



## THE BASICS

OCTOBER 8, 2009

### Older Americans Act of 1965

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In 1965, Congress enacted the Older Americans Act, which established the Administration on Aging (AoA) and state agencies on aging to address the social services needs of older people. The Act is considered the major vehicle for promoting the delivery of social services to the aging population. Its mission is broad: to help older people maintain maximum independence in their homes and communities and to promote a continuum of care for the vulnerable elderly. In successive amendments, Congress authorized targeted programs to respond to specific needs. Considering the broad sweep of services included in its mission, the Act's reach is constrained by modest resources.

#### SEVEN TITLES, MULTIPLE SERVICE PROGRAMS

The Act authorizes seven titles that include a series of formula-based and discretionary grants. All programs are administered at the federal level by AoA, except for the Title V community service employment program, which is administered by the Department of Labor (DoL). The fiscal year (FY) 2009 federal funding level is \$2.3 billion; almost two-thirds of the funding supports state and community grants for multiple social service programs. The balance funds a subsidized jobs program for older people, as well as research, demonstration, and training programs; grants for Native American organizations; and other national activities (see figure, page 3). Following is a synopsis of each title and some of the services authorized. (For more detailed information on Older Americans Act programs, see Carol V. O'Shaughnessy, "The Aging Services Network: Accomplishments and Challenges in Serving a Growing Elderly Population," National Health Policy

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Forum, Background Paper, April 11, 2008; available at [www.nhpf.org/library/details.cfm/2625](http://www.nhpf.org/library/details.cfm/2625)).

**Title I: Declaration of Objectives**

Title I sets out broad social policy objectives oriented toward improving the lives of all older people, including adequate income in retirement, the best possible physical and mental health, opportunity for employment, and comprehensive long-term care services.

**Title II: Establishment of the AoA**

Title II establishes AoA within the Department of Health and Human Services (HHS) as the chief federal agency advocate for older people and sets out the responsibilities of AoA and the Assistant Secretary for Aging. Among other things, Title II requires AoA to create the National Eldercare Locator Service to provide nationwide information through a toll-free telephone number so that users can identify community resources for older people. It also establishes national resource centers for long-term care ombudsman services and elder abuse prevention activities.

**Title III: Grants for State and Community Programs on Aging**

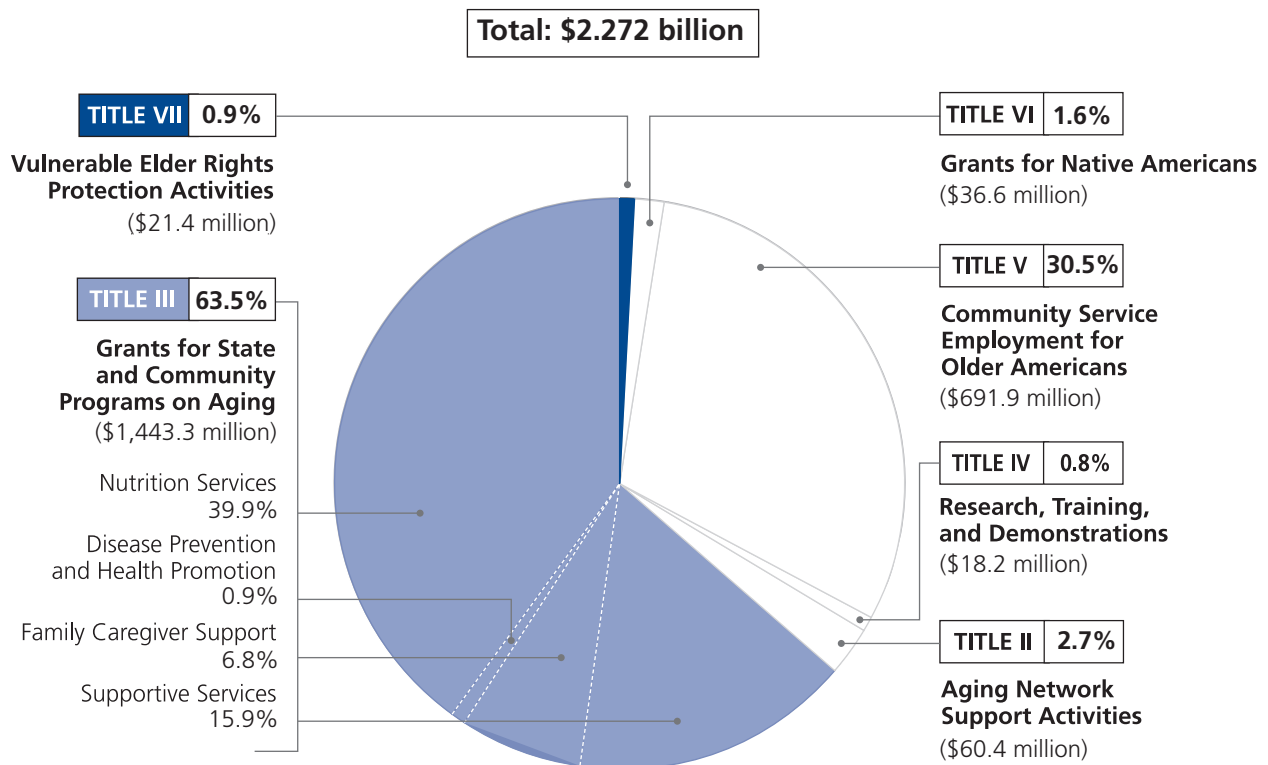
Title III formula grants support the activities of 56 state agencies on aging and 655 area agencies on aging, which can be nonprofit or public agencies.<sup>1</sup> These agencies act as advocates on behalf of, and coordinate social service programs for, older people. Title III authorizes funds for supportive and nutrition services, family caregiver support, and disease prevention and health promotion activities. State agencies are required to pass all Title III funds to area agencies to administer within their state-defined planning and service areas. These grants account for two-thirds of total Older Americans Act funds in FY 2009 (\$1.4 billion out of \$2.3 billion).

- **Supportive services.** The supportive services program funds a wide range of social services aimed at helping older people remain independent in their own homes and communities. States are required to devote some funding to access services (such as

transportation and information and assistance), home care, and legal assistance.<sup>2</sup> This program also supports other services, such as case management, adult day care, and activities of senior centers.

- Nutrition services.** The elderly nutrition program, the oldest and perhaps most well-known Older Americans Act service, provides meals and socialization to older people in congregate settings, such as senior centers and churches (the “congregate meals” program), and meals to frail older people in their own homes (the “home-delivered meals” program). The purposes of the program are to reduce hunger and food insecurity, promote socialization among older people, and provide meals to the homebound. In FY 2007, 235.8 million meals were served to about 2.5 million people; 60 percent of meals were served to frail older people living at home, and 40 percent were served in congregate settings.

**Older Americans Act, FY 2009 Appropriations**



Source: Prepared by the National Health Policy Forum, based on appropriations data in Angela Napili, “Older Americans Act (OAA): Funding,” Congressional Research Service, Report RL33880, updated April 8, 2009.

- **Family caregiver support.** The National Family Caregiver Support Program provides grants to states to develop a variety of services to assist family caregivers.<sup>3</sup> These include information and assistance about available services, individual counseling, organization of support groups and caregiver training, respite services to provide families temporary relief from caregiving responsibilities, and supplemental services (such as home care and home adaptations) on a limited basis to complement care provided by family and other informal caregivers. In FY 2007, about 686,000 people received assistance in accessing caregiver services, counseling, or caregiver training or participated in a support group.
- **Disease prevention and health promotion.** Programs to prevent or delay chronic conditions and promote health among older people receive the smallest amount of funding among Title III programs. The law provides “seed money” for these activities and intends that state and area agencies leverage other funding sources to complement Title III funds. The types of activities that state and area agencies support with these funds vary widely and include both group services, such as physical fitness and diabetes control classes, arthritis and nutrition education, as well as more individualized services, such as medical and dental screening, nutrition counseling, pharmacology consultation, and immunizations.

**Target population** — Title III services are available to all people age 60 and over, but they are targeted to those with the greatest economic or social need. Means testing is prohibited. Participants are encouraged to make voluntary contributions for services they receive. States are allowed to implement cost-sharing policies for certain services on a sliding fee scale basis. However, people must not be denied services due to failure to make voluntary contributions or cost-sharing payments.

A relatively small proportion of the older population receives Title III–funded services due to limited funding. AoA data show that in FY 2007 about 6 percent of the 53.1 million people age 60 and older (about 3 million people) received services, such as home-delivered meals, home care, and case management on a somewhat regular basis. A larger proportion, about 18 percent of the older population (about 10 million people), received other services, such as transportation, information and assistance, or congregate meals, on a less than regular basis. An even larger but

unknown number may benefit from the planning, coordination, and advocacy functions carried out by state and area agencies.

Even though a small number overall receives services, vulnerable older people receive a disproportionate share of services. Of all people served under Title III programs in 2007, 29.4 percent had income below the federal poverty level (FPL), compared with 9.3 percent in the total population age 60 and over in poverty.

**Formula allotments** — AoA allots funds for supportive services, nutrition services,<sup>4</sup> family caregiver support, and disease prevention and health promotion services to states based on each state's relative share of the total older population (with minimums for small population states).<sup>5</sup> States allocate funds to area agencies based on a state-determined formula.<sup>6</sup>

#### **Title IV: Activities for Health, Independence, and Longevity (Research, Training, and Demonstration Programs)**

Title IV provides authority for training, research, and demonstration projects in the field of aging. Funds are to be used to expand knowledge about aging and to test innovative ideas on services and programs. Over the years, Title IV has supported a wide range of projects related to income, health, housing, and long-term care.

In recent years, funded projects have included the Choices for Independence initiative. Under this initiative, AoA has funded Aging and Disability Resource Centers (ADRCs) in 47 states. ADRCs are intended to be "one-stop shopping" programs that help people at the community level make informed decisions about their service and support options and serve as the entry point to the long-term care support system. Also included in this initiative are grants to help states use home and community-based services funds to identify people at the highest risk of nursing home placement and help them remain at home and in community settings. Grants to state and community organizations to implement evidence-based disease prevention and health promotion interventions that have proven effective in reducing the risk of disease, disability, and injury among older people are included as well.<sup>7</sup>

### Title V: Community Service Senior Opportunities Act

Title V provides part-time jobs for unemployed low-income people age 55 and older who have poor employment prospects. DoL contracts with states and 18 national organizations<sup>8</sup> that recruit and enroll workers who are then placed in community service jobs, for example, in hospitals, schools, and senior nutrition sites. Enrollees are paid no less than the highest of the federal minimum wage, the state or local minimum wage, or the prevailing wage paid by the same employer for similar occupations. People eligible are those who are 55 years of age and older whose income does not exceed 125 percent of the FPL (\$13,538 in 2009). The program provides jobs to over 90,000 participants per year. The American Recovery and Reinvestment Act (P.L. 111-5)—the federal stimulus legislation—increased the initial FY 2009 appropriation by 17 percent, for a total FY 2009 funding level of \$691.9 million.

### Title VI: Grants for Services for Native Americans

AoA awards Title VI grants to Indian tribal organizations, Native Alaskan organizations, and nonprofit groups representing Native Hawaiians. Grants are used to fund supportive and nutrition services for older Native Americans. In FY 2007, grants were awarded to 237 Indian tribal organizations and two Native Hawaiian organizations.

### Title VII: Vulnerable Elder Rights Protection Activities

Title VII authorizes the long-term care ombudsman program as well as a program to prevent elder abuse, neglect, and exploitation. These two programs are funded at \$21.4 million in FY 2009.

- **Long-term care ombudsman program.** The purpose of the program is to investigate and resolve complaints of residents of nursing facilities, board and care facilities, and other adult care homes. It is the only Older Americans Act program that focuses solely on the needs of institutionalized persons. Complaints may relate to action, inaction, or decisions of long-term care providers or their representatives and other actions that adversely affect the health, safety, welfare, or rights of residents. Other functions to be carried out by ombudsmen include representing the interests of residents before governmental agencies and seeking administrative and legal remedies to protect their rights. In FY 2008, 1,305

paid ombudsmen (full-time equivalents, FTEs) were responsible for oversight of 16,749 nursing facilities with 1.7 million beds and 50,000 other residential care facilities with 1.1 million beds.

- **Prevention of elder abuse, neglect, and exploitation.** Under this program, states are required to carry out activities to make the public aware of ways to identify and prevent abuse, neglect, and exploitation and to coordinate activities of area agencies on aging with state adult protective services programs, among other things.

**Formula allotment** — Like Title III funds, Title VII funds are allocated to states based on the state's share of the older population (even though ombudsmen are to serve all populations in facilities, regardless of age).

## 2006 REAUTHORIZATION

The Older Americans Act Amendments of 2006 (P.L. 109-365) reauthorized all programs under the Act through FY 2011. Among other things, the law expanded the role to be taken by AoA and state and area agencies on aging in promoting home and community-based long-term care services, authorized funds for competitive grants to states to promote comprehensive elder justice systems, and required AoA to develop demonstration programs to help older people "age in place" (including in Naturally Occurring Retirement Communities) and systems for mental health screening and treatment services.

## ENDNOTES

1. About half of state agencies on aging are located in umbrella health and/or human services agencies; the remainder are independent departments or commissions of state government. According to a 2006 study, 41 percent of area agencies were private nonprofit organizations, 32 percent were part of county or city government, 25 percent were part of councils of government, and 2 percent were Indian tribal organizations or other entities. Frank Burns *et al.*, "2006 Survey of Area Agencies on Aging Preliminary Results," presented at the Annual Conference of the National Association of Area Agencies on Aging, August 8, 2006.
2. State agencies determine a minimum proportion of funds area agencies must spend on these services.
3. The primary groups served are caregivers of people age 60 and older, but the law allows grandparents or other individuals (age 55 or older) who are relative caregivers of children to be served under the program.

4. Funds for nutrition services incentive grants are allotted to states based on a formula that takes into account the number of meals (supported by all funding sources) served by each state's nutrition program the prior year.
5. Except for family caregiver support services, each state receives Title III allotments for services proportionate to its population age 60 and over compared with the total U.S. population age 60 and over. Family caregiver support program funds are allotted based on a state's proportionate population age 70 and over.
6. States allocate Title III funds to area agencies on aging based on a state-determined distribution formula (generally taking into account a combination of factors, such as age, income, and racial or ethnic status of the older population throughout the planning and service areas of the state).
7. Administration on Aging, Aging and Disability Resource Centers, [www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/ADRC/index.aspx#purpose](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC/index.aspx#purpose).
8. Seventy-eight percent of funds are awarded to 18 national organizations and 25 percent of funds to states. For further information, see Department of Labor, "About SCSEP," January 13, 2009; available at [www.doleta.gov/Seniors/html\\_docs/AboutSCSEP.cfm](http://www.doleta.gov/Seniors/html_docs/AboutSCSEP.cfm).