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March 21, 2024

U.S. Senate Committee on Health, Education Labor & Pensions (HELP)
428 Senate Dirksen Office Building, Washington, DC 20510

Re: Request for Information on Reauthorization of the Older Americans Act

Dear Chair Sanders, Ranking Member Cassidy, and Members of the Senate HELP Committee,

ADvancing States appreciates the opportunity to provide responses to the RFI regarding reauthorization of the Older Americans Act (OAA). ADvancing States is a nonpartisan association of state government agencies that represents the nation's 56 state and territorial agencies on aging and disabilities. We work to support visionary state leadership, the advancement of state systems innovation, and the development of national policies that support home and community-based services for older adults and people with disabilities. Our members administer services and supports for older adults and people with disabilities, including overseeing Older Americans Act (OAA) programs and services in every state.

We appreciate the committee's focus on the reauthorization of the OAA and applaud you for issuing this RFI to collect input from state units on aging (SUAs) and the entire aging network. The OAA is a pivotal piece of legislation that underscores the nation's commitment to the well-being of its aging population. We believe this reauthorization presents an opportunity to incorporate lessons learned and successful innovative strategies implemented during the COVID-19 pandemic.

Please find our responses attached. If you have any questions about ADvancing States or our priorities for the OAA reauthorization, please reach out to Rachel Neely (rneely@advancingstates.org).

Sincerely,

Martha Roherty
Executive Director
ADvancing States

General Questions:

1. What are the biggest challenges currently facing the older adult population? How have OAA programs performed historically in addressing these challenges? How can OAA programs be improved upon to better address these challenges?

Biggest challenges:

Older adults experience significant challenges to age safely and with dignity in their homes and communities due to:

- Limited access to essential services:
 - **In-home supportive services:** In-home supportive services include home health aide services, chore and companionship services, and respite, among others. These services help older adults with activities of daily living, such as bathing and dressing, as well as essential chores in their homes. In-home supportive services are fundamental to ensuring older adults can live safely in their homes. Often due to limited direct care workforce, older adults are not able to access these services, placing them at an increased risk of institutionalization, or the tasks fall to unpaid family caregivers.
 - **Nutrition services/meals:** Access to meals is necessary for supporting the health and well-being of older adults. Often, the one congregate meal or home-delivered meal an older adult receives through an OAA-funded program is their only meal for the day. During the pandemic, Area Agencies on Aging (AAA) were able to offer older adults two meals per day, five days per week, thanks to funding from the American Rescue Plan Act (ARPA). With ARPA spending winding down, meal offerings are returning to one meal per day. Additionally, the rising cost of food is taking a significant toll on the State Unit on Aging (SUA) and AAAs' ability to provide multiple meals, and to provide meals to larger numbers of older adults, resulting in waiting lists. Other significant factors impacting access to meals include the recent reduction in SNAP benefits and decreases in monthly grocery allowances offered by Medicare Advantage plans.
 - **Transportation:** When older adults retire from driving, whether from self-regulation or necessity, reliable and affordable transportation is an urgent need. Older adults living on a limited income cannot afford transportation through private providers. Transportation provided under the OAA is primarily offered to get older adults to and from congregate meal sites. Some, but not all, AAAs provide transportation to medical appointments and essential shopping.
 - **Housing and home modifications:** The lack of affordable housing has resulted in higher incidences and prevalence of older adults becoming homeless. Home modifications allow older adults to live safely and independently in their home for longer; however, the high cost of these modifications often makes them unobtainable.
- **Lack of supports for unpaid family caregivers:** Caregiving can be a rewarding experience for the caregiver and the person they care for, building stronger bonds and strengthening relationships. However, the role of being a caregiver is physically, mentally, and financially

demanding, and caregivers often experience stress and burnout. Caregivers can be called upon to provide complex support, from managing medications, making financial and legal decisions, performing daily living chores and increasingly providing medical and wound care.

Unsurprisingly, caregiving is pulling more and more adults from the workforce, which can result in significant impacts on their own financial security. These strains have negative impacts on both caregivers and their loved ones. To alleviate some of the daily physical, emotional and financial demands, caregivers must have access to respite, training, and social support.

- **Direct care workforce shortages:** Challenges in the direct care workforce are at the heart of and continue to exacerbate challenges with service access and caregiver supports. Direct care workers are the professionals the aging network relies on to deliver in-home supportive services, nutrition services, transportation, and respite, among other OAA services.

OAA programs:

Since its introduction in 1965, the OAA has provided essential services for older adults needing a small amount of support to remain living in their homes and communities. Unlike many other social support efforts, the services provided through the OAA are informed and guided by local resources and resident needs. The OAA's person-centered, community directed approach helps ensure limited funds are spent on what is most needed by each service area. Another unique aspect of the OAA is its understanding and embrace of the vital role the family caregiver(s) play in the health and independence of their older loved ones. OAA programs play a significant role in older adults' wellbeing, their quality of life and in preventing and delaying costly institutionalizations.

In recent years, OAA funding has failed to keep pace with the number of older adults who need these services, as well as the rising costs of service delivery. An ever-increasing number of older adults need critical necessities, such as food and shelter; however there are not enough resources readily available to meet those needs.

State perspective: One state emphasizes that the direct care workforce shortage has traditionally been a challenge in rural areas specifically, but it is now a significant issue in rural, urban, and suburban areas and has led to waiting lists for services.

Suggested improvements:

To help expand the reach of services and improve service delivery, states agree the most helpful improvements to the OAA would be:

- Increasing authorized funding limits, particularly for Title III services such as home delivered and congregate meals, disease prevention and health promotions, and family caregiver supports.
- Allowing states and AAAs the flexibility to design programs and services to meet the specific needs of increasingly diverse populations they serve.

2. What are your top priorities for OAA reauthorization? Please explain why.

Supporting the Aging Network

Priority 1: Increase Flexibility for Nutrition Services

Flexibility and innovation for nutrition services were especially important during the COVID-19 pandemic. During that time, the Administration for Community Living (ACL) authorized the transfer of nutrition funds to allow the provision of “grab & go” meals (under Title III, part C-1, congregate meals). The new OAA regulations make this option permanent to help ensure older adults have access to healthy food options. As food costs continue to rise at worrying levels, additional flexibilities in nutrition services will help states ensure the availability of healthy food options for older adults.

- **Recommendation: Combine Title III, Part C-1 (congregate meals) and Part C-2 (home-delivered meals).** This would allow states flexibility to determine, in collaboration with AAAs, the approach to nutrition service delivery based on specific community needs. It would ensure older adults with choice about how to receive their meals, which they have not previously had. This approach allows aging networks to take a more person-centered approach to providing meals for older adults based on their needs and preferences.

Priority 2: Shift to Evidence-Informed Programs

Title III, Part D authorizes evidence-based disease prevention and health promotion services. Development and implementation of evidence-based programs is challenging and expensive for states and aging services providers, as these programs must undergo rigorous academic scrutiny to meet the “evidence based” criteria. For instance, the AAA must purchase the license to implement the evidence-based program, certification for the trainer, and program resources. In most cases, the trainer certification is tied to the individual staff person who completed the training, meaning that when they leave the organization a new certification must be purchased. Evidence-informed programs leverage the knowledge and data of tested practices and allow the professional the ability to use their understandings of their clients and community without the significant burden of implementing evidence-based programs.

State perspective: One state pointed out that health and wellness programs that rely on evidence are especially important to service delivery in rural areas and allow for alignment with culturally relevant programming. Making these programs easier to implement will have a direct positive impact on OAA service delivery.

- **Recommendations:**
 - **Allow Title III, Part D health and wellness programs to be evidence informed and not just evidence based.** This would remove the existing barriers to implementing innovative and emerging best practices, while retaining some guard rails to ensure evidence is the foundation upon which the services are developed.
 - Increase funding authorization amounts for evidence-based and evidence-informed programs, as current funding levels are not sufficient to support these initiatives.

Priority 3: Expand Title VI, Grants for Native American Aging Programs

Older Native Americans experience challenges accessing supportive services. To mitigate gaps and provide transparency the new OAA final rule explicitly requires states to engage in collaboration with Title VI grantees and makes it clear that Title VI grantees may access Title III funds and services.

State perspective: One state noted that increased funding for supportive services under Title VI would directly support case management and full-time positions that deliver direct services. In addition, technical assistance would be beneficial to advise and support coordination between the SUA and tribal provider networks.

- **Recommendation:** Expand Title VI, Part D to include a dedicated funding authorization for Supportive Services and boost the capacity of grantees through more robust training and technical assistance.

Priority 4: Increase Funding Authorization Amounts

Annually, the OAA serves approximately 11 million adults over age 60 and spends \$202.12 per person. While this is a significant number of older adults served each year, the number of adults over 60 continues to grow rapidly.

OAA services are not currently reaching all older adults with the greatest economic need. Recent U.S. census data indicates there are 24 million adults over age 60 who are at or below 138 percent of the federal poverty level (FPL), the income level often used to determine eligibility for Medicaid services.

The annual average per person cost for OAA services is a fraction of the annual per person cost of a Medicaid 1915(c) waiver program. Medicaid waiver programs may impose an annual cost cap per person, which waiver recipients often meet. The cost cap amounts vary widely across programs, ranging from tens of thousands to hundreds of thousands of dollars. The average \$202.12 annual per person costs for OAA services are barely a fraction in comparison. Investing funds in the OAA reduces costs to the overall LTSS system by delaying and preventing transitions to Medicaid waivers or institutional services.

- **Recommendation: To expand the reach of services to all adults over 60 living at or below 138 percent FPL, increase the funding authorization limit for the OAA to \$4.82 billion per year.** Specifically, to expand the reach of in-home supportive services, transportation, and housing supports, we recommend **increasing the funding authorization limit for Title III, Part B to \$864.28 million per year.**

Priority 5: Establish University Centers for Excellence in Aging

The University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs) are grantees of the Administration on Disabilities (AoD) within ACL. UCEDDs are a nationwide network of independent but interlinked centers for addressing issues, finding solutions, and advancing research related to the needs of individuals with disabilities.

Currently, there are no university centers for excellence focused on aging. The aging network would greatly benefit from the availability of such a resource to offer technical assistance, provide strategic

planning support for new programs and initiatives, and serve as a hub for peer-to-peer collaboration and sharing of best practices. _

- **Recommendation: Establish a new Title II of the Older Americans Act to authorize university center(s) for excellence in aging education, research and services.**

Supporting State Units on Aging

Priority 1: Enhance Opportunities for Innovation

During the COVID-19 PHE, ACL, states, AAAs and service providers shifted quickly to implement necessary flexibilities and innovative solutions to continue service delivery. Due to increasing demands on services, changing consumer needs and limited resources, states and the aging networks continue to be pressed into testing innovative strategies to better meet older adults' needs.

- **Recommendation: Allow states to hold back 1 percent of Title III funds to support piloting new innovations in home and community based supportive services.** The OAA Title III, Grants for State and Community Programs on Aging, accounts for over 70 percent of the OAA's total funding and covers the primary programs and services available to keep individuals in their homes and communities. To ensure appropriate evaluation of the piloted innovations and the appropriate use of Title III funds, we recommend the ACL Research, Demonstration, and Evaluation Center for the Aging Network conduct a study on impacts of the pilots.

Priority 2: Survey State Units on Aging Every 3 Years

Since 2007, ACL or a grantee has conducted a national survey every two to three years of AAAs. A similar survey is not administered to SUAs. We believe conducting a regular survey of this nature would allow ACL and the aging network at-large to glean valuable information about SUAs' program designs, challenges, best practices, and regional and national trends.

- **Recommendation: Authorize funding for ACL to conduct, or designate a grantee to conduct, a triennial national survey of SUAs, equivalent to the national survey of AAAs.**

3. The demographics of the older adult population are changing rapidly: Please describe changing needs and how the aging network (including area agencies on aging, senior centers, state units on aging, aging and disability resource centers, centers for independent living, etc.) plans to address them.

Needs of the older adult population:

Thanks in large part to innovations such as advances in technology and medicine, Americans have a much longer lifespan today than in 1965 when the OAA was introduced. Unsurprisingly, many of the needs and issues impacting older adults have changed since then. A substantial number of older adults are, whether by choice or necessity, remaining in the workforce longer. Conversely, women, who have a longer lifespan than men, are most often the primary family caregiver and may need to leave the workforce to provide care for loved ones. Aging services providers are challenged to deliver services at times that are compatible with older adults' work and life schedules.

In addition to the evolution of older adults' needs over the last several decades, **the COVID-19 pandemic (1) fundamentally changed the ways in which services are delivered and (2) highlighted the wide variation in the ways people choose to receive services.** For example, many senior centers were forced to serve older adults in new ways. In most cases, service delivery innovations were met with enthusiasm. The pandemic also brought to light the severity of pre-existing challenges older adults were facing, such as food deserts, lack of transportation, lack of broadband access, and lack of caregiver workforce.

Sadly, **older adults often experience high rates of abuse, neglect and exploitation.** The number of substantiated Adult Protective Services (APS) cases has increased in the last several years. Allegations of clients experiencing self-neglect are the most prevalent type of maltreatment handled by APS; [since the pandemic began, the number of self-neglect cases has risen significantly](#) and we expect the increase will continue as more older adults age alone.

Service providers need enhanced training and skills to meet the needs of older adults today. Society's understanding of medicine and health has also improved, expanding our knowledge of physical, mental, and behavioral health issues. Providing options and care in ways that meet people's needs requires training and expertise. The world is also much more mobile, creating opportunities to respond to diverse, cultural issues in ways not imagined in 1965. Aging services providers see increased needs for multi-lingual translators and culturally informed service delivery methods; technology can provide virtual interface options, but only if the skills and services are available.

States, AAAs and service providers are being asked to develop programming that is person-centered, trauma-informed and culturally appropriate. Innovations in services, their delivery systems and stakeholder/partnership engagement can save limited resources, reduce waste, and help ensure people are provided with the services and supports to meet their needs.

The growing emphasis on health-related social needs (HRSN) of older adults is another shift in the way states approach OAA service delivery.

Addressing new and changing needs:

States, AAAs, and service providers have adapted to meet the needs of older adults by reshaping program design and delivery models. For example, grab & go meals became commonplace during the PHE and several senior centers implemented a "Senior Center without Walls" model. In this model, senior centers revised their programming to offer activities and meals to meet participants' needs virtually or in other socially distant settings beyond the physical building of the senior center. Senior centers offered programming such as exercise and fitness classes, socialization opportunities, and technology workshops through this model. For example, one state offered yoga classes outside.

SUAs and AAAs are also working together to support and improve the process by which AAAs enter into contracts and commercial relationships with outside payers, in order to expand their funding streams to increase overall program offerings for older adults. **Health plans, hospital systems, and other payors stakeholders have recognized the value of the aging network in helping older adults remain in their homes and communities and out of hospitals and long-term care facilities.** While SUAs and AAAs continue to refine the process for contract and commercial relationship monitoring,

states are very supportive of this approach and encourage AAAs to enter into contracts and commercial relationships with these outside payors to help expand the provision of home and community based services in their planning and service areas.

4. What changes could Congress make to improve the efficiency and effectiveness of OAA services and programs?

In addition to the priorities and recommendations provided under question 2 above, we recommend Congress consider the following changes:

- Increase the funding cap for SUAs for State Plan Administration. The increasing demands on states from ACL combined with the implementation of the OAA regulations will require more resources than SUAs currently have available.
- Support more OAA funding flexibility, such as increase the percentage of allowable transfers of funding among Titles III-B and III-C, and include III-E.
- Decrease the 25 percent match for Title III-E funding to 15 percent for consistency with Titles III-B and III-C to enhance supports for family caregivers.

Targeted Questions:

1. Legislation passed by Congress in response to the COVID-19 pandemic made temporary changes to some OAA programs, including flexibility for nutrition services funding and adjustments to eligibility for home-delivered meals.

a) What impact did these changes have on older adults and program operations?

- The pandemic fundamentally changed the ways in which services can be delivered and shed a greater light on the ways in which older adults choose to receive services. Many senior centers were forced to serve individuals in new ways, and, **overwhelmingly, that innovation was met with a warm embrace.**
- Specific to nutrition services, grab and go meals became commonplace and several senior centers implemented a “Senior Center without Walls” model that continues to be popular.

b) How should Congress consider these changes outside of a public health emergency?

- Flexibilities implemented during the pandemic allowed SUAs, AAAs, and service providers to innovate and safely reach older adults differently while keeping them engaged in much-needed services. **Many of the strategies and approaches that began in response to the pandemic have proven to be effective and popular with older adults.** In addition, the impact of COVID-19 is long-lasting, as many older adults continue to be cautious about rejoining programs such as congregate meals and health promotion classes, further extending the need for successful flexibilities and innovations.

- We encourage Congress to consider the service delivery strategies and approaches that continue to be well-liked by older adults and effective for service delivery today, and to shape the OAA to support continuation of those approaches.

c) What changes made during the COVID-19 pandemic but not mentioned above should Congress examine for this reauthorization?

- The Major Disaster Declaration during the pandemic allowed total flexibility of funds among titles, which was very useful in ensuring that funds were available to increase vital services, such as home delivered meals, consumable supplies, and emergency services.

d) How should Congress consider the impact of the pandemic when working to reauthorize OAA?

- **The pandemic highlighted several challenges older adults were experiencing before the pandemic began such as living in food deserts, lack of transportation, lack of broadband access, social isolation, and lack of caregiver workforce.** This emphasizes the need for continued flexibility and opportunities for innovative solutions to address these issues.

2. During the COVID-19 pandemic, OAA partners, including congregate meal providers, adapted to new ways of delivering services, such as providing grab and go meals.

a) In the absence of a public health emergency, is it appropriate to retain flexibility in meal delivery services for the congregate meals program? If so, why?

- Yes, states believe it is appropriate to retain flexibility for meal delivery. The pandemic resulted in a wider array of options for older adults to choose from in how they receive their meals. SUAs have shared that the older adults they serve want to retain those choices going forward. Even now, the aging network and older adults continue to value the flexibility of grab and go meals, as well as other models implemented during the pandemic such as restaurant partnerships and extensions of home-delivered meals.
- **Flexibility in service delivery helps make meals accessible for older adults who may not be able to attend a congregate meal site on any given day,** for reasons such as a doctor's appointment, work responsibilities, etc. Reducing flexibilities could limit the accessibility of meals for older adults, exacerbating their risk of malnutrition, poor health, and social isolation.

b) What effect would changes in meal delivery services have on older Americans?

- Combining Title III, Parts C-1 and C-2 would allow more flexibility for older adults to receive meals in the manner that best fits their needs and preferences. Further, it would help ensure accessibility of meals.

c) Should Congress consider any requirements related to different ways of providing congregate meals?

- As noted above, we recommend combining OAA Title III, Parts C-1 and C-2.
- In addition, we encourage Congress to consider relaxing nutrition requirements to allow more food choices, such restaurant meals and culturally preferred meals.

3. Congress made several changes to OAA through the Supporting Older Americans Act of 2020, including adding caregiver assessments to the National Family Caregiver Support Program as well as efforts to improve social isolation.

a) Have these policies better informed resources needed by caregivers or older Americans? Please explain why or why not, and if yes, how.

- We believe the addition of caregiver assessments was a positive and meaningful addition to the OAA. States support the use of caregiver assessments to holistically evaluate and understand the needs of older adults and their support systems. However, states are often reluctant to conduct assessments when they do not have services available to meet the needs of caregivers. The value and impact of a caregiver assessment is contingent on the availability of services and resources.
 - **State perspective:** One state points out that caregiver assessments are not required at this time. Making these mandatory would require database system changes, which will be costly for SUAs to implement without additional funding.

b) How can Congress improve these efforts?

- N/A

c) What changes made in the Supporting Older Americans Act of 2020 but not mentioned above should Congress examine for this reauthorization?

- Congress can support SUAs and AAAs by increasing funding authorizations for Title III-E. Caregivers need support to balance family, work, and financial commitments. Investing additional funding in supports for family caregivers will help them avoid having to leave the workforce due to caregiving responsibilities. With additional funding, the aging network will be better able to respond to unmet family caregiver needs, through initiatives such as:
 - Increasing availability of respite services.
 - Increasing Supplemental Services for rideshare or transportation services in rural areas.
 - Offering incentives for family caregivers to participate in evidence-based and non-evidence-based programs, like gas or grocery vouchers. It is economically difficult for caregivers in rural communities to attend caregiver support events, so it is important

to consider including Wi-Fi-capable devices to increase participation and encourage the completion of evidence-based programs.

- Offering trainings on specialized needs, such as dementia care.
- Congress can also support the aging network by creating pathways to careers in the direct care workforce, from high school electives to graduate-level practicums for social workers and medical professional development. For high school students, the placement may be at a senior center under supervision and can be counted for college credit.

4. ACL recently finalized regulations regarding OAA. Should Congress consider any changes in response to the new rule?

We greatly appreciate Congress including language in the 2020 reauthorization that highlights the important role states play in monitoring AAA contracts and commercial relationships. States continue to express confusion and concern regarding requirements for them to review and approve AAA contracts and commercial relationships. It would be enormously helpful for states if the statute of the OAA or regulations could provide clear expectations for SUAs regarding monitoring of AAA contracts and commercial relationships. Specifically:

- Specify SUAs are only required to review/approve contracts related to service delivery. This would alleviate broad interpretations that the SUA may be responsible for reviewing administrative contracts, such as for office supplies.