“Serving Seniors Through the Older Americans Act of 1965”

Hearing before the Committee on Education & the Workforce

Subcommittee on Higher Education & Workforce Training

U. S. House of Representatives

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Testimony of
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Good morning, Chairwoman Foxx, Ranking Member Hinojosa and members of the Subcommittee. My name is Carol O'Shaughnessy and I am a policy researcher at the non-partisan National Health Policy Forum at George Washington University. I am pleased to appear before you today to talk about the Older Americans Act programs.

The purpose of the Older Americans Act of 1965 is to help people age 60 and older maintain maximum independence in their homes and communities, with appropriate supportive services, and to promote a continuum of care for the vulnerable elderly. The Act represented a turning point in financing and delivering community services to the elderly.

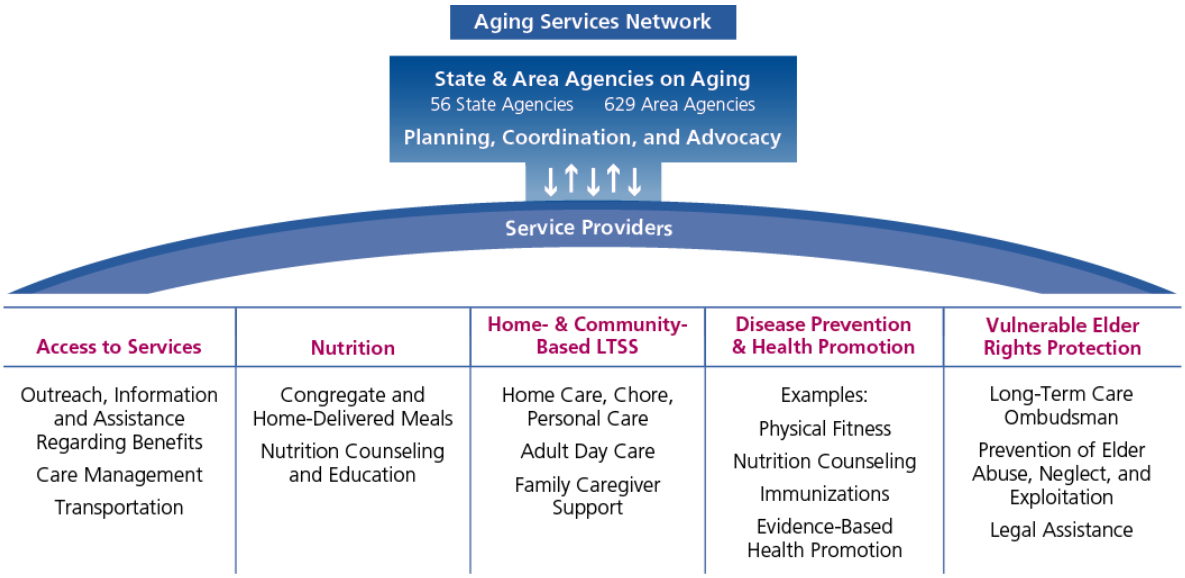
The 1965 law authorized generic social service programs, but in successive amendments Congress has authorized more targeted programs under various titles of the Act. In 1973 Congress extended the reach of the Act by creating authority for sub–state area agencies on aging. This decentralized planning and service model has meant that state and area agencies, working collectively within a state, are largely in control of their aging agendas and can be responsive to state and local needs, within federal guidelines and funding priorities. Since their inception, the major function of state and area agencies has been to advocate for, plan, and coordinate programs that promote comprehensive and coordinated services systems and maximum independence and dignity in a home environment for older people.

Under its seven titles, the Act and its programs support the "aging services network," which is comprised of 56 state agencies on aging; over 600 area

agencies on aging; over 250 Indian Tribal and Native Hawaiian organizations; nearly 20,000 service providers; thousands of volunteers; as well as research, demonstration, and training initiatives in the field of aging. Total federal funding for the Act's programs in fiscal year (FY) 2014 is about $2 billion.

Title III, the largest component of the Act representing over 70 percent of funding, creates authority for state and area agencies and various service programs.

Major Services Authorized by the Older Americans Act



Access to Services	Nutrition	Home- & Community-Based LTSS	Disease Prevention & Health Promotion	Vulnerable Elder Rights Protection
Outreach, Information and Assistance Regarding Benefits Care Management Transportation	Congregate and Home-Delivered Meals Nutrition Counseling and Education	Home Care, Chore, Personal Care Adult Day Care Family Caregiver Support	Examples: Physical Fitness Nutrition Counseling Immunizations Evidence-Based Health Promotion	Long-Term Care Ombudsman Prevention of Elder Abuse, Neglect, and Exploitation Legal Assistance

Title III authorizes four service programs:

- The elderly nutrition program, the oldest and perhaps most well-known Older Americans Act service, is intended to address inadequate nutrition of older people by providing meals in congregate settings and to promote socialization, as well as meals to frail older people in their homes. The program aims to reduce hunger and food insecurity and delay the onset of adverse health conditions through proper nutrition. Indirectly, the program acts as income support for many poor and near-poor older people by providing food that they would otherwise purchase in grocery stores or restaurants. The program represents about 44 percent of the Act's total

funding. In FY 2011, about 2.6 million people received 228 million meals (60 percent of meals were provided to home-bound elderly).

- The supportive services program is aimed at helping impaired older people remain independent in their own homes by providing services such as home care, adult day health care, and transportation.
- The family caregiver program provides grants to states to develop caregiver support programs, such as individual counseling, education, and respite care.
- The smallest of Title III programs authorizes disease prevention and health promotion activities. Grants may support a wide range of activities, such as diabetes and arthritis control education, and individualized services, such as medical screening, nutrition counseling, medication management consultation, and immunizations.

Title III services are available to all people age 60 and over who need assistance, but the law requires that services be targeted to those with the greatest economic or social need. In successive amendments, Congress has added specific groups of older people to be targeted: those with low incomes, members of minority or ethnic groups, older people living in rural areas, those at risk for institutional care, and those with limited English proficiency. Research has shown that Title III participants are among the most vulnerable populations, such as those of advanced age, who have income below the federal poverty level (FPL), live alone, or have multiple chronic conditions and functional impairments in comparison to all older people. These characteristics make Title III services extremely important to helping vulnerable older people maintain their independence at home.

Data from the U.S. Administration on Aging (AoA) for FY 2010 show that about three million people received Title III services on a regular basis. Almost 8 million people received other services, such as transportation, information and assistance, or congregate meals, on a less-than-regular basis.

States receive Title III funds according to their relative share of the total U.S. population age 60 and older. States allocate funds to area agencies based on state-determined formulae, generally a combination of factors such as age, income and minority or ethnic status of the older population. Although the distribution of Title III funds to states is determined on age-based factors, state and area agencies determine how to best serve the target populations that are defined by federal law.

A variety of methods are used to target services, including location of services in areas where vulnerable people reside, as well as strategic outreach to low-income and minority older people.

Participants are encouraged to make voluntary contributions for services they receive. States may implement cost-sharing policies for certain services (such as homemaker, personal care, or adult day care services) on a sliding fee scale, based on income and the cost of services. Means testing—considering a person's income and assets as a condition of receiving services—is prohibited.

Title VII of the Act provides grants to states to support the long-term care ombudsman program and for elder abuse, neglect, and exploitation prevention activities.

- About 10,000 paid and volunteer ombudsmen work to improve the quality of life and care for the 2.5 million residents of almost 67,000 nursing and other residential care facilities by investigating and resolving complaints about their care and to protect their rights. Ombudsmen complement efforts of federal and state staff who are required to review and enforce federal nursing home quality-of-care requirements.
- States also receive grants to help 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.

Other titles of the Act authorize grants to Native American organizations for supportive and nutrition services; research, training, and demonstration activities; community service employment; and aging and disability resource centers.

The law was not intended to meet all the community service needs of older people. Its resources are meant to leverage other federal and nonfederal funding sources. In addition to a requirement that states match federal funds, states and area agencies garner other federal, state and local funds to support aging services. Also, voluntary contributions from older people to pay part of the costs of some services, especially for the congregate and home-delivered meals programs, augment federal, state, and local funds. According to the AoA, states typically match 2 or 3 dollars for every dollar funded by the Act.

Over the years, many state and area agencies have broadened their responsibilities beyond the administration of Older Americans Act funds. For example, many state and area agencies on aging manage home- and community-based long-term services and supports (LTSS) programs financed by Medicaid and state funds. Federal and state agencies have increasingly looked to the aging services network to help administer new programs and services. For example, in implementing the Medicare Part D prescription drug benefit, the Centers for Medicare & Medicaid Services (CMS) drew heavily on the outreach and assistance capabilities of the aging network. Also, in recent years, some health care systems have used the expertise of the network to help patients make successful transitions from hospitals to post-acute care settings and from nursing facilities to their own homes.

Conclusion

In conclusion, the mission of the aging services network is aimed at addressing many competing needs of older people. Even with its modest funding, the Act has encouraged the development and provision of multiple and varied services for older people over the past 49 years. State and area agencies have relationships with tens of thousands of service providers offering a wide range of services across the nation. In addition, the Act allows flexibility to state and area agencies to develop programs where they see the greatest need.

Even though Older Americans Act funds reach relatively limited numbers of older people, programs are targeted to the most vulnerable. Efforts by state and area agencies to act as planning, coordinating, and advocacy bodies have improved policies that affect broader groups of older people by integrating complex programs funded by multiple financing sources. As the U.S. population rapidly ages, the sheer numbers of elderly will continue to present challenges to communities across the nation and to the aging services network.

A National Health Policy Forum publication on the Act is attached as background for the record (http://www.nhpf.org/library/details.cfm/2880).

Thank you and I would be happy to answer any questions you may have.