

AGENDA
ADVISORY COMMITTEE ON AGING
Friday, January 27, 2023
11:00 p.m. – 1:00 p.m.
Via Webinar

- 1 11:00 Call to Order and Introductions
- 2 11:05 Public Comment
Up to 45 minutes is allocated now for public comment and each speaker will be limited to 3 minutes. If there are additional requests from the public to address the Committee, time will be allocated at the end of the meeting to complete public comment.
- 3 11:10 Report of the Chair – Karie Erickson
- 4 11:20 Report of the AAA Director

CONSENT AGENDA

- 5 11:35 Move to Approve Consent Agenda
 - Minutes of October 28 and November 14, 2022, meetings.
(Attachment A)

INFORMATIONAL BRIEFINGS

- 6 11:40 Review Updates/Changes to the Older Americans Act – Jayla Sanchez-Warren
(Attachment B)
- 7 12:10 Regional Summit Update – Kelly Roberts and Cathy Noon
(Attachment C)
- 8 12:30 DRCOG Board Report
- 9 12:40 County Reports

ADMINISTRATIVE ITEMS

- 10 **Next meeting February 24,2023**
- 11 12:50 Other Matters by Members
- 12 1:00 Adjourn

Attendees can request additional aids or services, such as interpretation or assistive listening devices, by calling 303-480-6723 or emailing mpatton@drcog.org. Please notify DRCOG at least 48 hours in advance so we can coordinate your request.



AAA Acronym Quick List

ACL/AOA	Administration for Community Living/Administration on Aging
ACO	Accountable Care Organization
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AHC	Accountable Health Communities
CAC	Citizens Advisory Committee
CASOA	Community Assessment Survey for Older Adults
CCT	Colorado Choice Transitions
CMS	Centers for Medicare and Medicaid Services
COA	Council on Aging
DCOA	Denver Commission on Aging
DORA	Department of Regulatory Agencies
DOLA	Department of Local Affairs
DRMAC	Denver Regional Mobility and Access Council
F&B	Finance and Budget Committee
GIS	Geographic Information System
HB	House Bill
HCPF	Health Care Policy and Financing
HIPAA	Health Insurance Portability and Accountability Act
HTP	Hospital Transformation Project
I&A	Information and Assistance
JBC	Joint Budget Committee
LTC	Long Term Care
MDS	Minimum Data Set
MIPPA	Medicare Improvement for Patient and Providers Act
MOU	Memorandum of Understanding
NASUAD	National Association of States United for Aging and Disabilities
OAA	Older Americans Act
PACE	Program of All-Inclusive Care for the Elderly
PHI	Personal Health Information
RFP	Request for Proposal
RFQ	Request for Qualifications
ROD	Record of Decision
RTC	Regional Transitions Committee (Aging)
RTC	Regional Transportation Committee*(Transportation)
SAPGA	Strategic Action Planning Group on Aging
SB	Senate Bill
SHIP	State Health Insurance Assistance Program
SMP	Senior Medicare Patrol
SRC	Seniors' Resource Center
SUA	State Unit on Aging
VDC	Veterans Directed Care
VOA	Volunteers of America

ATTACH A

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
Friday, October 28, 2022**

Members Present

Ada Anderson	Douglas County
Andrea Suhaka	Arapahoe County
Barbara Boyer	Arapahoe County
Bob Brocker	At Large – Denver
Cary Johnson	Jefferson County
Cathy Noon	Arapahoe County
Chris Lynn	Jefferson County
Donna Mullins	Jefferson County
Gretchen Lopez	Douglas County
Houston “Tex” Elam	At Large – Arapahoe County
Jim Dale	Jefferson County
Karie Erickson	Douglas County
Perla Gheiler	City and County of Denver
Phil Cernanec	At Large – Arapahoe County
Steve Conklin	DRCOG Board – Edgewater
Wynne Shaw	DRCOG Board – Lone Tree

Guests Present

Allison Cutting, Douglas County, Debbi Haynie, Castle Rock Senior Center, Nikki Crouse, City and County of Broomfield, Patrick Donovan – Physical Therapist, Shari Haidvogel, Kaiser Permanente, Valerie Robson, Jefferson County

DRCOG Staff Present

Cindy Grainger, ADRC Administrative Assistant, Doug Rex, Executive Director, Erika Dubray, I&A Manager, Erin Iserman, Compliance Specialist, Esra Sonmez, Case Manager, Fonda Buckles, Community Resource Manager, Jayla Sanchez-Warren, AAA Division Director, Julianna Malchman, AAA Intern, Kelly Roberts, Community Resource Specialist, Kelsie Jurin Community Resource Specialist, Mason Green Grants Specialist, Mindy Patton, AAA Division Assistant, Rich Mauro, Legislative Director, Sharon Day, Business Operations Manager, Travis Noon, Program Manager AAA Grant Compliance

Karie Erickson Committee Chair – Called the meeting to order at 11:01 a.m.

Public Comment Period (Non-ACA Members)

There was no public comment.

Report of the Chair – Karie Erickson

Chairman Erickson spoke about the increase in homeless and the problem it is having for the unhoused senior population. She said the committee will be hearing more about this in the future.

Report of the AAA Director – Sharon Day

Sharon Day reported for Jayla Sanchez-Warren who was in Washington DC at a C-TAC conference and having hill visits.

- Sharon conducted a contractor meeting on October 19th. Percy Divine, Regional Administrator with the Administration for Community Living Western AAA division attended along with Todd Coffey, Manager at State Unit on Aging.
 - During the meeting there was a good discussion from providers about the challenges they are facing, ongoing concerns and the outlook for the future.
 - Jayla is currently working on the four-year plan. She and several staff have been conducting community conversations that will help address the needs of the various communities for inclusion into the plan. The report is due to the state at the end of March 2023.
- The bi-annual solicitation for Older Americans Act request for proposals (RFP) will be sent out November 7th as an E Blast for ACA members to share with their networks and community. This RFP is for SFY2023 which begins in July. Proposals will be due the first Monday in January.

Move to approve consent agenda

Items on the consent agenda included: Summary of the August 26, 2022, meeting.

Bob Brocker motioned for approval. Barbara Boyer seconded the motion; the consent agenda was unanimously approved.

Agendas and summaries are posted on the DRCOG website located at <https://drcog.org/calendar> from there choose the month and date of the meeting, click on the event. Once clicked, you will find the link to the meeting for that month.

Action Items

Approval of State Funds from Senate Bill 21-290

- Sharon provided background on Senate Bill 21-290 which authorized \$15 million in state funds to help support AAA's fund one-time services and help build infrastructure that would create service capacity for the future.
 - DRCOG received a grant in the spring that resulted in an award for three of the five projects that were submitted for \$344,000.
 - Not all the money had been allocated by the state and a second round of grant funding was issued for the remaining \$5 million.
 - DRCOG opened a request for providers to submit projects for funding. They received 11 projects and submitted a grant application for five projects totaling \$1.3 million.
- In September DRCOG was awarded \$530,000.
 - DRCOG received \$200,000 to enhance their data reporting system.
 - Volunteers of America received \$275,000 for a new kitchen.
 - Senior Support Services received \$54,670 to replace computer equipment.

- Phil Cernanec moved to recommend that the DRCOG Board Finance and Budget Committee approve state funds of \$529,670 from Senate Bill 21-290 and to allocate them to projects as approved by the State. Cary Johnson seconded the motion and was unanimously approved by the ACA.

Informational Briefings

Transportation Program Update – Erika Dubray and Travis Noon

Erika Dubray began the presentation.

- The AAA created a transportation services program in July to begin breaking away from the Information and Assistance program. They have developed a dedicated team of three for the program.
- In June, the AAA did an extensive review of the program and made changes to be more equitable and sustainable long term.
- These changes went into effect on August 1st as follows:
 - A cap of \$400 per month among all programs for each client
 - There are no limits on the distance of a trip
 - And no limits on the number of trips a user can take in a month
- In addition, they made the following changes to the cancellation policy:
 - A warning letter will be sent after four late cancellations or no-shows within a six-month period.
 - A one-month suspension after six missed rides in a six-month period.
 - A three-month suspension after six additional missed rides in a six-month period after first suspension.
 - A six-month suspension after six more missed rides in a six-month period after second suspension.
 - Finally, a permanent suspension after six more missed rides in a six-month period after third suspension.
- An individual can split their monthly budget among HopSkipDrive, Uber and bus tickets as needed.
- In FY 2020-2021 a total of 12,332 trips were provided; in FY 2021-2022 that increased to 34,296 trips. Averaging about 1,270 trips per month with a trip cost of approximately \$34.
- Because of the changes, the AAA was able to serve more clients at a less expensive rate per ride as many people switched from the more expensive HopSkipDrive to using Uber.
- Due to the popularity of the program and budgetary constraints beginning in September, people were placed on a waitlist. Those placed on the waitlist are prioritized by using a worksheet that evaluates their need and the length of time they have been waitlisted.
- Erika presented several slides showing the savings comparison of riders and costs with the new changes in guidelines.
- The AAA transportation team has begun training on the use of the Uber system and other resources.

- The AAA will be searching for additional funding sources for the program with a possible look at 5310 funds.
 - Doug Rex, DRCOG's Executive Director mentioned that DRCOG Board approved additional funds in the FFY 2024-2027 Transportation Improvement Program for human services transportation. Beginning October 2023, the amount of funding will double to two million dollars per year.

Regional Summit Update – Kelly Roberts

- Kelly Roberts reported that DRCOG held their first Regional Summit on September 30, 2022, at the Fossil Trace Golf Club in Golden. It was well attended by the county councils on aging and the senior commissions in the AAA region.
- There were presentations on demographics from Nancy Gedeon from the state's demographers office and an overview of funding through the Older Americans Act by Todd Coffey at the State Unit on Aging.
- There were two breakout sessions with facilitated conversations that were well received with lively participation.
- A written evaluation was provided at the end which indicated that the participants would like to continue networking with other participants.
- The planning committee would like to get participants more involved with legislative advocacy, continue with an information exchange on how to recruit members, and complete a survey to seek input about what is important for a network of this kind to do.

Board Report

Wynne Shaw

- Wynne said the DRCOG subregions are preparing project submittals for consideration by the DRCOG board as part of the FF Y2024-2027 Transportation Improvement Program.
- The DRCOG Board is currently seeking candidates to serve on the nominating committee which will make a recommendation on the makeup of the next executive committee.

Steve Conklin

- Steve thanked those that helped with the Regional Summit. He appreciated the content and said it was worthwhile to attend.

County Reports

City and County of Denver – Perla Gheiler

- Perla told the group that their Inflation Relief program has given out over 325 gift cards for two hundred dollars each to older adults in some of their poorest areas.
- In addition, they would be having their third food distribution event the following day.

Other Matters by Members

- Doug Rex invited the group to an upcoming board work session that will be presented by DRCOG's AJ Diamontopoulos, and Kelly Croman the ACL Deputy Administrator. The work session is about a community care hub concept they are pushing out to the AAA's. AJ will be presenting the model used by Kansas City.

Next meeting – **November 14, 2022**

Adjournment

The meeting adjourned at 12:32 p.m.

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
Friday, November 14, 2022**

Members Present

Ada Anderson	Douglas County
Barbara Boyer	Arapahoe County
Cathy Noon	Arapahoe County
Chris Lynn	Jefferson County
Dawn Perez	Adams County
Gretchen Lopez	Douglas County
Houston "Tex" Elam	At Large – Arapahoe County
Karie Erickson	Douglas County
Perla Gheiler	City and County of Denver
Steve Conklin	DRCOG Board – Edgewater
Wynne Shaw	DRCOG Board – Lone Tree

Guests Present

Connor McCarthy, Douglas County, Valerie Robson, Jefferson County

DRCOG Staff Present

Doug Rex, DRCOG Executive Director, Fonda Buckles, Community Resource Manager, Jayla Sanchez-Warren, AAA Division Director, Jennifer Reeves, VDC and Transitions Manager, Liv Bergman, Community Resource Specialist, Mindy Patton, AAA Division Assistant, Sharon Day, Business Operations Manager, Taylor Honeysette, Community Resource Specialist, Travis Noon, Program Manager AAA Grant Compliance

Karie Erickson Committee Chair – Called the special session to order at 11:01 a.m.

Move to approve consent agenda

Items on the consent agenda included: Summary of the August 26, 2022, meeting.

Barbara Boyer motioned for approval. Tex Elam seconded the motion; the consent agenda was unanimously approved.

Agendas and summaries are posted on the DRCOG website located at <https://drcog.org/calendar> from there choose the month and date of the meeting, click on the event. Once clicked, you will find the link to the meeting for that month.

Action Items

Discussion of additional funding for Older Americans Act contractors – Sharon Day

- In October DRCOG opened a request for contractors to apply for additional carry-over funds to use the second half of the FY23.
- 23 providers put in requests for funds totaling \$3.2 million.
- The Funding Subcommittee met on November 4, 2022, to review the requests.

- When allocating funds for additional monies, the subcommittee looks at wait lists and the hierarchy of needs.
- There were two capital requests, one for Senior Hub’s Adult Day Program to purchase kitchen equipment and one for Volunteers of America to also purchase kitchen equipment at their new Commerce City facility.
- Senior Resources reallocated \$150,000 in funds from the homemaker program to chore hoarding program.
- Via Mobility Services asked for a million dollars in additional funding. The request was to meet their current operational costs. They were allotted \$800,000.
- There is concern about the sustainability of transportation services because of the growing need.
 - DRCOG will be reviewing the rate of \$60 per ride that is needed for Via to provide service.
 - Currently DRCOG has a wait list for the voucher program and are denying approximately a thousand requests per month.
 - Jayla and other DRCOG staff are looking for additional funding through federal funds and the Transportation Improvement Program (TIP) funding.

Karie asked for a motion to recommend that the DRCOG Board Finance and Budget Committee approve allocating additional federal and state funds to AAA contractors. Barbara Boyer made the motion and Steve Conklin seconded. The committee unanimously approved with Karie Erickson, Chris Lynn, Tex Elam, and Perla Gheiler abstaining from the vote.

Informational Briefings

Update on contractors for AAA In-home Choice Services Program for SFY2023 – Sharon Day

- Sharon discussed the addition of three providers to the In-home Voucher and Personal Care program.
 - The new providers must agree to DRCOG’s standard rates for payment, this is typically for two hours per week per client for any combination of homemaker and personal care services. Sharon said it is difficult to find providers who only want to do a couple of hours per week, but these providers have agreed to the standard.
 - Sharon also mentioned this will help with the current waitlist which has clients waiting for nine months.

Next meeting – January 27, 2022

Adjournment

The meeting adjourned at 11:40 p.m.

ATTACH B

To: Chair and Members of the Advisory Committee on Aging

From: Jayla Sanchez-Warren, Director Area Agency on Aging, (303) 480-6735 or jswarren@drcog.org

Meeting Date	Agenda Category	Agenda Item #
January 27, 2023	Information Briefing	6

SUBJECT

Updates and changes to the Older Americans Act

PROPOSED ACTION/RECOMMENDATIONS

NA

ACTION BY OTHERS

N/A

SUMMARY

The Older Americans Act (OAA) was reauthorized in 2020 and includes new definitions and programs. The bill also modernizes the language and provides support for the work DRCOG's AAA has done in Social Determinants of Health and partnership with health care. It is important for DRCOG's Advisory Committee on Aging to understand the changes and learn how the changes will affect the AAA and provide input on how the AAA will implement and prioritize the changes required.

PREVIOUS DISCUSSIONS/ACTIONS

N/A

PROPOSED MOTION

N/A

ATTACHMENT

Supporting the OAA Reauthorization 2020

If you need additional information please contact Jayla Sanchez-Warren, Director Area Agency on Aging, 720-375-1738 or jswarren@drcog.org.

PUBLIC LAW 116-131—MAR. 25, 2020

SUPPORTING OLDER AMERICANS ACT
OF 2020

Public Law 116–131
116th Congress

An Act

Mar. 25, 2020
[H.R. 4334]

To amend the Older Americans Act of 1965 to authorize appropriations for fiscal years 2020 through 2024, and for other purposes.

Supporting Older
Americans Act of
2020.
42 USC 3001
note.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Supporting Older Americans Act of 2020”.

SEC. 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. References.
- Sec. 4. Definitions.

**TITLE I—MODERNIZING DEFINITIONS AND PROGRAMS UNDER THE
ADMINISTRATION ON AGING**

- Sec. 101. Reauthorization.
- Sec. 102. Person-centered, trauma-informed services.
- Sec. 103. Aging and Disability Resource Centers.
- Sec. 104. Assistive technology.
- Sec. 105. Vaccination.
- Sec. 106. Malnutrition.
- Sec. 107. Sexually transmitted diseases.
- Sec. 108. Addressing chronic pain management.
- Sec. 109. Screening for suicide risk.
- Sec. 110. Screening for fall-related traumatic brain injury; addressing public health emergencies and emerging health threats; negative health effects associated with social isolation.
- Sec. 111. Clarification regarding board and care facilities.
- Sec. 112. Person-centered, trauma-informed services definition.
- Sec. 113. Traumatic brain injury.
- Sec. 114. Modernizing the review of applications and providing technical assistance for disasters.
- Sec. 115. Increased focus of Assistant Secretary on negative health effects associated with social isolation.
- Sec. 116. Notification of availability of or updates to policies, practices, and procedures through a uniform e-format.
- Sec. 117. Evidence-based program adaptation.
- Sec. 118. Business acumen provisions and clarification regarding outside funding for area agencies on aging.
- Sec. 119. Demonstration on direct care workers.
- Sec. 120. National resource center for older individuals experiencing the long-term and adverse consequences of trauma.
- Sec. 121. National Resource Center for Women and Retirement.
- Sec. 122. Family caregivers.
- Sec. 123. Interagency coordination.
- Sec. 124. Modernizing the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities.
- Sec. 125. Professional standards for a nutrition official under the Assistant Secretary.

- Sec. 126. Report on social isolation.
- Sec. 127. Research and evaluation.

TITLE II—IMPROVING GRANTS FOR STATE AND COMMUNITY PROGRAMS
ON AGING

- Sec. 201. Social determinants of health.
- Sec. 202. Younger onset Alzheimer’s disease.
- Sec. 203. Reauthorization.
- Sec. 204. Hold harmless formula.
- Sec. 205. Outreach efforts.
- Sec. 206. State Long-Term Care Ombudsman program minimum funding and maintenance of effort.
- Sec. 207. Coordination with resource centers.
- Sec. 208. Senior legal hotlines.
- Sec. 209. Increase in limit on use of allotted funds for State administrative costs.
- Sec. 210. Improvements to nutrition programs.
- Sec. 211. Review of reports.
- Sec. 212. Other practices.
- Sec. 213. Screening for negative health effects associated with social isolation and traumatic brain injury.
- Sec. 214. Supportive services and senior centers.
- Sec. 215. Culturally appropriate, medically tailored meals.
- Sec. 216. Nutrition services study.
- Sec. 217. National Family Caregiver Support program.
- Sec. 218. National Family Caregiver Support program cap.

TITLE III—MODERNIZING ACTIVITIES FOR HEALTH, INDEPENDENCE, AND
LONGEVITY

- Sec. 301. Reauthorization.
- Sec. 302. Public awareness of traumatic brain injury.
- Sec. 303. Falls prevention and chronic disease self-management education.
- Sec. 304. Demonstration to address negative health impacts associated with social isolation.
- Sec. 305. Technical assistance and innovation to improve transportation for older individuals.
- Sec. 306. Grant program for multigenerational collaboration.

TITLE IV—SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

- Sec. 401. Priority for the senior community service employment program.
- Sec. 402. Authorization of appropriations.

TITLE V—ENHANCING GRANTS FOR NATIVE AMERICANS

- Sec. 501. Reauthorization.

TITLE VI—MODERNIZING ALLOTMENTS FOR VULNERABLE ELDER RIGHTS
PROTECTION ACTIVITIES AND OTHER PROGRAMS

- Sec. 601. Reauthorization; vulnerable elder rights protection activities.
- Sec. 602. Volunteer State long-term care ombudsman representatives.
- Sec. 603. Prevention of elder abuse, neglect, and exploitation.
- Sec. 604. Principles for person-directed services and supports during serious illness.
- Sec. 605. Extension of the Supporting Grandparents Raising Grandchildren Act.
- Sec. 606. Best practices for home and community-based ombudsmen.
- Sec. 607. Senior home modification assistance initiative.

TITLE VII—MISCELLANEOUS

- Sec. 701. Technical corrections.

SEC. 3. REFERENCES.

Except as otherwise expressly provided in this Act, wherever in this Act an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision, the reference shall be considered to be made to that section or other provision of the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.).

SEC. 4. DEFINITIONS.

In this Act, the terms “area agency on aging”, “Assistant Secretary”, “greatest social need”, “older individual”, and “Secretary”

42 USC 3001
note.

have the meanings given such terms in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

TITLE I—MODERNIZING DEFINITIONS AND PROGRAMS UNDER THE ADMIN- ISTRATION ON AGING

SEC. 101. REAUTHORIZATION.

Section 216 (42 U.S.C. 3020f) is amended to read as follows:

“SEC. 216. AUTHORIZATION OF APPROPRIATIONS.

“(a) **IN GENERAL.**—For purposes of carrying out this Act, there are authorized to be appropriated for administration, salaries, and expenses of the Administration \$43,937,410 for fiscal year 2020, \$46,573,655 for fiscal year 2021, \$49,368,074 for fiscal year 2022, \$52,330,158 for fiscal year 2023, and \$55,469,968 for fiscal year 2024.

“(b) **ADDITIONAL AUTHORIZATIONS.**—There are authorized to be appropriated—

“(1) to carry out section 202(a)(21) (relating to the National Eldercare Locator Service), \$2,180,660 for fiscal year 2020, \$2,311,500 for fiscal year 2021, \$2,450,190 for fiscal year 2022, \$2,597,201 for fiscal year 2023, and \$2,753,033 for fiscal year 2024;

“(2) to carry out section 215, \$1,988,060 for fiscal year 2020, \$2,107,344 for fiscal year 2021, \$2,233,784 for fiscal year 2022, \$2,367,811 for fiscal year 2023, and \$2,509,880 for fiscal year 2024;

“(3) to carry out section 202 (relating to Elder Rights Support Activities under this title), \$1,371,740 for fiscal year 2020, \$1,454,044 for fiscal year 2021, \$1,541,287 for fiscal year 2022, \$1,633,764 for fiscal year 2023, and \$1,731,790 for fiscal year 2024; and

“(4) to carry out section 202(b) (relating to the Aging and Disability Resource Centers), \$8,687,330 for fiscal year 2020, \$9,208,570 for fiscal year 2021, \$9,761,084 for fiscal year 2022, \$10,346,749 for fiscal year 2023, and \$10,967,554 for fiscal year 2024.”

SEC. 102. PERSON-CENTERED, TRAUMA-INFORMED SERVICES.

Section 101(2) (42 U.S.C. 3001(2)) is amended by inserting “(including access to person-centered, trauma-informed services as appropriate)” after “health”.

SEC. 103. AGING AND DISABILITY RESOURCE CENTERS.

Section 102(4) (42 U.S.C. 3002(4)) is amended—

(1) in the matter preceding subparagraph (A), by inserting “, in collaboration with (as appropriate) area agencies on aging, centers for independent living (as described in part C of chapter 1 of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.)), and other aging or disability entities” after “provides”;

(2) in subparagraph (B)—

(A) by inserting “services, supports, and” after “plan for long-term”; and

(B) by inserting “and choices” after “desires”; and

(3) in subparagraph (D), by striking “part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.), and other community-based entities,” and inserting “part C of chapter 1 of title VII of the Rehabilitation Act of 1973, and other community-based entities, including other aging or disability entities,”.

SEC. 104. ASSISTIVE TECHNOLOGY.

The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—

(1) in section 102(8) (42 U.S.C. 3002(8)), by adding at the end the following:

“(C) The term ‘State assistive technology entity’ means the agency, office, or other entity designated under subsection (c)(1) of section 4 of the Assistive Technology Act of 1998 (29 U.S.C. 3003) to carry out State activities under such section.”;

(2) in section 306 (42 U.S.C. 3026)—

(A) in subsection (a)(6)—

(i) in subparagraph (G), by striking “; and” and inserting a semicolon;

(ii) in subparagraph (H), by striking “appropriate;” and inserting “appropriate; and”; and

(iii) by adding at the end the following:

“(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;”;

(B) in subsection (b)(3)—

(i) in subparagraph (K)—

(I) by aligning the margins of the subparagraph with the margins of subparagraph (J); and

(II) by striking “; and” and inserting a semicolon;

(ii) by redesignating subparagraph (L) as subparagraph (M); and

(iii) by inserting after subparagraph (K) the following:

“(L) assistive technology devices and services; and”; and

(3) in section 411(a) (42 U.S.C. 3032(a))—

(A) in paragraph (2), by inserting “, aligned with evidence-based practice,” after “applied social research”; and

(B) in paragraph (10), by inserting “consistent with section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d)” after “other technologies”.

SEC. 105. VACCINATION.

Section 102(14) (42 U.S.C. 3002(14)) is amended—

(1) in subparagraph (B), by inserting “immunization status,” after “oral health;”;

(2) in subparagraph (D), by inserting “infectious disease, and vaccine-preventable disease, as well as” after “cardiovascular disease);”.

SEC. 106. MALNUTRITION.

The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—

(1) in section 102(14)(B), as amended by section 105(1), by inserting “(including screening for malnutrition)” after “nutrition screening”; and

(2) in section 330(1), by striking “and food insecurity” and inserting “, food insecurity, and malnutrition”.

SEC. 107. SEXUALLY TRANSMITTED DISEASES.

Section 102(14)(D) (42 U.S.C. 3002(14)(D)), as amended by section 105(2), is further amended by inserting “prevention of sexually transmitted diseases,” after “vaccine-preventable disease,”.

SEC. 108. ADDRESSING CHRONIC PAIN MANAGEMENT.

Section 102(14)(D) (42 U.S.C. 3002(14)(D)), as amended by section 107, is further amended by inserting “chronic pain management,” after “substance abuse reduction,”.

SEC. 109. SCREENING FOR SUICIDE RISK.

Section 102(14)(G) (42 U.S.C. 3002(14)(G)) is amended by inserting “and screening for suicide risk” after “depression”.

SEC. 110. SCREENING FOR FALL-RELATED TRAUMATIC BRAIN INJURY; ADDRESSING PUBLIC HEALTH EMERGENCIES AND EMERGING HEALTH THREATS; NEGATIVE HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION.

Section 102(14) (42 U.S.C. 3002(14)) is amended—

(1) by redesignating subparagraphs (H) through (J), and subparagraphs (K) and (L), as subparagraphs (I) through (K), and subparagraphs (M) and (O), respectively;

(2) by inserting after subparagraph (G) the following:

“(H) screening for fall-related traumatic brain injury and other fall-related injuries, coordination of treatment, rehabilitation and related services, and referral services related to such injury or injuries;”

(3) by inserting after subparagraph (K), as redesignated by paragraph (1), the following:

“(L) services that are a part of responses to a public health emergency or emerging health threat;” and

(4) in subparagraph (M), as redesignated by paragraph (1), by striking “; and” and inserting a semicolon;

(5) by inserting after subparagraph (M), as redesignated by paragraph (1), the following:

“(N) screening for the prevention of negative health effects associated with social isolation and coordination of supportive services and health care to address negative health effects associated with social isolation; and”;

(6) in subparagraph (O), as redesignated, by striking “(A) through (K)” and inserting “(A) through (N)”.

SEC. 111. CLARIFICATION REGARDING BOARD AND CARE FACILITIES.

Section 102(35)(C) (42 U.S.C. 3002(35)(C)) is amended by striking “for purposes of sections 307(a)(12) and 712,”.

SEC. 112. PERSON-CENTERED, TRAUMA-INFORMED SERVICES DEFINITION.

Section 102 (42 U.S.C. 3002) is amended—

(1) by redesignating paragraphs (41) through (54) as paragraphs (42) through (55), respectively; and

(2) by inserting after paragraph (40) the following:

“(41) The term ‘person-centered, trauma-informed’, with respect to services, means services provided through an aging program that—

“(A) use a holistic approach to providing services or care;

“(B) promote the dignity, strength, and empowerment of victims of trauma; and

“(C) incorporate evidence-based practices based on knowledge about the role of trauma in trauma victims’ lives.”.

SEC. 113. TRAUMATIC BRAIN INJURY.

Section 102 (42 U.S.C. 3002), as amended by section 112, is further amended—

(1) by redesignating paragraph (55) as paragraph (56);

and

(2) by inserting after paragraph (54) the following:

“(55) The term ‘traumatic brain injury’ has the meaning given such term in section 393B(d) of the Public Health Service Act (42 U.S.C. 280b–1c(d)).”.

SEC. 114. MODERNIZING THE REVIEW OF APPLICATIONS AND PROVIDING TECHNICAL ASSISTANCE FOR DISASTERS.

(a) REVIEW OF APPLICATIONS.—Section 202 (42 U.S.C. 3012) is amended—

(1) by amending subsection (a)(4) to read as follows:

“(4) administer the grants provided by this Act, but not approve an application submitted by an applicant for a grant for an activity under a provision of this Act for which such applicant previously received a grant under such provision unless the Assistant Secretary determines—

“(A) the activity for which such application was submitted is being operated, or was operated, effectively to achieve its stated purpose; and

“(B) such applicant has complied with the assurances provided to the Assistant Secretary with the application for such previous grant.”; and

(2) by adding at the end the following:

“(h) The Assistant Secretary shall publish, on an annual basis, a list of centers and demonstration projects funded under each title of this Act. The Assistant Secretary shall ensure that this information is also directly provided to State agencies and area agencies on aging.”.

Lists.

(b) ADDRESSING THE NEEDS OF OLDER INDIVIDUALS IN DISASTERS.—Section 202(a) (42 U.S.C. 3012(a)) is amended—

(1) in paragraph (30), by striking “; and” and inserting a semicolon;

(2) in paragraph (31), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

“(32) provide technical assistance to, and share best practices with, State agencies and area agencies on aging on how to collaborate and coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments, Federal agencies as appropriate, and any other institutions that have responsibility for disaster relief service delivery.”.

SEC. 115. INCREASED FOCUS OF ASSISTANT SECRETARY ON NEGATIVE HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION.

Section 202(a) (42 U.S.C. 3012(a)), as amended by section 114(b), is further amended by adding at the end the following:

“(33) with input from aging network stakeholders, including caregivers, develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about prevention of, detection of, and response to negative health effects associated with social isolation among older individuals, and submit a report to Congress on this effort by January 2021; and”.

SEC. 116. NOTIFICATION OF AVAILABILITY OF OR UPDATES TO POLICIES, PRACTICES, AND PROCEDURES THROUGH A UNIFORM E-FORMAT.

Section 202(a) (42 U.S.C. 3012(a)), as amended by sections 114(b) and 115, is further amended by adding at the end the following:

“(34) provide (to the extent practicable) a standardized notification to State agencies, area agencies on aging, providers of services under this Act, and grantees or contract awardees under this Act, through an electronic format (e-mail or other electronic notification), of the availability of, or updates to, policies, practices, and procedures under this Act.”.

SEC. 117. EVIDENCE-BASED PROGRAM ADAPTATION.

(a) **FUNCTIONS OF THE ASSISTANT SECRETARY.**—Section 202 (42 U.S.C. 3012) is amended—

(1) in subsection (a)(28), by inserting before the semicolon “, including information and technical assistance on delivery of such services in different settings”; and

(2) in subsection (b)(9)(B), by inserting before the semicolon “, including delivery of such services in different settings”.

(b) **EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION SERVICES.**—Section 361(a) (42 U.S.C. 3030m(a)) is amended in the second sentence by inserting “provide technical assistance on the delivery of evidence-based disease prevention and health promotion services in different settings and for different populations, and” before “consult”.

SEC. 118. BUSINESS ACUMEN PROVISIONS AND CLARIFICATION REGARDING OUTSIDE FUNDING FOR AREA AGENCIES ON AGING.

(a) **ASSISTANCE RELATING TO GROWING AND SUSTAINING CAPACITY.**—Section 202(b)(9) (42 U.S.C. 3012(b)(9)) is amended—

(1) in subparagraph (A), by striking “and” after the semicolon at the end;

(2) in subparagraph (B), as amended by section 117(a)(2), by inserting “and” after the semicolon at the end; and

(3) by adding at the end the following:

“(C) activities for increasing business acumen, capacity building, organizational development, innovation, and other methods of growing and sustaining the capacity of the aging network to serve older individuals and caregivers most effectively;”.

(b) **CLARIFYING PARTNERSHIPS FOR AREA AGENCIES ON AGING.**—Section 306 (42 U.S.C. 3026) is amended by adding at the end the following:

“(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

“(1) contracts with health care payers;

“(2) consumer private pay programs; or

“(3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.”

(c) CONFORMING AMENDMENT.—Section 307(a) (42 U.S.C. 3027(a)) is amended—

(1) by striking paragraph (26); and

(2) by redesignating paragraphs (27) through (30) as paragraphs (26) through (29).

SEC. 119. DEMONSTRATION ON DIRECT CARE WORKERS.

Section 411(a) (42 U.S.C. 3032(a)) is amended—

(1) by redesignating paragraphs (13) and (14) as paragraphs (14) and (15), respectively; and

(2) by inserting after paragraph (12) the following:

“(13) in coordination with the Secretary of Labor, the demonstration of new strategies for the recruitment, retention, or advancement of direct care workers, and the soliciting, development, and implementation of strategies—

Coordination.

“(A) to reduce barriers to entry for a diverse and high-quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers; and

“(B) to provide education and workforce development programs for direct care workers that include supportive services and career planning;”

SEC. 120. NATIONAL RESOURCE CENTER FOR OLDER INDIVIDUALS EXPERIENCING THE LONG-TERM AND ADVERSE CONSEQUENCES OF TRAUMA.

Section 411(a) (42 U.S.C. 3032(a)), as amended by section 119, is further amended—

(1) by redesignating paragraphs (14) and (15) as paragraphs (15) and (16), respectively; and

(2) by inserting after paragraph (13) the following:

“(14) the establishment and operation of a national resource center that shall—

“(A) provide training and technical assistance to agencies in the aging network delivering services to older individuals experiencing the long-term and adverse consequences of trauma;

“(B) share best practices with the aging network; and

“(C) make subgrants to the agencies best positioned to advance and improve the delivery of person-centered, trauma-informed services for older individuals experiencing the long-term and adverse consequences of trauma;”

SEC. 121. NATIONAL RESOURCE CENTER FOR WOMEN AND RETIREMENT.

Section 215 (42 U.S.C. 3020e–1) is amended by adding at the end the following:

“(k)(1) The Assistant Secretary shall, directly or by grant or contract, operate the National Resource Center for Women and Retirement (in this subsection referred to as the ‘Center’).

“(2) The Center shall—

“(A) provide tools, such as basic financial management, retirement planning, and other tools that promote financial literacy and help to identify and prevent exploitation (including fraud), and integrate these with information on health and long-term care;

Summary.

“(B) annually disseminate a summary of outreach activities provided, including work to provide user-friendly consumer information and public education materials;

“(C) develop targeted outreach strategies;

“(D) provide technical assistance to State agencies and to other public and nonprofit private agencies and organizations; and

“(E) develop partnerships and collaborations to address program objectives.”

SEC. 122. FAMILY CAREGIVERS.

(a) ADMINISTRATION.—Section 202 (42 U.S.C. 3012), as amended by section 114, is further amended by adding at the end the following:

“(i) The Assistant Secretary shall carry out the RAISE Family Caregivers Act (42 U.S.C. 3030s note).”

(b) SUNSET.—Section 6 of the RAISE Family Caregivers Act (42 U.S.C. 3030s note) is amended by striking “3 years” and inserting “4 years”.

(c) CONFORMING AMENDMENT.—Section 2(3) of the RAISE Family Caregivers Act (42 U.S.C. 3030s note) is amended by inserting “, acting through the Assistant Secretary for Aging” before the period at the end.

42 USC 3012
note.

SEC. 123. INTERAGENCY COORDINATION.

(a) IN GENERAL.—The Assistant Secretary shall, in performing the functions of the Administration on Aging under section 202(a)(5) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)(5)) related to health (including mental and behavioral health) services, coordinate with the Assistant Secretary for Mental Health and Substance Use and the Director of the Centers for Disease Control and Prevention—

(1) in the planning, development, implementation, and evaluation of evidence-based policies, programs, practices, and other activities pertaining to the prevention of suicide among older individuals, including the implementation of evidence-based suicide prevention programs and strategies identified by the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention and other entities, as applicable; and

(2) in providing and incorporating technical assistance for the prevention of suicide among older individuals, including technical assistance related to the Suicide Prevention Technical Assistance Center established under section 520C of the Public Health Service Act (42 U.S.C. 290bb–34).

(b) PROGRAM DESIGN.—Section 202(a)(5) (42 U.S.C. 3012(a)(5)) is amended by inserting “cultural experiences, activities, and services, including in the arts,” after “education”).

SEC. 124. MODERNIZING THE INTERAGENCY COORDINATING COMMITTEE ON HEALTHY AGING AND AGE-FRIENDLY COMMUNITIES.

(a) **FEDERAL AGENCY CONSULTATION.**—Section 203(b) (42 U.S.C. 3013(b)) is amended—

- (1) in paragraph (18), by striking “and” at the end;
- (2) in paragraph (19), by striking the period at the end and inserting “, and”; and
- (3) by adding at the end the following:
“(20) section 393D of the Public Health Service Act (42 U.S.C. 280b–1f), relating to safety of seniors.”.

(b) **MODERNIZATION.**—Section 203(c) (42 U.S.C. 3013(c)) is amended—

- (1) in paragraph (1)—
 - (A) by striking “the Federal officials” and inserting “other Federal officials”;
 - (B) by striking “Committee on Aging” and inserting “Committee on Healthy Aging and Age-Friendly Communities”; and
 - (C) by inserting “and the development of a national set of recommendations, in accordance with paragraph (6), to support the ability of older individuals to age in place and access homelessness prevention services, preventive health care, promote age-friendly communities, and address the ability of older individuals to access long-term care supports, including access to caregivers and home- and community-based health services” before the period;
- (2) in paragraph (4), by adding at the end the following:
“The first term, after the date of enactment of the Supporting Older Americans Act of 2020, shall start not later than 1 year after such date of enactment.”;

Deadline.

- (3) in paragraph (6)—
 - (A) in the matter preceding subparagraph (A), by striking “The Committee shall” and inserting “The recommendations described in paragraph (1) may include recommendations for”;
 - (B) in subparagraph (A)—
 - (i) by striking “share information with and establish an ongoing system to” and inserting “ways to”; and
 - (ii) by striking “for older individuals and recommend improvements” and all that follows through “accessibility of such programs and services” and inserting “that impact older individuals”;
 - (C) in subparagraph (B)—
 - (i) by striking “identify, promote, and implement (as appropriate),”;
 - (ii) in clause (i), by striking “and” after the semicolon;
 - (iii) in clause (ii), by inserting “and” after the semicolon; and
 - (iv) by adding at the end the following:

“(iii) best practices identified in coordination with the Centers for Disease Control and Prevention, the National Institute on Aging, the Centers for Medicare & Medicaid Services, the Office of Lead Hazard Control and Healthy

Coordination.

Homes of the Department of Housing and Urban Development, and other Federal agencies, as appropriate, to reduce and prevent falls among older individuals, that incorporate evidence-based falls prevention programs and home modifications, which recommendations shall supplement and not unnecessarily duplicate activities authorized under section 393D of the Public Health Service Act (42 U.S.C. 280b–1f), relating to safety of seniors;”;

(D) in subparagraph (C)—

(i) by inserting “ways to” before “collect”;

(ii) by striking “older individuals and”; and

(iii) by striking “the individuals to ensure” and all that follows through “information” and inserting “older individuals to ensure that such information is accessible”;

(E) in subparagraph (D), by striking “work with” and all that follows through “member agencies to ensure” and inserting “ways to ensure”;

(F) in subparagraph (E), by striking “seek input” and all that follows through “foundations” and inserting “seeking input from and consulting with nonprofit organizations, academic or research institutions, community-based organizations, philanthropic organizations, or other entities supporting age-friendly communities”;

(G) in subparagraph (F), by striking “identify” and inserting “identifying”; and

(H) by amending subparagraph (G) to read as follows: “(G) ways to improve coordination to provide housing, health care, and other supportive services to older individuals.”;

(4) in paragraph (7)(A)(i), by striking “services for older individuals” and inserting “services that impact older individuals”; and

(5) by adding at the end the following:

“(9) In this subsection, the term ‘age-friendly community’ means a community that—

“(A) is taking measurable steps to—

“(i) include adequate and accessible housing, public spaces and buildings, safe and secure paths, variable route transportation services, and programs and services designed to support health and well-being;

“(ii) respect and include older individuals in social opportunities, civic participation, volunteerism, and employment; and

“(iii) facilitate access to supportive services for older individuals;

“(B) is not an assisted living facility or long-term care facility; and

“(C) has a plan in place to meet local needs for housing, transportation, civic participation, social connectedness, and accessible public spaces.”.

(c) ADMINISTRATION OF THE ACT.—Section 205(a)(2) (42 U.S.C. 3016(a)(2)) is amended—

(1) by redesignating subparagraph (C) as subparagraph (D); and

(2) by inserting after subparagraph (B) the following:

“(C) The Assistant Secretary may provide technical assistance, including through the regional offices of the Administration, to

State agencies, area agencies on aging, local government agencies, or leaders in age-friendly communities (as defined, for purposes of this subparagraph, in section 203(c)(9)) regarding—

“(i) dissemination of, or consideration of ways to implement, best practices and recommendations from the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities established under section 203(c); and

“(ii) methods for managing and coordinating existing programs to meet the needs of growing age-friendly communities.”.

Methodologies.

SEC. 125. PROFESSIONAL STANDARDS FOR A NUTRITION OFFICIAL UNDER THE ASSISTANT SECRETARY.

Section 205(a)(2)(D)(ii) (42 U.S.C. 3016(a)(2)(D)(ii)), as redesignated by section 124(c)(1), is amended to read as follows:

“(ii) be a registered dietitian or registered dietitian nutritionist.”.

SEC. 126. REPORT ON SOCIAL ISOLATION.

(a) PREPARATION OF REPORT.—

(1) IN GENERAL.—The Secretary shall, in carrying out activities under section 206(a) of the Older Americans Act of 1965 (42 U.S.C. 3017(a)), prepare a report on programs authorized by such Act (42 U.S.C. 3001 et seq.), and supported or funded by the Administration on Aging, that include a focus on addressing the negative health effects associated with social isolation through targeting older individuals identified as being in greatest social need, as appropriate.

(2) IMPACT.—Such report shall identify—

(A) whether social isolation is being adequately addressed under such programs, including, to the extent practicable—

(i) the prevalence of social isolation in rural areas and in urban areas;

(ii) the negative public health effects associated with social isolation; and

(iii) the role of preventive measures or of services, including nutrition services, in addressing the negative health effects associated with social isolation among older individuals; and

(B) public awareness of and efforts to address the negative health effects associated with social isolation.

(3) TYPES OF PROGRAMS.—Such report shall identify whether programs described in paragraph (1)—

(A) support projects in local communities and involve diverse sectors associated with such communities to decrease the negative health effects associated with social isolation among older individuals and caregivers;

(B) support outreach activities to screen older individuals for negative health effects associated with social isolation; and

(C) include a focus on decreasing the negative health effects associated with social isolation.

(4) RECOMMENDATIONS.—Such report shall, as appropriate, include recommendations for reducing the negative health effects associated with social isolation and to address any negative health effects identified under clauses (ii) and (iii) of subparagraph (A), and subparagraph (B), of paragraph (2).

(b) SUBMISSION OF REPORT.—

(1) **INTERIM STATUS REPORT.**—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit an interim report, to the committees of the Senate and of the House of Representatives with jurisdiction over the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.), and the Special Committee on Aging of the Senate, on the status of the evaluation underway to develop the final report required under this section.

(2) **FINAL REPORT.**—Not later than 5 years after the date of enactment of this Act, the Secretary shall submit a final report that meets the requirements of this section to the committees of the Senate and of the House of Representatives with jurisdiction over the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.), and the Special Committee on Aging of the Senate.

SEC. 127. RESEARCH AND EVALUATION.

(a) **CENTER.**—Section 201 (42 U.S.C. 3011) is amended by adding at the end the following:

“(g)(1) The Assistant Secretary shall, as appropriate, coordinate the research and evaluation functions of this Act under a Research, Demonstration, and Evaluation Center for the Aging Network (in this subsection referred to as the ‘Center’), which shall be headed by a director designated by the Assistant Secretary from individuals described in paragraph (4).

“(2) The purpose of the Center shall be—

Coordination.

“(A) to coordinate, as appropriate, research, research dissemination, evaluation, demonstration projects, and related activities carried out under this Act;

Assessment.

“(B) to provide assessment of the programs and interventions authorized under this Act; and

“(C) to increase the repository of information on evidence-based programs and interventions available to the aging network, which information shall be applicable to existing programs and interventions and help in the development of new evidence-based programs and interventions.

“(3) Activities of the Center shall include, as appropriate, conducting, promoting, coordinating, and providing support for—

“(A) research and evaluation activities that support the objectives of this Act, including—

“(i) evaluation of new and existing programs and interventions authorized by this Act; and

“(ii) research on and assessment of the relationship between programs and interventions under this Act and the health outcomes, social determinants of health, quality of life, and independence of individuals served under this Act;

“(B) demonstration projects that support the objectives of this Act, including activities to bring effective demonstration projects to scale with a prioritization of projects that address the needs of underserved populations, and promote partnerships among aging services, community-based organizations, and Medicare and Medicaid providers, plans, and health (including public health) systems;

“(C) outreach and dissemination of research findings; and

“(D) technical assistance related to the activities described in this paragraph.

“(4) The director shall be an individual with substantial knowledge of and experience in aging and health policy, and research administration.

“(5) Not later than October 1, 2020, and at 5-year intervals thereafter, the director shall prepare and publish in the Federal Register for public comment a draft of a 5-year plan that—

“(A) outlines priorities for research, research dissemination, evaluation, demonstration projects, and related activities;

“(B) explains the basis for such priorities; and

“(C) describes how the plan will meet the needs of underserved populations.

“(6) The director shall coordinate, as appropriate, research, research dissemination, evaluation, and demonstration projects, and related activities with appropriate agency program staff, and, as appropriate, with other Federal departments and agencies involved in research in the field of aging.

“(7) Not later than December 31, 2020, and annually thereafter, the director shall prepare, and submit to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, the Special Committee on Aging of the Senate, and the Committee on Education and Labor of the House of Representatives, a report on the activities funded under this section and title IV.

“(8) The director shall, as appropriate, consult with experts on aging research and evaluation and aging network stakeholders on the implementation of the activities described under paragraph (3) of this subsection.

“(9) The director shall coordinate, as appropriate, all research and evaluation authorities under this Act.”.

(b) EVALUATION.—Section 206 (42 U.S.C. 3017) is amended—

(1) by redesignating subsections (b) through (g) as subsections (c) through (h), respectively; and

(2) by inserting after subsection (a) the following:

“(b) Not later than July 1, 2020, the Secretary shall provide, directly or through grant or contract, for an evaluation of programs under this Act, which shall include, to the extent practicable, an analysis of the relationship of such programs, including demonstration projects under title IV of this Act, to health care expenditures under the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the Medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.). The Secretary shall oversee analyses of data obtained in connection with program evaluation to evaluate, where feasible, the relationship of programs under this Act to health care expenditures, including under the Medicare and Medicaid programs.”.

(c) REPORT ON HEALTH CARE EXPENDITURES.—Section 207 (42 U.S.C. 3018) is amended by adding at the end the following:

“(d) The Assistant Secretary shall provide the evaluation required under section 206(b) to—

“(1) the Committee on Health, Education, Labor, and Pensions of the Senate;

“(2) the Committee on Appropriations of the Senate;

“(3) the Special Committee on Aging of the Senate;

“(4) the Committee on Education and Labor of the House of Representatives; and

“(5) the Committee on Appropriations of the House of Representatives.”.

Deadline.
Time period.
Federal Register,
publication.
Public
information.
Plan.

Coordination.

Reports.

Consultation.

Coordination.

Deadline.
Analyses.

TITLE II—IMPROVING GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

SEC. 201. SOCIAL DETERMINANTS OF HEALTH.

Section 301(a)(1) (42 U.S.C. 3021(a)(1)) is amended—

- (1) in subparagraph (C), by striking “and” at the end;
- (2) in subparagraph (D), by striking the period at the end and inserting “; and”; and
- (3) by adding at the end the following:
 - “(E) measure impacts related to social determinants of health of older individuals.”.

SEC. 202. YOUNGER ONSET ALZHEIMER’S DISEASE.

The Act (42 U.S.C. 3001 et seq.) is amended—

- (1) in section 302(3) (42 U.S.C. 3022(3)), by inserting “of any age” after “an individual”; and
- (2) in section 711(6) (42 U.S.C. 3058f(6)), by inserting “of any age” after “individual”.

SEC. 203. REAUTHORIZATION.

(a) GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING.— Subsections (a) through (e) of section 303 (42 U.S.C. 3023) are amended to read as follows:

“(a)(1) There are authorized to be appropriated to carry out part B (relating to supportive services) \$412,029,180 for fiscal year 2020, \$436,750,931 for fiscal year 2021, \$462,955,987 for fiscal year 2022, \$490,733,346 for fiscal year 2023, and \$520,177,347 for fiscal year 2024.

“(2) Funds appropriated under paragraph (1) shall be available to carry out section 712.

“(b)(1) There are authorized to be appropriated to carry out subpart 1 of part C (relating to congregate nutrition services) \$530,015,940 for fiscal year 2020, \$561,816,896 for fiscal year 2021, \$595,525,910 for fiscal year 2022, \$631,257,465 for fiscal year 2023, and \$669,132,913 for fiscal year 2024.

“(2) There are authorized to be appropriated to carry out subpart 2 of part C (relating to home delivered nutrition services) \$268,935,940 for fiscal year 2020, \$285,072,096 for fiscal year 2021, \$302,176,422 for fiscal year 2022, \$320,307,008 for fiscal year 2023, and \$339,525,428 for fiscal year 2024.

“(c) Grants made under part B, and subparts 1 and 2 of part C, of this title may be used for paying part of the cost of—

“(1) the administration of area plans by area agencies on aging designated under section 305(a)(2)(A), including the preparation of area plans on aging consistent with section 306 and the evaluation of activities carried out under such plans; and

“(2) the development of comprehensive and coordinated systems for supportive services, and congregate and home delivered nutrition services under subparts 1 and 2 of part C, the development and operation of multipurpose senior centers, and the delivery of legal assistance.

“(d) There are authorized to be appropriated to carry out part D (relating to disease prevention and health promotion services)

Evaluation.

\$26,587,360 for fiscal year 2020, \$28,182,602 for fiscal year 2021, \$29,873,558 for fiscal year 2022, \$31,665,971 for fiscal year 2023, and \$33,565,929 for fiscal year 2024.

“(e) There are authorized to be appropriated to carry out part E (relating to family caregiver support) \$193,869,020 for fiscal year 2020, \$205,501,161 for fiscal year 2021, \$217,831,231 for fiscal year 2022, \$230,901,105 for fiscal year 2023, and \$244,755,171 for fiscal year 2024.”

(b) NUTRITION SERVICES INCENTIVE PROGRAM.—Section 311(e) (42 U.S.C. 3030a(e)) is amended to read as follows:

“(e) There are authorized to be appropriated to carry out this section (other than subsection (c)(1)) \$171,273,830 for fiscal year 2020, \$181,550,260 for fiscal year 2021, \$192,443,275 for fiscal year 2022, \$203,989,872 for fiscal year 2023, and \$216,229,264 for fiscal year 2024.”

SEC. 204. HOLD HARMLESS FORMULA.

(a) IN GENERAL.—Section 304(a)(3)(D) (42 U.S.C. 3024(a)(3)(D)) is amended to read as follows:

“(D)(i) In this subparagraph and paragraph (5)—

Definitions.

“(I) the term ‘allot’ means allot under this subsection from a sum appropriated under section 303(a) or 303(b)(1), as the case may be; and

“(II) the term ‘covered fiscal year’ means any of fiscal years 2020 through 2029.

“(ii) If the sum appropriated under section 303(a) or 303(b)(1) for a particular covered fiscal year is less than or equal to the sum appropriated under section 303(a) or 303(b)(1), respectively, for fiscal year 2019, amounts shall be allotted to States from the sum appropriated for the particular year in accordance with paragraphs (1) and (2), and subparagraphs (A) through (C) as applicable, but no State shall be allotted an amount that is less than—

“(I) for fiscal year 2020, 99.75 percent of the State’s allotment from the corresponding sum appropriated for fiscal year 2019;

“(II) for fiscal year 2021, 99.50 percent of that allotment;

“(III) for fiscal year 2022, 99.25 percent of that allotment;

“(IV) for fiscal year 2023, 99.00 percent of that allotment;

“(V) for fiscal year 2024, 98.75 percent of that allotment;

“(VI) for fiscal year 2025, 98.50 percent of that allotment;

“(VII) for fiscal year 2026, 98.25 percent of that allotment;

“(VIII) for fiscal year 2027, 98.00 percent of that allotment;

“(IX) for fiscal year 2028, 97.75 percent of that allotment; and

“(X) for fiscal year 2029, 97.50 percent of that allotment.

“(iii) If the sum appropriated under section 303(a) or 303(b)(1) for a particular covered fiscal year is greater than the sum appropriated under section 303(a) or

303(b)(1), respectively, for fiscal year 2019, the allotments to States from the sum appropriated for the particular year shall be calculated as follows:

“(I) From the portion equal to the corresponding sum appropriated for fiscal year 2019, amounts shall be allotted in accordance with paragraphs (1) and (2), and subparagraphs (A) through (C) as applicable, but no State shall be allotted an amount that is less than the percentage specified in clause (ii), for that particular year, of the State’s allotment from the corresponding sum appropriated for fiscal year 2019.

“(II) From the remainder, amounts shall be allotted in accordance with paragraph (1), subparagraphs (A) through (C) as applicable, and paragraph (2) to the extent needed to meet the requirements of those subparagraphs.”.

Effective date.
42 USC 3024
note.

(b) REPEAL.—Section 304(a)(3)(D) (42 U.S.C. 3024(a)(3)(D)) is repealed, effective October 1, 2029.

(c) CONFORMING AMENDMENT.—Section 304(a)(5) (42 U.S.C. 3024(a)(5)) is amended by striking “of the prior year” and inserting “as required by paragraph (3)”.

SEC. 205. OUTREACH EFFORTS.

Section 306(a)(4)(B) (42 U.S.C. 3026(a)(4)(B)) is amended—

(1) in clause (i)(VII), by inserting “, specifically including survivors of the Holocaust” after “placement”; and

(2) in clause (ii), by striking “(VI)” and inserting “(VII)”.

SEC. 206. STATE LONG-TERM CARE OMBUDSMAN PROGRAM MINIMUM FUNDING AND MAINTENANCE OF EFFORT.

The Act (42 U.S.C. 3001 et seq.) is amended—

(1) by amending section 306(a)(9) (42 U.S.C. 3026(a)(9)) to read as follows:

“(9) provide assurances that—

“(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and

“(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;”;

(2) by amending section 307(a)(9) (42 U.S.C. 3027(a)(9))

to read as follows:

“(9) The plan shall provide assurances that—

“(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than the amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

“(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant

other Federal, State, and local funds expended to support activities described in section 712.”.

SEC. 207. COORDINATION WITH RESOURCE CENTERS.

(a) AREA PLANS.—Section 306(a) (42 U.S.C. 3026(a)) is amended—

- (1) in paragraph (16), by striking “and” at the end;
- (2) in paragraph (17), by striking the period at the end and inserting a semicolon; and
- (3) by adding at the end the following:

“(18) provide assurances that the area agency on aging will collect data to determine—

“(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

“(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

“(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.”.

(b) STATE PLANS.—Section 307(a) (42 U.S.C. 3027(a)), as amended by section 118(c), is further amended by adding at the end the following:

“(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

Reports.

“(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

“(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

“(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).”.

SEC. 208. SENIOR LEGAL HOTLINES.

Reports.

Not later than 4 years after the date of enactment of this Act, the Assistant Secretary shall prepare and submit to Congress a report containing—

- (1) information on which States or localities operate senior legal hotlines;
- (2) information on how such hotlines operated by States or localities are funded;
- (3) information on the usefulness of senior legal hotlines in the coordination and provision of legal assistance; and
- (4) recommendations on additional actions that should be taken related to senior legal hotlines.

Recommendations.

SEC. 209. INCREASE IN LIMIT ON USE OF ALLOTTED FUNDS FOR STATE ADMINISTRATIVE COSTS.

Section 308 (42 U.S.C. 3028) is amended—

- (1) in subsection (a), in paragraphs (1) and (2), by striking “subsection (b)(1)” and inserting “subsection (b)”; and
- (2) in subsection (b)—

- (A) in each of paragraphs (1) and (2)—
- (i) in subparagraph (A)—
 - (I) by striking “clause (ii)” and inserting “subparagraph (B)”; and
 - (II) by striking “greater of” and all that follows through “or” and inserting the following: “greater of—
 - “(i) 5 percent of the total amount of the allotments made to a State under sections 304(a)(1) and 373(f); or
 - “(ii); and
 - (ii) in subparagraph (B), by striking “such allotment” and inserting “such total amount”; and
 - (B) in paragraph (2)(A), by striking “\$500,000” and inserting “\$750,000”.

SEC. 210. IMPROVEMENTS TO NUTRITION PROGRAMS.

Section 308(b)(4) (42 U.S.C. 3028(b)(4)) is amended by adding at the end the following:

“(D) The State, in consultation with area agencies on aging, shall ensure the process used by the State in transferring funds under this paragraph (including requirements relating to the authority and timing of such transfers) is simplified and clarified to reduce administrative barriers and direct limited resources to the greatest nutrition service needs at the community level. Such process shall be modified to attempt to lessen the administrative barriers of such transfers, and help direct limited resources to where they are needed the most as the unmet need for nutrition services grows.”.

SEC. 211. REVIEW OF REPORTS.

Section 308(b) (42 U.S.C. 3028(b)) is amended by adding at the end the following:

“(8) The Assistant Secretary shall review the reports submitted under section 307(a)(30) and include aggregate data in the report required by section 207(a), including data on—

“(A) the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

“(B) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a), to identify such older individuals and their service needs.”.

SEC. 212. OTHER PRACTICES.

Section 315 (42 U.S.C. 3030c–2) is amended by adding at the end the following:

“(e) RESPONSE TO AREA AGENCIES ON AGING.—

“(1) IN GENERAL.—Upon request from an area agency on aging, the State shall make available any policies or guidance pertaining to policies established under this section.

“(2) RULE OF CONSTRUCTION.—Nothing in paragraph (1) shall require a State to develop policies or guidance pertaining to policies established under this section.”.

SEC. 213. SCREENING FOR NEGATIVE HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION AND TRAUMATIC BRAIN INJURY.

Section 321(a)(8) (42 U.S.C. 3030d(a)(8)) is amended—

(1) by striking “screening and” and inserting “screening, screening for negative health effects associated with social isolation,”; and

(2) by inserting “, and traumatic brain injury screening” after “falls prevention services screening”.

SEC. 214. SUPPORTIVE SERVICES AND SENIOR CENTERS.

(a) IN GENERAL.—Section 321(a) (42 U.S.C. 3030d(a)) is amended—

(1) in paragraph (24), by striking “and” at the end;

(2) by redesignating paragraph (25) as paragraph (26);

and

(3) by inserting after paragraph (24) the following:

“(25) services that promote or support social connectedness and reduce negative health effects associated with social isolation; and”.

(b) SUPPORTIVE SERVICES.—Section 321(a)(7) (42 U.S.C. 3030d(a)(7)) is amended by inserting “cultural experiences (including the arts),” after “art therapy,”.

SEC. 215. CULTURALLY APPROPRIATE, MEDICALLY TAILORED MEALS.

Section 339(2)(A)(iii) (42 U.S.C. 3030g–21(2)(A)(iii)) is amended by inserting “, including meals adjusted for cultural considerations and preferences and medically tailored meals” before the comma at the end.

SEC. 216. NUTRITION SERVICES STUDY.

Subpart 3 of part C of title III (42 U.S.C. 3030g–21 et seq.) is amended by adding at the end the following:

“SEC. 339B. NUTRITION SERVICES IMPACT STUDY.

“(a) STUDY.—

“(1) IN GENERAL.—The Assistant Secretary shall perform a study to assess how to measure and evaluate the discrepancy between available services and the demand for such services in the home delivered nutrition services program and the congregate nutrition services program under this part, which shall include assessing various methods (such as those that States use) to measure and evaluate the discrepancy (such as measurement through the length of waitlists).

“(2) CONTENTS.—In performing the study, the Assistant Secretary shall—

“(A) consider means of obtaining information in rural and underserved communities; and

“(B) consider using existing tools (existing as of the date the Assistant Secretary begins the study) such as the tools developed through the Performance Outcome Measurement Project.

“(3) ANALYSIS.—The Assistant Secretary shall analyze and determine which methods are the least burdensome and most effective for measuring and evaluating the discrepancy described in paragraph (1).

“(b) RECOMMENDATIONS.—

42 USC
3030g–23.

Assessment.

Determination.

Deadline.	<p>“(1) PREPARATION.—Not later than 3 years after the date of enactment of the Supporting Older Americans Act of 2020, the Assistant Secretary shall prepare recommendations—</p> <p>“(A) on how to measure and evaluate, with the least burden and the most effectiveness, the discrepancy described in subsection (a)(1) (such as measurement through the length of waitlists); and</p> <p>“(B) about whether studies similar to the study described in subsection (a) should be carried out for programs carried out under this Act, other than this part.</p>
Notification.	<p>“(2) ISSUANCE.—The Assistant Secretary shall issue the recommendations, and make the recommendations available as a notification pursuant to section 202(a)(34) and to the committees of the Senate and of the House of Representatives with jurisdiction over this Act, and the Special Committee on Aging of the Senate.”.</p>

SEC. 217. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM.

(a) DEFINITIONS FOR NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM.—Section 372(a) (42 U.S.C. 3030s(a)) is amended—

(1) by redesignating paragraphs (1) through (3) as paragraphs (2) through (4), respectively; and

(2) by inserting before paragraph (2), as so redesignated, the following:

“(1) CAREGIVER ASSESSMENT.—The term ‘caregiver assessment’ means a defined process of gathering information to identify the specific needs, barriers to carrying out caregiving responsibilities, and existing supports of a family caregiver or older relative caregiver, as identified by the caregiver involved, to appropriately target recommendations for support services described in section 373(b). Such assessment shall be administered through direct contact with the caregiver, which may include contact through a home visit, the Internet, telephone or teleconference, or in-person interaction.”.

(b) GENERAL AUTHORITY.—Section 373 (42 U.S.C. 3030s–1) is amended—

(1) in subsection (b), in the matter preceding paragraph (1), by inserting “which may be informed through the use of caregiver assessments,” after “provided,”;

(2) in subsection (e)(3), in the first sentence, by inserting “, including caregiver assessments used in the State,” after “mechanisms”;

(3) by redesignating subsections (e) through (g) as subsections (f) through (h), respectively;

(4) by inserting after subsection (d) the following:

“(e) BEST PRACTICES.—Not later than 1 year after the date of enactment of the Supporting Older Americans Act of 2020 and every 5 years thereafter, the Assistant Secretary shall—

“(1) identify best practices relating to the programs carried out under this section and section 631, regarding—

“(A) the use of procedures and tools to monitor and evaluate the performance of the programs carried out under such sections;

“(B) the use of evidence-based caregiver support services; and

“(C) any other issue determined relevant by the Assistant Secretary; and

Deadline.
Time period.

“(2) make available, including on the website of the Administration and pursuant to section 202(a)(34), best practices described in paragraph (1), to carry out the programs under this section and section 631.”; and

(5) by adding at the end the following:

“(i) **ACTIVITIES OF NATIONAL SIGNIFICANCE.**—The Assistant Secretary may award funds authorized under this section to States, public agencies, private nonprofit agencies, institutions of higher education, and organizations, including tribal organizations, for conducting activities of national significance that—

“(1) promote quality and continuous improvement in the support provided to family caregivers and older relative caregivers through programs carried out under this section and section 631; and

“(2) include, with respect to such programs, program evaluation, training, technical assistance, and research.

“(j) **TECHNICAL ASSISTANCE FOR CAREGIVER ASSESSMENTS.**—Not later than 1 year after the date of enactment of the Supporting Older Americans Act of 2020, the Assistant Secretary, in consultation with stakeholders with appropriate expertise and, as appropriate, informed by the strategy developed under the RAISE Family Caregivers Act (42 U.S.C. 3030s note), shall provide technical assistance to promote and implement the use of caregiver assessments. Such technical assistance may include sharing available tools or templates, comprehensive assessment protocols, and best practices concerning—

“(1) conducting caregiver assessments (including reassessments) as needed;

“(2) implementing such assessments that are consistent across a planning and service area, as appropriate; and

“(3) implementing caregiver support service plans, including conducting referrals to and coordination of activities with relevant State services.”.

(c) **REPORT ON CAREGIVER ASSESSMENTS.**—

(1) **IN GENERAL.**—Not later than 3 years after the date of enactment of this Act, the Assistant Secretary shall issue a report on the use of caregiver assessments by area agencies on aging, entities contracting with such agencies, and tribal organizations. Such report shall include—

(A) an analysis of the current use of caregiver assessments, as of the date of the report;

(B) an analysis of the potential impact of caregiver assessments on—

(i) family caregivers and older relative caregivers; and

(ii) the older individuals to whom the caregivers described in clause (i) provide care;

(C) an analysis of the potential impact of using caregiver assessments on the aging network;

(D) an analysis of how caregiver assessments are being used to identify the specific needs, barriers to carrying out caregiving responsibilities, and existing supports of family caregivers and older relative caregivers, with particular consideration to supporting—

(i) a caregiver specified in this subparagraph who is caring for individuals with disabilities, or, if appropriate, with a serious illness; and

Deadline.
Consultation.

Analyses.

- Recommendations.
- (ii) caregivers with disabilities;
- (E) recommendations for furthering the use of caregiver assessments, as appropriate, including in rural or underserved areas; and
- Recommendations.
- (F) recommendations for assisting State agencies and area agencies on aging, particularly in rural or underserved areas, in implementing the use of caregiver assessments.
- (2) SUBMISSION.—Not later than 6 months after the issuance of the report specified in paragraph (1), the Assistant Secretary shall submit the report to the committees of the Senate and the House of Representatives with jurisdiction over this Act, and the Special Committee on Aging of the Senate.
- (3) DEFINITIONS.—In this subsection—
- (A) the terms “caregiver assessment” and “older relative caregiver” have the meanings given such terms in section 372(a) of the Older Americans Act of 1965 (42 U.S.C. 3030s(a));
- (B) the term “family caregiver” has the meaning given the term in section 302 of such Act (42 U.S.C. 3022); and
- (C) the terms “State agency” and “tribal organization” have the meanings given the terms in section 102 of such Act (42 U.S.C. 3002).
- (d) CONFORMING AMENDMENT.—Section 631(b) of such Act (42 U.S.C. 3057k–11(b)) is amended by striking “(c), (d), and (e)” and inserting “(c), (d), and (f)”.

SEC. 218. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM CAP.

(a) FEDERAL SHARE.—Subsection (h)(2), as redesignated by section 217(b)(3) of this Act, of section 373 (42 U.S.C. 3030s–1) is amended by striking subparagraph (C).

42 USC
3030s–1 note.

(b) MONITORING THE IMPACT OF THE ELIMINATION OF THE CAP ON FUNDS FOR OLDER RELATIVE CAREGIVERS.—

Public
information.

(1) REPORT.—Not later than 18 months after the date of enactment of this Act, and annually thereafter, the Assistant Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Labor of the House of Representatives a report on the impact of the amendment made by subsection (a) to eliminate the limitation on funds that States may allocate to provide support services to older relative caregivers in the National Family Caregiver Support Program established under part E of title III of the Older Americans Act of 1965 (42 U.S.C. 3030s et seq.). Each such report shall also be made available to the public.

(2) CONTENTS.—For purposes of reports required by paragraph (1), each State that receives an allotment under such National Family Caregiver Support Program for fiscal year 2020 or a subsequent fiscal year shall report to the Assistant Secretary for the fiscal year involved the amount of funds of the total Federal and non-Federal shares described in section 373(h)(2) of the Older Americans Act of 1965 (42 U.S.C. 3030s–1(h)(2)) used by the State to provide support services for older relative caregivers and the amount of such funds so used for family caregivers.

TITLE III—MODERNIZING ACTIVITIES FOR HEALTH, INDEPENDENCE, AND LONGEVITY

SEC. 301. REAUTHORIZATION.

Section 411(b) (42 U.S.C. 3032(b)) is amended to read as follows:
“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out—

“(1) aging network support activities under this section, \$14,514,550 for fiscal year 2020, \$15,385,423 for fiscal year 2021, \$16,308,548 for fiscal year 2022, \$17,287,061 for fiscal year 2023, and \$18,324,285 for fiscal year 2024; and

“(2) elder rights support activities under this section, \$15,613,440 for fiscal year 2020, \$16,550,246 for fiscal year 2021, \$17,543,261 for fiscal year 2022, \$18,595,857 for fiscal year 2023, and \$19,711,608 for fiscal year 2024.”.

SEC. 302. PUBLIC AWARENESS OF TRAUMATIC BRAIN INJURY.

Section 411(a)(12) (42 U.S.C. 3032(a)(12)) is amended—

(1) by striking “impairments” and inserting “impairments,”; and

(2) by striking “, and mental disorders” and inserting “, mental disorders, and traumatic brain injury”.

SEC. 303. FALLS PREVENTION AND CHRONIC DISEASE SELF-MANAGEMENT EDUCATION.

Section 411(a) (42 U.S.C. 3032(a)), as amended by sections 119 and 120, is further amended—

(1) by redesignating paragraphs (15) and (16) as paragraphs (17) and (18), respectively; and

(2) by inserting after paragraph (14) the following:

“(15) bringing to scale and sustaining evidence-based falls prevention programs that will reduce the number of falls, fear of falling, and fall-related injuries in older individuals, including older individuals with disabilities;

“(16) bringing to scale and sustaining evidence-based chronic disease self-management programs that empower older individuals, including older individuals with disabilities, to better manage their chronic conditions;”.

SEC. 304. DEMONSTRATION TO ADDRESS NEGATIVE HEALTH IMPACTS ASSOCIATED WITH SOCIAL ISOLATION.

Section 411(a) (42 U.S.C. 3032(a)), as amended by sections 119, 120, and 303, is further amended—

(1) in paragraph (17), by striking “; and” and inserting a semicolon;

(2) by redesignating paragraph (18) as paragraph (19); and

(3) by inserting after paragraph (17), the following:

“(18) projects that address negative health effects associated with social isolation among older individuals; and”.

SEC. 305. TECHNICAL ASSISTANCE AND INNOVATION TO IMPROVE TRANSPORTATION FOR OLDER INDIVIDUALS.

Section 416(b)(2) (42 U.S.C. 3032e(b)(2)) is amended—

(1) in subparagraph (B), by inserting before the semicolon “, call center, website or Internet-based portal, mobile application, or other technological tools”;

(2) in subparagraph (C), by striking “; and” and inserting a semicolon;

(3) by redesignating subparagraph (D) as subparagraph (G); and

(4) by inserting after subparagraph (C) the following:

“(D)(i) improving the aggregation, availability, and accessibility of information on options for transportation services for older individuals, including information on public transit, on-demand transportation services, volunteer-based transportation services, and other private transportation providers; and

“(ii) providing older individuals with the ability to schedule trips both in advance and on demand, as appropriate;

“(E) identifying opportunities to share resources and reduce costs of transportation services for older individuals;

“(F) coordinating individualized trip planning responses to requests from older individuals for transportation services; and”.

SEC. 306. GRANT PROGRAM FOR MULTIGENERATIONAL COLLABORATION.

Section 417 (42 U.S.C. 3032f) is amended—

(1) by amending subsection (a) to read as follows:

“(a) GRANTS AND CONTRACTS.—The Assistant Secretary shall award grants to and enter into contracts with eligible organizations to carry out projects, serving individuals in younger generations and older individuals, to—

“(1) provide opportunities for older individuals to participate in multigenerational activities and civic engagement activities that contribute to the health and wellness of older individuals and individuals in younger generations by promoting—

“(A) meaningful roles for participants;

“(B) reciprocity in relationship building;

“(C) reduced social isolation and improved participant social connectedness;

“(D) improved economic well-being for older individuals;

“(E) increased lifelong learning; or

“(F) support for caregivers of families by—

“(i) providing support for older relative caregivers (as defined in section 372(a)) raising children (such as support for kinship navigator programs); or

“(ii) involving volunteers who are older individuals who provide support and information to families who have a child with a disability or chronic illness, or other families in need of such family support;

“(2) coordinate multigenerational activities and civic engagement activities, including multigenerational nutrition and meal service programs;

“(3) promote volunteerism, including by providing opportunities for older individuals to become a mentor to individuals in younger generations; and

“(4) facilitate development of, and participation in, multigenerational activities and civic engagement activities.”;

(2) by striking subsection (g);

(3) by redesignating subsections (b) through (f) as subsections (c) through (g), respectively;

(4) by inserting after subsection (a) the following:

“(b) GRANT AND CONTRACT PERIODS.—Each grant awarded and contract entered into under subsection (a) shall be for a period of not less than 36 months.”;

(5) by amending subsection (c), as so redesignated, to read as follows:

“(c) USE OF FUNDS.—

“(1) IN GENERAL.—An eligible organization shall use funds made available under a grant awarded, or a contract entered into, under this section to carry out a project described in subsection (a).

“(2) PROVISION OF PROJECTS THROUGH GRANTEES.—In awarding grants and entering into contracts under this section, the Assistant Secretary shall ensure that such grants and contracts are for the projects that satisfy each requirement under paragraphs (1) through (4) of subsection (a).”;

(6) in subsection (d), as so redesignated—

(A) in paragraph (1), by inserting “, intent to carry out, or intent to partner with local organizations or multi-service organizations to carry out,” after “record of carrying out”;

(B) in paragraph (3), by striking “; and” and inserting a semicolon;

(C) in paragraph (4), by striking the period and inserting “; and”; and

(D) by adding at the end the following:

“(5) eligible organizations proposing multigenerational activity projects that utilize shared site programs, such as collocated child care and long-term care facilities.”;

(7) by amending subsections (f) and (g), as so redesignated, to read as follows:

“(f) ELIGIBLE ORGANIZATIONS.—Organizations eligible to receive a grant or enter into a contract under subsection (a) shall—

“(1) be a State, an area agency on aging, or an organization that provides opportunities for older individuals to participate in activities described in such subsection; and

“(2) have the capacity to conduct the coordination, promotion, and facilitation described in such subsection through the use of multigenerational coordinators.

“(g) EVALUATION.—

“(1) IN GENERAL.—Not later than 3 years after the date of enactment of the Supporting Older Americans Act of 2020, the Assistant Secretary shall, through data submitted by organizations carrying out projects through grants or contracts under this section, evaluate the activities supported through such grants and contracts to determine—

“(A) the effectiveness of such activities;

“(B) the impact of such activities on the community being served and the organization providing the activities; and

“(C) the impact of such activities on older individuals participating in such projects.

Deadline.
Data.

Assessment.

“(2) REPORT TO CONGRESS.—Not later than 6 months after the Assistant Secretary completes the evaluation under paragraph (1), the Assistant Secretary shall prepare and submit to the Speaker of the House of Representatives and the President pro tempore of the Senate a report that assesses such evaluation and contains, at a minimum—

“(A) the names or descriptive titles of the projects funded under subsection (a);

“(B) a description of the nature and operation of such projects;

“(C) the names and addresses of organizations that conducted such projects;

“(D) a description of the methods and success of such projects in recruiting older individuals as employees and as volunteers to participate in the projects;

“(E) a description of the success of the projects in retaining older individuals participating in such projects as employees and as volunteers;

“(F) the rate of turnover of older individuals who are employees or volunteers in such projects;

Strategy.

“(G) a strategy for disseminating the findings resulting from such projects; and

Recommendations.

“(H) any policy change recommendations relating to such projects.”; and

(8) in subsection (h)(2)(B)(i), by striking “individuals from the generations with older individuals” and inserting “older individuals”.

TITLE IV—SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

SEC. 401. PRIORITY FOR THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM.

(a) PRIORITY.—The Act (42 U.S.C. 3001 et seq.) is amended—

(1) in section 503(a)(4)(C) (42 U.S.C. 3056a(a)(4)(C))—

(A) in clause (iii), by striking “and” at the end;

(B) in clause (iv), by adding “and” at the end; and

(C) by adding at the end the following:

“(v) eligible individuals who have been incarcerated within the last 5 years or are under supervision following release from prison or jail within the last 5 years.”;

(2) in section 514(e)(1) (42 U.S.C. 3056l(e)(1)), by inserting “eligible individuals who have been incarcerated or are under supervision following release from prison or jail,” after “need,”; and

(3) in section 518 (42 U.S.C. 3056p)—

(A) in subsection (a)(3)(B)(ii)—

(i) in subclause (IV), by striking “or” at the end;

(ii) in subclause (V), by striking the period at the end and inserting “; or”; and

(iii) by adding at the end the following:

“(VI) have been incarcerated within the last 5 years or are under supervision following release from prison or jail within the last 5 years.”; and

(B) in subsection (b)(2)—

(i) in subparagraph (F), by striking “or” at the end;

(ii) in subparagraph (G), by striking the period at the end and inserting “; or”; and

(iii) by adding at the end the following:

“(H) has been incarcerated within the last 5 years or is under supervision following release from prison or jail within the last 5 years.”.

Time period.

(b) **TRANSITION PERIOD.**—This section shall take effect 1 year after the date of enactment of this Act.

Effective date.
42 USC 3056a
note.

SEC. 402. AUTHORIZATION OF APPROPRIATIONS.

Section 517(a) (42 U.S.C. 3056o(a)) is amended to read as follows:

“(a) **IN GENERAL.**—There are authorized to be appropriated to carry out this title \$428,000,000 for fiscal year 2020, \$453,680,000 for fiscal year 2021, \$480,900,800 for fiscal year 2022, \$509,754,848 for fiscal year 2023, and \$540,340,139 for fiscal year 2024.”.

TITLE V—ENHANCING GRANTS FOR NATIVE AMERICANS

SEC. 501. REAUTHORIZATION.

Title VI (42 U.S.C. 3057 et seq.) is amended—

(1) in part D (42 U.S.C. 3057l et seq.)—

(A) by amending section 643 (42 U.S.C. 3057n) to read as follows:

“SEC. 643. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated to carry out this title—

“(1) for parts A and B, \$37,102,560 for fiscal year 2020, \$39,298,714 for fiscal year 2021, \$41,626,636 for fiscal year 2022, \$44,094,235 for fiscal year 2023, and \$46,709,889 for fiscal year 2024; and

“(2) for part C, \$10,759,920 for fiscal year 2020, \$11,405,515 for fiscal year 2021, \$12,089,846 for fiscal year 2022, \$12,815,237 for fiscal year 2023, and \$13,584,151 for fiscal year 2024.”; and

(B) by adding at the end the following:

“SEC. 644. FUNDING SET ASIDE.

42 USC 3057o.

“Of the funds appropriated under section 643(1) for a fiscal year, not more than 5 percent shall be made available to carry out part D for such fiscal year, provided that for such fiscal year—

“(1) the funds appropriated for parts A and B are greater than the funds appropriated for fiscal year 2019; and

“(2) the Assistant Secretary makes available for parts A and B no less than the amount of resources made available for fiscal year 2019.”;

(2) by redesignating part D, as so amended, as part E; and

(3) by inserting after part C the following:

**“PART D—SUPPORTIVE SERVICES FOR
HEALTHY AGING AND INDEPENDENCE**

42 USC
3057k–21.

“SEC. 636. PROGRAM.

“(a) IN GENERAL.—The Assistant Secretary may carry out a competitive demonstration program for making grants to tribal organizations or organizations serving Native Hawaiians with applications approved under parts A and B, to pay for the Federal share of carrying out programs, to enable the organizations described in this subsection to build their capacity to provide a wider range of in-home and community supportive services to enable older individuals to maintain their health and independence and to avoid long-term care facility placement.

“(b) SUPPORTIVE SERVICES.—

“(1) IN GENERAL.—Subject to paragraph (2), supportive services described in subsection (a) may include any of the activities described in section 321(a).

“(2) PRIORITY.—The Assistant Secretary, in making grants under this section, shall give priority to organizations that will use the grant funds for supportive services described in subsection (a) that are for in-home assistance, transportation, information and referral, case management, health and wellness programs, legal services, family caregiver support services, and other services that directly support the independence of the older individuals served.

“(3) RULE OF CONSTRUCTION.—Nothing in this section shall be construed or interpreted to prohibit the provision of supportive services under part A or B.”.

**TITLE VI—MODERNIZING ALLOTMENTS
FOR VULNERABLE ELDER RIGHTS
PROTECTION ACTIVITIES AND OTHER
PROGRAMS**

SEC. 601. REAUTHORIZATION; VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES.

Section 702 (42 U.S.C. 3058a) is amended by striking subsections (a) and (b) and inserting the following:

“(a) OMBUDSMAN PROGRAM.—There are authorized to be appropriated to carry out chapter 2, \$18,066,950 for fiscal year 2020, \$19,150,967 for fiscal year 2021, \$20,300,025 for fiscal year 2022, \$21,518,027 for fiscal year 2023, and \$22,809,108 for fiscal year 2024.

“(b) OTHER PROGRAMS.—There are authorized to be appropriated to carry out chapters 3 and 4, \$5,107,110 for fiscal year 2020, \$5,413,537 for fiscal year 2021, \$5,738,349 for fiscal year 2022, \$6,082,650 for fiscal year 2023, and \$6,447,609 for fiscal year 2024.”.

SEC. 602. VOLUNTEER STATE LONG-TERM CARE OMBUDSMAN REPRESENTATIVES.

Section 712(a)(5) (42 U.S.C. 3058g(a)(5)) is amended by adding at the end the following:

“(E) RULE OF CONSTRUCTION FOR VOLUNTEER OMBUDSMAN REPRESENTATIVES.—Nothing in this paragraph shall be construed as prohibiting the program from providing and financially supporting recognition for an individual designated under subparagraph (A) as a volunteer to represent the Ombudsman program, or from reimbursing or otherwise providing financial support to such an individual for any costs, such as transportation costs, incurred by the individual in serving as such volunteer.”.

SEC. 603. PREVENTION OF ELDER ABUSE, NEGLECT, AND EXPLOITATION.

Section 721(b)(12) (42 U.S.C. 3058i(b)(12)) is amended—

(1) in subparagraph (C), by inserting “community outreach and education,” after “technical assistance,”; and

(2) in subparagraph (F)—

(A) by striking “studying” and inserting “implementing”; and

(B) by inserting “, programs, and materials” after “practices”.

SEC. 604. PRINCIPLES FOR PERSON-DIRECTED SERVICES AND SUPPORTS DURING SERIOUS ILLNESS.

42 USC 3001
note.

(a) DEFINITIONS.—

(1) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Administration for Community Living.

(2) COVERED AGENCY.—The term “covered agency” means—

(A) a State agency or area agency on aging; and

(B) a Federal agency other than the Department of Health and Human Services, and a unit of that Department other than the Administration on Aging, that the Assistant Secretary determines performs functions for which the principles are relevant, and the Centers for Medicare & Medicaid Services.

(3) PRINCIPLES.—The term “principles” means the Principles for Person-directed Services and Supports during Serious Illness, issued by the Administration for Community Living on September 1, 2017, or an updated set of such Principles.

(4) STATE AGENCY.—The term “State agency” has the meaning given the term in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

(b) DISSEMINATION.—The Administrator shall disseminate the principles to appropriate stakeholders within the aging network, as determined by the Assistant Secretary, and to covered agencies. The covered agencies may use the principles in setting priorities for service delivery and care plans in programs carried out by the agencies.

(c) FEEDBACK.—The Administrator shall solicit, on an ongoing basis, feedback on the principles from covered agencies, experts in the fields of aging and dementia, and stakeholders who provide or receive disability services.

(d) REPORT.—Not less often than once, but not more often than annually, during the 3 years after the date of enactment of this Act, the Administrator shall prepare and submit to Congress a report describing the feedback received under subsection (c) and indicating if any changes or updates are needed to the principles.

SEC. 605. EXTENSION OF THE SUPPORTING GRANDPARENTS RAISING GRANDCHILDREN ACT.

132 Stat. 1513. Section 3(f) of the Supporting Grandparents Raising Grandchildren Act (Public Law 115–196) is amended by striking “3” and inserting “4”.

Reports. **SEC. 606. BEST PRACTICES FOR HOME AND COMMUNITY-BASED OMBUDSMEN.**

Not later than 3 years after the date of enactment of this Act, the Assistant Secretary shall issue a report updating the best practices for home and community-based ombudsmen that were included in the report entitled “Best Practices for Home and Community-Based Ombudsmen”, issued by the National Direct Service Workforce Resource Center of the Centers for Medicare & Medicaid Services and prepared by the Research and Training Center at the University of Minnesota and The Lewin Group (January 2013).

SEC. 607. SENIOR HOME MODIFICATION ASSISTANCE INITIATIVE.

Reports. Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study and issue a report that includes—

(1) an inventory of Federal programs, administered by the Department of Health and Human Services, the Department of Housing and Urban Development, or any other Federal agency or department determined appropriate by the Comptroller General, that support evidence-based falls prevention, home assessments, and home modifications for older individuals and individuals with disabilities;

Data. (2) statistical data, for recent fiscal years, on the number of older individuals and individuals with disabilities served by each Federal program described in paragraph (1) and the approximate amount of Federal funding invested in each such program;

(3) a demographic analysis of individuals served by each such program for recent fiscal years;

Analysis (4) an analysis of duplication and gaps in populations supported by the Federal programs described in paragraph (1);

(5) what is known about the impact of the Federal programs described in paragraph (1) on health status and health outcomes in populations supported by such programs;

Review. (6) a review of Federal efforts to coordinate Federal programs existing prior to the date of enactment of this Act that support evidence-based falls prevention, home assessments, and home modifications for older individuals and individuals with disabilities and any considerations for improving coordination, which may include an indication of the Federal agency or department that is best suited to coordinate such Federal programs; and

(7) information on the extent to which consumer-friendly resources, such as a brochure, are available through the National Eldercare Locator Service established under section 202(a)(21) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)(21)), are accessible to all area agencies on aging, and contain information on evidence-based falls prevention, home assessments, and home modifications for older individuals

attempting to live independently and safely in their homes and for the caregivers of such individuals.

TITLE VII—MISCELLANEOUS

SEC. 701. TECHNICAL CORRECTIONS.

The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—

(1) in section 102(37)(A) (42 U.S.C. 3002(37)(A)), by striking “paragraph (5)” and inserting “paragraph (26)”;

(2) in section 202(a)(23) (42 U.S.C. 3012(a)(23)), by striking “sections 307(a)(18) and 731(b)(2)” and inserting “sections 307(a)(13) and 731”;

(3) in section 202(e)(1)(A) (42 U.S.C. 3012(e)(1)(A)), by moving the left margin of clause (i) 2 ems to the left;

(4) in sections 203(c)(7) (42 U.S.C. 3013(c)(7)), 207(b)(2)(B) (42 U.S.C. 3018(b)(2)(B)), and 215(i) (42 U.S.C. 3020e–1(i)), by striking “Committee on Education and the Workforce” each place it appears and inserting “Committee on Education and Labor”;

(5) in section 207(b)(3)(A) (42 U.S.C. 3018(b)(3)(A)), by striking “Administrator of the Health Care Finance Administration” and inserting “Administrator of the Centers for Medicare & Medicaid Services”;

(6) in section 304(a)(3)(C) (42 U.S.C. 3024(a)(3)(C)), by striking “term” and all that follows through “does” and inserting “term ‘State’ does”;

(7) in section 304(d)(1)(B), by striking “(excluding” and all that follows through “303(a)(3)”;

(8) in section 306(a) (42 U.S.C. 3026(a))—

(A) in paragraph (1), by inserting “the number of older individuals at risk for institutional placement residing in such area,” before “and the number of older individuals who are Indians”; and

(B) in paragraph (2)(B), by striking “who are victims of” and inserting “with”;

(9) in section 339(2)(A)(ii)(I) (42 U.S.C. 3030g–21(2)(A)(ii)(I)), by striking “Institute of Medicine of the National Academy of Sciences” and inserting “National Academies of Sciences, Engineering, and Medicine”;

(10) in section 611 (42 U.S.C. 3057b), by striking “(a)”;

(11) in section 614(c)(4) (42 U.S.C. 3057e(c)(4)), by striking “(a)(12)” and inserting “(a)(11)”; and

(12) in section 721(i) (42 U.S.C. 3058i(i), by striking “section 206(g)” and inserting “section 206(h)”.

Approved March 25, 2020.

LEGISLATIVE HISTORY—H.R. 4334:

HOUSE REPORTS: No. 116–258 (Comm. on Education and Labor).

CONGRESSIONAL RECORD:

Vol. 165 (2019): Oct. 28, considered and passed House.

Vol. 166 (2020): Mar. 3, considered and passed Senate, amended.

Mar. 11, House concurred in Senate amendment.

DAILY COMPILATION OF PRESIDENTIAL DOCUMENTS (2020):

Mar. 25, Presidential statement.



ATTACH C

To: Chair and Members of the Advisory Committee on Aging

From: Kelly Roberts, Community Resource Specialist, kroberts@drcog.org

Meeting Date	Agenda Category	Agenda Item #
January 27	Informational Briefing	7

SUBJECT

Outcomes of the regional summit held on September 30, 2022, and ideas for expanding the AAA's community partnerships.

PROPOSED ACTION/RECOMMENDATIONS

N/A

ACTION BY OTHERS

N/A

SUMMARY

Kelly Roberts and Cathy Noon will provide a report on summit outcomes and ideas for expanding the AAA's community partnerships for supporting the ACA and the AAA's advocacy efforts to include representatives of older adults from other sectors as detailed by the Older Americans Act and to include Senior Aging Commissions.

PREVIOUS DISCUSSIONS/ACTIONS

In January 2022, the ACA members indicated their interest in a regional summit for county councils on aging and senior aging commissions. Two work groups were formed to assist with finding a venue and developing the program. On September 30, 2022, DRCOG held the regional summit. Since the summit, staff convened a workgroup to explore the feasibility of options for expanding the network of community partnerships for supporting the ACA and the AAA's advocacy efforts.

PROPOSED MOTION

N/A

ATTACHMENT

N/A

ADDITIONAL INFORMATION

If you need additional information please contact Kelly Blair Roberts, Community Resource Specialist, 303-480-6787, kroberts@drcog.org.