

# New York State's Perspective on Reauthorization of the Older Americans Act

*Prepared by*  
NYS Association of Area Agencies on Aging

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# Introduction

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## Recommendations for Reauthorization of the Older Americans Act Prepared by the New York State Association of Area Agencies on Aging

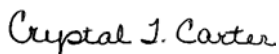
The reauthorization of the Older Americans Act (OAA) provides the opportunity for Congress to ensure that the Aging Network can meet the needs of older adults and their caregivers, both now and into the future. Since the Act was put in place in 1965, it has been updated several times to meet the changing needs of an aging America. The provisions of the Act have been expanded to better support the needs of older adults and caregivers.

Over the next 20 years, the proportion of the U.S. population over the age of 60 will dramatically increase as 78 million baby boomers reach retirement. By 2030, 70 million Americans – twice the number in 2000 – will be 65 and older, and will comprise 20% of the U.S. population. In New York State, the 60+ population is expected to reach 5.3 million by the year 2030, a 68% increase from the most recent estimate of 3.6 million. The Act must again respond to the anticipated increase in demand and to further support the role of the Aging Network. Communities across the nation will need assistance in meeting the challenges of this “age wave.”

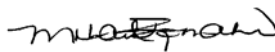
Area Agencies on Aging (AAAs) design, fund, and coordinate programs that enhance the community support system designed to maintain senior citizens in their homes, postponing the need for more medically intensive and costly health care services. AAAs develop and enhance community programs and services so that each individual resident can move to the most integrated setting appropriate to meet his or her needs. Area Agencies on Aging pride themselves on the ability to keep those they serve in the community. Services provided through the OAA and New York State funded programs will become increasingly more important as the population ages.

The mission of the New York State Association of Area Agencies on Aging (NYSAAAA) is to support and enhance the capacity of New York’s local Area Agencies on Aging and to work in collaboration with the aging network to promote independence, preserve dignity, and advocate on the behalf of aging New Yorkers and their families. NYSAAAA provides education, policy analysis and advocacy on behalf of the 59 Area Agencies on Aging across the state.

The Association has reviewed n4a’s recommendations for reauthorization of the Older Americans Act. The Board of Directors, Legislative Committee and membership have provided feedback on these recommendations. The New York Perspective cited within this document reflects the views of the Area Agencies on Aging statewide.



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## Older Americans Act

The Older Americans Act of 1965 (P.L. 89-73, 79 Stat. 218, July 14, 1965) was the first federal level initiative aimed at providing comprehensive services for older adults. It created the National Aging Network comprising the Administration on Aging (AoA) on the federal level, State Units on Aging, and Area Agencies on Aging at the local level. In 2006, congress reauthorized the act in its entirety, effective through FY 2011.

The Act's mission is to help older people maintain maximum independence in their homes and communities and to promote a continuum of care for the vulnerable elderly.

### **Background and Funding**

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).

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.

States allocate Title III funds to area agencies on aging based on a state-determined distribution formula. 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.

### **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. 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.

**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. This program also supports other services, such as case management, adult day care, and activities of senior centers.

**Nutrition services.** The elderly nutrition program provides meals and socialization to older people in congregate settings, such as senior centers and churches, and home delivered meals to frail older people in their own homes.

**Family caregiver support.** The National Family Caregiver Support Program provides grants to states to develop a variety of services to assist family caregivers. 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 adaptations, on a limited basis to complement care provided by family and other informal caregivers.

# OAA Overview

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**Disease prevention and health promotion.** Programs are funded that are proven to prevent or delay chronic conditions and promote health among older people. 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 vary widely and include both group services, such as physical fitness and diabetes control classes, as well as more individualized services, such as nutrition counseling and immunizations.

## ***Title IV: Activities for Health, Independence, and Longevity***

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. 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 among older people are included as well.

## ***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 national organizations that recruit and enroll workers who are then placed in community service jobs, for example, in hospitals, schools, and senior nutrition sites.

## ***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.

## ***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.

**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. 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.

## **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

*Source: National Health Policy Forum, October 2009, “The Basics, Older Americans Act of 1965,” Carol O’Shaughnessy.*

## RECOMMENDATIONS:

### National Position (n4a)

*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 inherently person-centered; one of the core philosophies of OAA that makes this possible is local flexibility. Make no change to the Act that unnecessarily restricts the local flexibility and inherent person-centered nature of the OAA's core philosophy and history.**

**Background:** Of top importance to AAAs and Title VI programs is increasing local flexibility in order to provide more customized care for the consumers that they serve. The reauthorization should provide opportunities to determine if strategic reduction of unnecessary restrictions on local flexibility would ultimately provide a more person-centered and successful experience for the older adults and their caregivers, and should 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 the use of III C funds to be used for transportation expenses incurred in bringing older adults to congregate meal sites.

**Rec. 1-B:** Increase local transfer authority within the Act, specifically between all Title III subtitles. At the very least, maintain the transfer authority limit of 30 percent between Titles III B and III C.

**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.

### New York State Perspective (NYSAAAA):

*Comments on Recommendation 1-A:*

NYSAAAA opposes merging of Title C-1 and C-2 programs. Such a merger may have unintended consequences such as a loss of funding. The current transfer authority between C-1 and C-2 provides sufficient flexibility.

NYSAAAA supports the use of III C funding for use in transporting older adults to congregate meal sites.

NYSAAAA supports Recommendation 1-B.

We also support Recommendation 1-C, as we believe that current data collection requirements are overly burdensome.

NYSAAAA agrees that there should be increased local flexibility in funding in order to provide more customized care for the consumers that AAAs and Title VI aging programs serve.

## 2. Long-Term Services and Supports

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### **National Position (n4a)**

#### *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 that 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 AoA’s 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.

### **New York State Perspective (NYSAAAA):**

NYSAAAA supports all these recommendations.

We believe that there should be strengthened linkages between the medical and social models, however, the cost-effectiveness of community based services must be maintained and not overly medicalized.

**General Statement:** As we move from demonstrations to a broader roll-out of ADRCs, it is essential to clarify how the role and responsibilities of the ADRC intersects with the roles and responsibilities of the AAA. The stability of AAAs and Title VI programs can bring strength and sustainability to the ADRC concept. There is a need for federal support to embed ADRCs across all states rather than in pockets.

Evidence based health promotion and disease prevention demonstration programs should move from demonstration projects to being institutionalized within the Act. Furthermore, evidence based programming needs to be embedded in the national agenda that focuses efforts on prevention and wellness. The demonstrations have been effective in seeding these initiatives, however, in order to effectuate national and state systems change and sustain these changes, federal leadership and funding are key.

# 3. Authorization Levels

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## National Position (n4a)

*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.

## New York State Perspective (NYSAAAA):

NYSAAAA strongly support an increase in core funding for the Older Americans Act in order to expand the infrastructure of non-medical home and community-based services to help older adults remain in their communities. The OAA plays a critical role in communities for delivery of services to help older adults age in place, support caregivers, provide legal services and test new approaches to care. In order to ensure that older adults can maintain their independence and prevent higher cost care in hospitals and nursing homes, the infrastructure must be invested in, both in terms of service dollars and incentives to increase the availability of trained workers.

Additional funding for nutrition programs is essential to support and expand existing programs. Proper nutrition is proved to maintain cognitive and physical functioning and plays an essential role in the prevention or management of many chronic diseases. Current nutrition programs and education have been the cornerstone of the Older Americans Act and aging network programs, improving the nutritional intake of older adults and decreasing social isolation.

With the population of older Americans expected to grow exponentially in the coming years, the Network faces incredible challenges associated with the influx of older Americans into OAA programs. The scope of the OAA is vast and expanding to cover additional populations, yet the investment in its mission has been consistently underfunded. The projected increases for the most frail population (85+) will put further strain on an already heavily burdened system. In order for the Network to continue to build its infrastructure, and to most effectively serve the shifting population, there must be a larger federal investment in the services and supports that drive the OAA programs.

# 4. Building the Capacity of the Aging Network

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## **National Position (n4a)**

### *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 National Aging Network infrastructure to meet the challenges ahead. Creating the infrastructure needed to support the aging of the population requires investment in the Aging Network's capacity. Building capacity requires investments on multiple fronts, including developing core competencies, establishing performance standards, 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 the Administration on Aging (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 Affordable Care Act. 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 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 Network to become leaders; and enhanced staff and volunteer training through peer-level exchanges in effective leadership skills and management practices.

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

## 4. Building the Capacity of the Aging Network

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### **New York State Perspective (NYSAAAA):**

While we support the general goals of recommendation 4-A, we believe that there first must be stronger direction at the National level to establish program guidance and measurement standards. There cannot be another mandate without the tools in place to complete the task.

NYSAAAA supports 4-B. Currently, a variety of computerized systems are used by those administering programs authorized under OAA. The amount of time involved in compiling reports and transmitting the data from multiple systems is costly and inefficient. To improve the efficiencies and accuracy in reporting, web-based systems should be used at all levels in the administration of OAA programs.

NYSAAAA supports recommendation 4-C; additional funding for training and growing interest in working in the aging field is strongly supported.

# 5. Senior Mobility Options

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## **National Position (n4a)**

*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 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 has provided 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 we can best enable the 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 DOT and 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 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. Providing 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 they offer to 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 non-profit 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.

## **New York State Perspective (NYSAAAA):**

Transportation continues to be a top priority with insufficient funding to address the unique needs of urban, rural and suburban areas. Adequately and permanently funding transportation is paramount to the success of the older adult aging in the community and to service providers.

We draw attention to the fact that the capacity of AAAs to become the coordinators of mobility management is severely limited by the current structure; funding does not allow for sufficient staff to take on this major role. If the role of the Aging Network is formalized in the transportation planning process, funding and technical assistance would need to accompany the effort.

# 6. Title VI Native American Programs

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## **National Position (n4a)**

*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 has made it impossible for many tribes to meet the five-days-a-week home-delivered meal requirement and has forced 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 which is critical to connecting the 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. We propose 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 reflects the significant underfunding of the program and 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.

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

## **New York State Perspective (NYSAAAA):**

NYSAAAA supports all recommendations above.

The homes that have been provided to the Native Americans have been passed down from generation to generation and are in dire need of repair. These homes are also not energy efficient. Additional funding for home repair is reaching a critical point.

# 7. Livable Communities for All Ages

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## **National Position (n4a)**

### *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, 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 which 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.

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.

## **New York State Perspective (NYSAAAA):**

The OAA plays a critical role in communities to deliver services to help older adults age in place, support caregivers, provide legal services and test new approaches to care. In order to ensure that older adults can maintain their independence and prevent higher cost care in hospitals and nursing homes, the infrastructure must be invested in, both in terms of service dollars and incentives to increase the availability of trained workers.

As part of core services, we would like to see statutory language added within the Act and provision of demonstration dollars to states to provide seed funding to local communities to develop livable community plans. The seed funding would help to develop a plan that will address the needs of older adults and also utilize them as part of the solution. Livable community planning grants should be used for either the development of a community based plan or implementing successful aging in place initiatives that support aging in the community.

# 8. Affordable Housing & Services

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## **National Position (n4a)**

*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 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; interact 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.

## **New York State Perspective (NYSAAAA):**

NYSAAAA supports Recommendation 8-A.

Any Affordable Housing Initiative should include the provision of “Universal Design” in the language. It is our recommendation that the language be left broad enough so as not to be a barrier to building; however, the facilities constructed the Universal Design model allow people to age in place safely for a longer period of time.

# 9. Title V and Older Workers

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## **National Position (n4a)**

*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 under Title V of the OAA provides low-income job seekers age 55 and older with job training and paid temporary work assignments with non-profit 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 both in the OAA and the WIA that encourage coordination between the two systems, however, these provisions unfortunately 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 in serving 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 AAAs), outlining the steps the agencies will take to effectively coordinate their programs, similar to provisions under Section 511 requiring coordination with the WIA system.

## 9. Title V and Older Workers

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**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 required partners in local WIA one-stop delivery systems and that require them 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.

### **New York State Perspective (NYSAAAA):**

NYSAAAA supports all the recommendations as stated.

The reauthorization can provide the authority and resources to help turn the age boom into a resource boom that enlists older adults to meet critical human and community needs. Incentives should be provided for the aging network and other nonprofits to tap older adults as community leaders and problem solvers.

The requirement to be unemployed is often a barrier to service for those older workers who have sporadic, extremely low wage jobs. Eligibility requirements should be modified to allow underemployed seniors who meet the program's eligibility requirements otherwise, the opportunity for enrollment.

# 10. Elder Rights Protection

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## **National Position (n4a)**

*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 and III B's legal services option 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.

## **New York State Perspective (NYSAAAA):**

The number of instances of elder mistreatment/abuse is grossly underreported and for those instances that are reported, there are insufficient protections available. Heightened awareness of the issues surrounding elder abuse and protection of the victims needs to be improved upon.

Now that there has been more quantified evidence of the prevalence and incidence of elder mistreatment in New York, as shown in the 2010 Elder Abuse Prevalence Study conducted by Lifespan of Greater Rochester, Cornell University and NYC Dept. For The Aging (DFTA), the strengthening of the provisions in the OAA, especially pertaining to the prevention of elder abuse, exploitation and neglect, becomes even more important. For example, the study showed that New York State, with one of the largest populations of older adults in the nation, is estimated to have over 260,000 victims per year, and the number is expected to grow.

Funding for supportive services in the community needs to be part of the overall program of elder rights protection. Further education and training to identify the problem as well as enhanced protection services needs to be included in the development of community response systems for the prevention of elder abuse.

# 11. Medicare Assistance and Counseling

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## **National Position (n4a)**

*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 newly 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 State Health Insurance Assistance Programs (SHIP) 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 a portion of AAAs and Native American aging programs that operate local SHIP 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.

## **New York State Perspective (NYSAAAA):**

**NYSAAAA supports all the recommendations.**

# 12. Emergency Preparedness

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## **National Position (n4a)**

*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 Older Americans Act in 2006 by requiring that FEMA and local emergency preparedness agencies formalize coordination plans with the Aging Network, and specifically state agencies and AAAs. In addition, direct AoA and the Department of Homeland Security to establish an interagency program that would 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.

**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.

## **New York State Perspective (NYSAAAA):**

**NYSAAAA supports all the recommendations.**

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