorporate best practices learned through the U.S. Administration on Aging’s (AoA) evidence-based health promotion and disease prevention demonstrations (previously funded through Titles II and IV as well as by CMS), as well as authorized funding levels sufficient to meet the need for these cost-saving and health-boosting programs.





3. Authorization Levels

Overall Recommendation 3: Raise or create authorization levels for all of the titles of the OAA to ensure the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly the increasing ranks of individuals age 85 and older, who are the most frail, vulnerable and in the greatest need for aging supportive services.

Background: The OAA is the major federal categorical social services program for older adults in the United States. For 45 years, it has provided an ideal, well-established, trusted, community-based infrastructure of services responsive to the needs of older people and their caregivers. OAA programs' budgets have eroded over the last several years as federal funding has not kept pace with inflation or the growing population of individuals in need of services. As a result, services funded by these programs have lost considerable service capacity, causing many families to be placed on waiting lists for supportive services, adding to their emotional, physical and financial hardships. A larger federal investment in core OAA services and supports is needed to ensure the Aging Network has the necessary resources in the years ahead to adequately serve the projected growth in the numbers of older adults.

4. Building the Capacity of the Aging Network

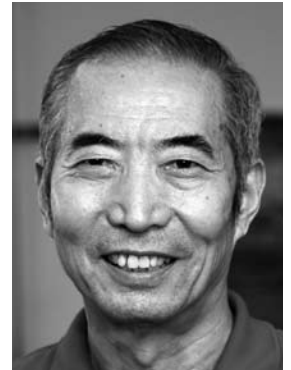
Overall Recommendation 4: Strengthen the ability of the Aging Network to improve OAA performance by creating capacity-building initiatives.

Background: We must focus on building the capacity of the Aging Network infrastructure to meet the challenges ahead. Creating the infrastructure needed to support the aging of the population requires investment in furthering the Aging Network's capacity. Enhancing capacity requires investments on multiple fronts, including developing core competencies, effectively tracking program outcomes, performing evaluations, and consistently attending to staff/volunteer development, training and retention. There is a tremendous opportunity in the reauthorization of the OAA to attend to this national priority.

Rec. 4-A: Add to the existing Title II evaluation provisions under Section 206 to enhance the capacity of 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 in providing long-term services and supports and related system change efforts. The enhanced capacity would also enable AoA to adequately evaluate new opportunities associated with the ACA. These include the role of state agencies and AAAs in single-point-of-entry systems, options counseling, care coordination, case management services, prevention and wellness programs, and other core competencies of the network. The evaluation activities would be funded through their own authorization under Title II.

Rec. 4-B: 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. This new program would authorize funding to assist the network with integrating its information systems with broader health information technology systems for medical and long-term care services. This program would be coordinated with existing HHS efforts to implement electronic health records, and would conform to privacy guidelines. This new infrastructure

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would promote information sharing and interagency partnerships on such endeavors as healthy aging and wellness programs and chronic disease management programs. Additionally, the new program would authorize a feasibility study on developing an operational web-based data reporting and analysis system for the Aging Network, including local, state and federal level information.

Rec. 4-C: Create a new training and professional development program under Title III to boost employment efforts in the field of aging services that we as a nation have a strategic interest in growing:¹ 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 Title III funds or take away from services. The program would include new initiatives aimed at developing students' interest in working in the field of aging; preparing aging professionals already in the Aging Network to become leaders; and enhanced staff and volunteer training through peer-level exchanges in effective leadership skills and management practices.

1. The need for this investment is well documented in reports such as the Institute of Medicine, "Retooling for an Aging America: Building the Health Care Workforce," April 14, 2008.



5. Senior Mobility Options

Overall Recommendation 5: Explore ways to strengthen the Aging Network's role in the coordinated planning activities through greater collaborative efforts between transit, planning and aging agencies and enhancing the role of the network in the growing field of mobility management services. Provide resources to test and expand best practices and innovative approaches to such coordination.

Background: The OAA reauthorization presents a tremendous opportunity to strengthen the Aging Network's role in meeting the transportation needs of an expanding older population over the next decade, and to build on current efforts the network has started in the areas of coordinated planning and mobility management services. In addition to the significant amount of transportation the Aging Network provides as a core service of the OAA, the network has also become key participants in the development of the coordinated public transit-human services transportation planning process established under the 2005 surface transportation authorization. Given the Network's extensive role in coordinating and providing transportation to older adults and persons with disabilities through the OAA, other human service programs such as Medicaid and federal transportation programs, we must evaluate how to best enable the Aging Network to meet the challenges of increased service demands over the next OAA reauthorization period and beyond.

Rec. 5-A: Formalize the role of the Aging Network, in particular AAAs, 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.

Rec. 5-B: Build on existing provisions in the OAA in Title III to encourage greater collaboration between AoA and the U.S. Department of Transportation (DOT) and Federal Transit Administration (FTA)-funded programs that will help break down funding silos. The Aging Network needs to maximize limited resources through the OAA by working more frequently with local transit agencies and providers. By

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developing effective partnerships, AAAs will be able to serve more individuals with additional funding available through the FTA's specialized transportation programs.

Rec. 5-C: Add new language to the OAA to expand the description of transportation services to include mobility management activities. Creating 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 offered to meet consumers' needs.

Rec. 5-D: Authorize dedicated funding to implement the Technical Assistance and Innovation to Improve Transportation for Older Americans program under Section 416 of the OAA. This provision, added in the 2006 amendments, authorizes grants to nonprofit organizations for demonstration projects or technical assistance to assist local transit providers, AAAs and other groups to encourage and facilitate coordinated transportation services and resources.

6. Title VI Native American Programs

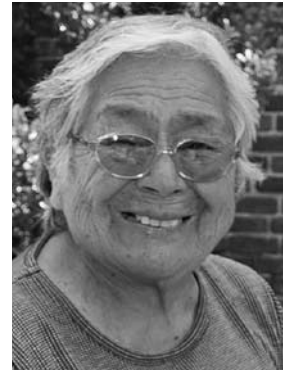
Overall Recommendation 6: Build the capacity of and funding for Title VI programs to strengthen their ability to serve the complex and urgent needs of elders in Indian country.

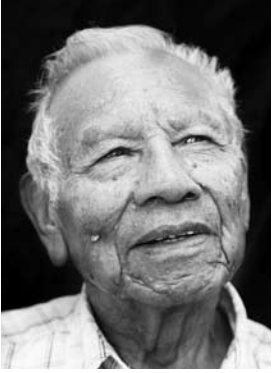
Background: Title VI Native American aging programs are especially overdue for an increase in authorized funding. OAA provides the primary authority for funding services to elders in Indian country. Older American Indians are the most economically disadvantaged elders in the nation. Current Title VI funding levels are woefully inadequate to meet the needs of Indian elders; there has long been a lack of proper investment in these programs, which further exacerbates the challenges Indian elders face. Inadequate funding makes it impossible for many tribes to meet the five-days-a-week home-delivered meal requirement and forces them to serve congregate meals only two or three days a week. Other service delivery needs among Native Americans have also emerged that deserve increased attention; in particular, transportation is critical to connecting Indian elders with other essential services, especially in rural areas of the country.

Rec. 6-A: Similar to the recommendation for Title III agencies, 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. n4a proposes that this new program would have its own authorized funding to promote a range of capacity-building activities, including training, professional development and technology enhancements.

Rec. 6-B: 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 in Section 643 for the Part C Caregiver Support Program over the same period.

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Rec. 6-C: Establish a new subsection under Title VI focused 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 development of new and innovative programs to serve elders' transportation needs in rural and frontier communities.

7. Livable Communities for All Ages

Overall Recommendation 7: Broaden, strengthen and support the unique role of AAAs and Title VI aging programs in strategic community planning to promote the ability of older adults to live successfully and independently at home and in the community for as long as possible.

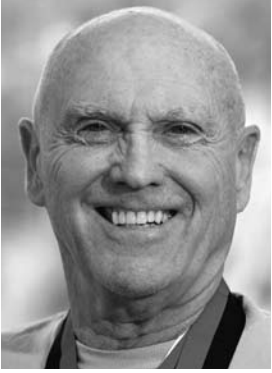
Background: The country is facing the aging of the largest demographic cohort in its history. The aging of the baby boomers over the course of the next three decades will have a direct and dramatic impact on every community in the nation. The rise in the numbers of aging citizens will impact the social, physical and fiscal fabric of our nation's cities and counties; directly and dramatically affecting local aging, health, human services, land use, housing, transportation, public safety, workforce development, economic development, recreation, education/lifelong learning and volunteerism/civic engagement policies and programs.

Despite the impending demographic forecast, few communities have begun to prepare to address the aging of their population. Given their existing mandated role under the OAA to create multi-year plans for the development of comprehensive, community-based services that meet the needs of older adults, AAAs and Title VI programs are in a unique position to expand their support to communities to assess and assist in coordinating with local agencies to address the challenges and opportunities posed by the growing numbers of older adults.

Rec. 7-A: Establish new provisions with dedicated funding authorizations to support AAAs and Title VI programs to assist county, city and tribal governments across the nation to proactively prepare for the aging of their communities. 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 in developing a comprehensive livability plan and implementation strategy factoring the range of community policies, programs and services.

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The authorized funding would be non-formula based, with a minimum level of funding and additional formula-based funding to increase subsidies to more heavily populated service areas and have a 25 percent match requirement. A minimum of 15 percent of the funding allotment would be reserved for rural areas. The new provision would include non-formula based funding to State Units on Aging to coordinate state-level planning. 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 AAAs and Title VI programs in their comprehensive planning efforts. Initiatives funded under the provision would be evaluated before the next reauthorization.

8. Affordable Housing and Services

Overall Recommendation 8: Expand the Aging Network's role in access to housing that meets the needs of older adults and the coordination of long-term services and supports in housing, in order to maximize older adults' quality of life and to promote livable communities for all ages.

Background: There is a need for increased attention and resources for connecting low-income older individuals in subsidized housing facilities with needed supportive services that will allow them to more effectively age in place.

Rec. 8-A: Add a new subsection under Title III aimed at connecting supportive services with congregate housing settings, including 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.

The new subsection would include provisions focusing on how the programs would coordinate with other Title III programs; interaction with HUD Section 202 housing service coordinators; grant allocation; technical assistance; quality assurance; and oversight. In addition, the subsection would also include language encouraging grantees to coordinate with broader initiatives, such as the HHS Money Follows the Person Demonstration and the Partnership for Sustainable Communities through HUD, DOT and EPA.





9. Title V and Older Workers

Overall Recommendation 9: Improve the Title V Senior Community Service Employment Program while enhancing coordination with the Workforce Investment Act system, which is also up for reauthorization.

Background: Currently, there are two federally supported programs that provide assistance to older workers. The Senior Community Service Employment Program (SCSEP) under Title V of the OAA provides low-income job seekers age 55 and older with job training and paid temporary work assignments with nonprofit organizations, as well as placement assistance with local employers. This program is invaluable to low-income older adults who want or need to enter or return to the workforce. It also helps prevent the isolation of older adults by allowing them to engage in their communities through community service assignments. The Workforce Investment Act (WIA) contains provisions to assist in older worker job retraining and placement, but in recent years most of the focus for WIA programs has been on finding employment for younger workers. There are a number of provisions in the OAA and the WIA that encourage coordination between the two systems, however, these provisions do not go far enough to spur the necessary linkages and collaboration between the two programs.

Rec. 9-A: Expand the Title V Senior Community Service Employment Program to include a greater number of older workers in need of assistance and training who are interested in working for community service organizations. Increase the income eligibility guidelines for the program from 125 percent of the Federal Poverty Level (FPL) up to 175 percent of FPL. This change will increase the ability of local Title V programs to serve older workers in search of employment who are not adequately served by the broader WIA one-stop system. Additionally, consider providing an exemption from these guidelines for higher income older workers, up to 200 percent of FPL, who have been out of work for a consistent period of time during the previous several months and have not been able to gain employment. These changes in eligibility guidelines would be accompanied by a new source of resources through the WIA system to serve the broader population of older workers (see Rec. 9-D).

In order to ensure priority service is given to lower income individuals with multiple barriers to employment, the expanded income eligibility guidelines

would be contingent on meeting the needs of recipients under existing rules. Local SCSEP programs would have to verify that they do not have any low-income individuals at up to 125 percent FPL waiting to be served before any higher income individuals can participate in the program.

Rec. 9-B: Raise the current cap on participation of an average of 27 months in the aggregate to at least 36 months. This change will allow greater time for older workers to gain necessary training and skills from community service positions that will provide them with the experience needed for unsubsidized employment in the future.

Rec. 9-C: Currently, grantees under Title V are required to consult with AAAs in the areas where they will be conducting a project and are required to submit to the state agency and AAAs, in the planning and service area, a description of the project for review and comment in order to ensure coordination with other aging programs under the OAA. However, this provision has not spurred enough collaboration between local Title V projects and AAAs to ensure effective coordination. Therefore, we propose that Title V projects be required 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 provisions under Section 511 requiring coordination with the WIA system.

Rec. 9-D: Consider new provisions to both the OAA and the Workforce Investment Act of 1998 to build on current provisions that require Title V projects to be partners in local WIA one-stop delivery systems and to be signatories of MOUs outlined in the Section 121 of the WIA. Add provisions to each authorizing bill requiring that state agencies and AAAs have regular representatives on both state and local WIA boards. In addition, include a requirement that the WIA one-stop centers set aside a portion of their authorized funding under Title I for serving older workers. The set-aside would be a minimum of 5 percent and no more than 10 percent depending on the proportion of older workers in the community. This change would reinstate a set-aside provision under the Job Training Partnership Act that was dropped from the WIA, which has led to a decline in the number of older workers being served through WIA. This percentage of authorized WIA funding would be used to serve older individuals referred from the local WIA one-stop systems to Title V projects. This increased collaboration and pooling of resources would allow local Title V projects to better serve the growing number of older workers in need of assistance being referred to them from their WIA system partners.





10. Elder Rights Protection

Overall Recommendation 10: Strengthen OAA to better protect older adults' legal rights, prevent elder abuse, exploitation and neglect, and improve our nation's coordinated response to elder abuse when it occurs.

Background: Funding for elder rights, elder abuse prevention activities and long-term care ombudsmen in OAA is extremely limited, and this has long affected the ability of states, AAAs and advocates to implement optimal programs. With rates of elder abuse on the rise, we must find a way to ensure stable and sufficiently resourced long-term care ombudsmen programs (Title VII) in every community, to protect older adults at risk for neglect or abuse in institutions. Other elder abuse prevention activities under Title VII must also be enhanced to ensure that AAAs can coordinate stable and successful programs, and that Title VII programs build on the national structure of information services inherent through the AAA and Title VI network. A close look at Title VII is also in order given the passage of the Elder Justice Act in 2010—the OAA may need to be amended to ensure coordination across elder abuse systems and funding streams.



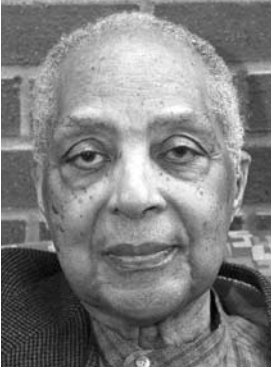
11. Medicare Assistance and Counseling

Overall Recommendation 11: Transfer the current State Health Insurance Assistance Program (SHIP) to AoA, and if necessary, authorize AoA to administer the program under the OAA. This transfer of the SHIP from the Centers for Medicare and Medicaid Services (CMS) to AoA acknowledges the extensive role of AAAs and Title VI Native American aging programs in providing Medicare assistance and counseling to beneficiaries.

Background: AAAs and Title VI programs play a critical role in helping beneficiaries to access prescription drugs through the Medicare Part D benefit and Part C Medicare Advantage plans. There has been, and continues to be, a great need for enrollment assistance and counseling throughout the year as millions of seniors become eligible for Medicare benefits, including the prescription drug benefit, and seniors consider changing their current drug plans. These programs will need additional resources in order to serve the growing number of beneficiaries newly eligible for Medicare as the first of the “baby boomer” population begins turning 65 in 2011.

These community-based organizations are working very hard to meet the continued demand for assistance, but they need a more stabilized source of resources that they can depend on and plan around. While SHIPs are funded to assist beneficiaries, this funding is inadequate to provide sustained, high quality, one-on-one Medicare counseling for seniors at the community level. Furthermore, only two-thirds of AAAs that operate local SHIPs receive any regular funding to provide assistance and counseling to beneficiaries on Medicare Part D enrollment.

n4a believes transferring the SHIP program from CMS to AoA will enhance the program's ability to meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at the community level. With two-thirds of local SHIP programs operated through AAAs this move makes good policy sense. The transfer will put several programs serving older adults (including AAA Information & Referral Assistance programs, Senior Medicare Patrol, and



Aging and Disability Resource Centers) under one umbrella as they continue to develop person-centered systems of information and counseling to make it easier for individuals to learn about and access their health and long-term services and support options.

Rec. 11-A: Make necessary changes to the Act to encourage better coordination of Medicare assistance and counseling efforts, and provide stabilized funding to all AAAs for their Medicare enrollment assistance and counseling efforts. Similarly, authorize the newly positioned SHIP program to provide support to Title VI programs for Medicare assistance and counseling efforts in tribal communities.

12. Emergency Preparedness

Overall Recommendation 12: To ensure that older adults' needs are addressed in federal, state and local emergency preparedness efforts.

Background: There are specific steps that can be taken at the federal level that would help to promote coordination between agencies and allow them to better serve the needs of older adults during disasters. The demographic shift resulting from the aging of the baby boomers reinforces the need for communities of all sizes to begin to address a range of emergency preparedness issues that will have a direct impact on the aging population.

Rec. 12-A: Promote the Federal Emergency Management Agency (FEMA) registration information for the age 60 and older population is shared with state agencies and AAAs in federally declared disaster areas. In addition, federal grant funding should be established through AoA to support community-level work by AAAs to implement emergency preparedness registry systems for older adults and special needs populations that utilize geographic mapping technology.

Rec. 12-B: Reinforce existing federal policy to formalize coordination plans. Build on the emergency preparedness provisions added to the OAA in 2006 by requiring that FEMA and local emergency preparedness agencies formalize coordination plans with the Aging Network, specifically state agencies and AAAs. In addition, direct AoA and the Department of Homeland Security to establish an interagency program to facilitate cross-agency training opportunities and provide on-the-ground orientation to both networks on how they can more effectively work together and better utilize each others resources during disaster planning, response and recovery efforts.

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Rec. 12-C: 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.

Appendix: Key Terms

n4a

The **National Association of Area Agencies on Aging (n4a)** is the leading voice on aging issues for Area Agencies on Aging (AAAs) and a champion for Title VI Native American aging programs. Through advocacy, training and technical assistance, n4a supports the national network of 629 AAAs and 246 Title VI programs. n4a works with its members to achieve our collective vision of building a society that values and supports people as they age. For more information, visit www.n4a.org.



Older Americans Act

Since its inception in 1965, the Older Americans Act (OAA) has been the foundation of our national system of home and community-based services for older Americans. The OAA provides funding to states to distribute to AAAs for a range of services and supports that promote the independence of older adults and support their caregivers. Since its enactment, the OAA has been amended 15 times, most recently in 2006, to expand the scope of services, increase local control and responsibility, and add more protections for older adults.

Aging Network

To develop and implement the wide array of OAA services, a system of federal, state and local agencies, known as the Aging Network, was established. The Aging Network is comprised of the U.S. Administration on Aging (AoA), 56 State and Territorial Agencies on Aging, **629 Area Agencies on Aging, 246 Title VI Native American and Native Hawaiian aging programs**, and more than 30,000 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 and caregivers.

Area Agencies on Aging (AAAs)

AAAs were established under the OAA in 1973 to respond to the needs of Americans aged 60 and over in every local community. AAAs leverage public and private funds to develop and offer a wide range of options to help older adults remain in their homes and communities for as long as possible, which is not only the preferred choice for millions of older adults nationwide, but also avoids the costs of more expensive institutional care. AAAs also offer comprehensive case management to determine which combination of supports will best help an individual remain in his or her home and community safely. AAAs plan, coordinate and contract with local providers to ensure that services and supports exist to promote the dignity and independence of older adults in every community in the U.S.

Title VI Native American Aging Programs

Title VI, Grants for Indian Tribal Organizations, was included in the 1978 Amendments to the OAA. Title VI Native American aging programs provide nutritional and supportive services to older American Indians, Alaskan Natives and Native Hawaiians and provide services to their elders comparable to services offered to other older adults by AAAs.



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