

DIGNITY IN AGING ACT OF 2019

OCTOBER 28, 2019.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. SCOTT of Virginia, from the Committee on Education and Labor, submitted the following

R E P O R T

[To accompany H.R. 4334]

[Including cost estimate of the Congressional Budget Office]

The Committee on Education and Labor, to whom was referred the bill (H.R. 4334) to amend the Older Americans Act of 1965 to authorize appropriations for fiscal years 2020 through 2024, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Dignity in Aging Act of 2019”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is the following:

Sec. 1. Short title; table of contents.

TITLE I—ENSURING COLLABORATION AND PROMOTING INDEPENDENCE FOR OLDER INDIVIDUALS

Sec. 101. Person-centered, trauma-informed care.
 Sec. 102. Vaccination.
 Sec. 103. Functions of Assistant Secretary.
 Sec. 104. Professional standards for nutrition official under the Assistant Secretary.
 Sec. 105. Interagency Coordinating Committee on Age-Friendly Communities.
 Sec. 106. Technical assistance on age-friendly communities.
 Sec. 107. Malnutrition.
 Sec. 108. Coordination with resource centers.
 Sec. 109. Arts education.
 Sec. 110. Social determinants of health.
 Sec. 111. Federal coordination of supports and services for living independently and safely at home.
 Sec. 112. Falls prevention and chronic disease self-management education.
 Sec. 113. Extension of RAISE Family Caregivers Act.
 Sec. 114. Support for socially-isolated older Americans.
 Sec. 115. Increased focus of Assistant Secretary on social isolation.
 Sec. 116. Advisory council on social isolation.
 Sec. 117. Supportive services and senior centers.
 Sec. 118. Demonstration projects.
 Sec. 119. Younger onset Alzheimer’s Disease.
 Sec. 120. Priority for the senior community service employment program.
 Sec. 121. Direct care workforce.
 Sec. 122. National resource center for older individuals experiencing the long-term and adverse consequences of trauma.
 Sec. 123. National Resource Center for Women and Retirement.
 Sec. 124. Definition.
 Sec. 125. Review of reports.
 Sec. 126. Area plans.
 Sec. 127. Addressing chronic pain management.
 Sec. 128. Extension of the Supporting Grandparents Raising Grandchildren Act.
 Sec. 129. Screening for suicide risk.
 Sec. 130. Traumatic brain injury.
 Sec. 131. Addressing public health emergencies and emerging health threats.

TITLE II—EMPOWERING THE AGING NETWORK TO MEET THE NEEDS OF OLDER INDIVIDUALS

Sec. 201. National family caregiver support program cap.
 Sec. 202. Minimum funding level for State administrative expenses.
 Sec. 203. Culturally-appropriate, medically-tailored meals.
 Sec. 204. Business acumen provisions and clarification regarding outside funding for area agencies on aging.
 Sec. 205. Other practices.
 Sec. 206. Caregiver assessments.
 Sec. 207. Research and evaluation.
 Sec. 208. Grant program for multigenerational collaboration.

TITLE III—STRENGTHENING PROTECTIONS FOR OLDER INDIVIDUALS

Sec. 301. State Long-Term Care Ombudsman Program minimum funding and maintenance of effort.
 Sec. 302. State long-term care volunteer ombudsman representatives.
 Sec. 303. Clarification regarding board and care facilities.

TITLE IV—MEETING THE NEEDS OF OLDER NATIVE AMERICANS

Sec. 401. Expanding supportive services for Native American aging programs.
 Sec. 402. Enhancing capacity to support Native American aging programs.

TITLE V—MISCELLANEOUS

Sec. 501. Technical corrections.
 Sec. 502. Authorization of appropriations; uses of funds.
 Sec. 503. Effective date.

TITLE I—ENSURING COLLABORATION AND PROMOTING INDEPENDENCE FOR OLDER INDIVIDUALS

SEC. 101. PERSON-CENTERED, TRAUMA-INFORMED CARE.

Section 101(2) of the Older Americans Act of 1965 (42 U.S.C. 3001(2)) is amended by inserting “(including access to person-centered, trauma-informed care)” after “health”.

SEC. 102. VACCINATION.

Section 102(14) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)) is amended—

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

(2) in subparagraph (D) by inserting “infectious disease, and vaccine preventable disease,” after “disease,”.

SEC. 103. FUNCTIONS OF ASSISTANT SECRETARY.

(a) REVIEW OF APPLICATIONS.— Section 202 of the Older Americans Act of 1965 (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 a program for which such applicant previously received a grant unless the Assistant Secretary determines—

“(A) the program for which such application was submitted is operating effectively to achieve its stated purpose; and

“(B) such applicant—

“(i) complied with the assurances provided to the Assistant Secretary with the application for such previous grant; and

“(ii) will comply with the assurances provided with the current submitted application;”, 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 the Act. The Assistant Secretary shall ensure that this information is also directly provided to States and area agencies on aging.”.

(b) ADDRESSING THE NEEDS OF OLDER INDIVIDUALS IN DISASTERS.—Section 202(a) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)) is amended—

(1) in paragraph (30) by striking “and” at the end,

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

(3) by adding at the following at the end the following:

“(32) provide technical assistance to and share best practices with States 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. 104. PROFESSIONAL STANDARDS FOR NUTRITION OFFICIAL UNDER THE ASSISTANT SECRETARY.

Section 205(a)(2)(C)(ii) of the Older Americans Act of 1965 (42 U.S.C. 3016(a)(2)(C)(ii)) is amended to read as follows:

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

SEC. 105. INTERAGENCY COORDINATING COMMITTEE ON AGE-FRIENDLY COMMUNITIES.

Section 203 of the Older Americans Act of 1965 (42 U.S.C. 3013) is amended—

(1) in subsection (b)—

(A) in paragraph (18) by striking “and” at the end,

(B) in subparagraph (19) by striking the period at the end, and inserting “, and”, and

(C) 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.”, and

(2) in subsection (c)—

(A) in paragraph (1)—

(i) by striking “Aging” and inserting “Age-Friendly Communities”, and

(ii) by inserting “to support the ability of older individuals to age in place, including through the provision of homelessness prevention services, support the ability of older individuals to access 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 services” before the period at the end,

(B) in paragraph (4) by inserting “, except that the 1st term of a member appointed to the Interagency Coordinating Committee on Age-Friendly Communities shall begin not later than 1 year after the date of the enactment of the effective date of this exception” before the period at the end,

(C) in paragraph (5) by striking “once each year” and inserting “semi-annually”,

(D) in paragraph (6)—

(i) in subparagraph (A)—

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

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

(III) by adding at the end the following:

“(v) identifying best practices for connecting older individuals to services for which they may be eligible;”

(ii) by amending subparagraph (B)(ii) to read as follows:

“(ii) innovations in technology applications (including assistance technology devices and assistance technology services) that—

“(I) promote safe and accessible independent living environments; and

“(II) give older individuals access to information on available services or help in providing services to older individuals;”

(iii) in subparagraph (E)—

(I) by striking “nongovernmental experts and organizations, including public health interest and research groups and foundations” and inserting “nongovernmental organizations, academic or research institutions, community-based organizations, and philanthropic organizations”, and

(II) by striking “(F)” and inserting “(G)”,

(iv) by redesignating subparagraphs (E), (F), and (G) as subparagraphs (F), (G), and (H), respectively, and

(v) by inserting after subparagraph (D) the following:

“(E) work with the Centers for Disease Control and Prevention, the National Institute on Aging, Centers for Medicare and Medicaid Services, the Housing and Urban Development Office of Lead Hazard Control and Healthy Homes, and other Federal agencies as appropriate, to develop recommendations, in accordance with paragraph (1), to reduce falls among older individuals that incorporate evidence-based falls prevention programs and home modifications to reduce and prevent falls;” and

(vi) by adding at the end the following:

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

“(A) is taking steps—

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

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

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

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

SEC. 106. TECHNICAL ASSISTANCE ON AGE-FRIENDLY COMMUNITIES.

Section 205(a)(2) of the Older Americans Act of 1965 (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 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 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.”.

SEC. 107. MALNUTRITION.

The Older Americans Act of 1965 (42 U.S.C. 2011 et seq.) is amended—

(1) in section 102(14)(B) by inserting “(including screening for malnutrition)” before the semicolon at the end, and

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

SEC. 108. COORDINATION WITH RESOURCE CENTERS.

(a) AREA PLANS.—Section 306(a) of the Older Americans Act of 1965 (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 “; and”, and

(3) by adding at the end the following:

“(18) provide assurances that the area agency on aging will collect data to determine the services that are needed by older individuals whose needs are the

focus of all centers funded under title IV and the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting these individuals. Each agency plan shall 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 are the focus of all centers established under title IV. This requirement applies to all centers funded on the day before the effective date of this paragraph.”

(b) STATE PLANS.—Section 307(a) of the Older Americans Act of 1965 (42 U.S.C. 3027) is amended by adding at the end the following:

“(31) The State shall prepare and submit to the Assistant Secretary annual reports on the data collected to determine the services that are needed by older individuals whose needs are the focus of all centers funded under title IV and the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting these individuals. The reports shall describe any outreach efforts and other activities described in section 306(a)(18). This requirement applies to all centers funded on the day before the date of the enactment of the effective date of this paragraph.”

SEC. 109. ARTS EDUCATION.

(a) PROGRAM DESIGN.—Section 202(a)(5) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)(5)) is amended by inserting “cultural experiences, activities and services, including the arts,” after “education).”

(b) SUPPORTIVE SERVICES.—Section 321(a)(7) of the Older Americans Act of 1965 (42 U.S.C. 3030d(a)(7)) is amended by inserting “cultural experiences (including the arts),” after “art therapy.”

SEC. 110. SOCIAL DETERMINANTS OF HEALTH.

Section 301(a)(1) of the Older Americans Act of 1965 (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) address the social determinants of health of older individuals.”.

SEC. 111. FEDERAL COORDINATION OF SUPPORTS AND SERVICES FOR LIVING INDEPENDENTLY AND SAFELY AT HOME.

Title II of the Older Americans Act of 1965 (42 U.S.C. 3011–3020) is amended by inserting after section 203A the following:

“SEC. 203B. FEDERAL COORDINATION OF SUPPORTS AND SERVICES FOR LIVING INDEPENDENTLY AND SAFELY AT HOME.

“(a) INITIATIVE.—The Assistant Secretary shall carry out an initiative under this section to identify and disseminate information about Federal resources to promote falls prevention, home assessments, and home modifications, which may include in-home assistive technology, to enable older individuals to live independently and safely in a home environment.

“(b) COORDINATION OF FEDERAL EFFORTS.—In carrying out the initiative under this section, the Assistant Secretary shall coordinate, through memoranda of understanding, agreements, or other appropriate means of coordination, with all Federal efforts and Federal programs in effect on the effective date of this section that support evidence-based falls prevention, home assessments, and home modifications, which may include in-home assistive technology, for older individuals, including older individuals with disabilities.

“(c) REPORTS.—Not later than 1 year after the effective date of this section, and triennially thereafter as needed, the Assistant Secretary shall publish a report that includes—

“(1) an inventory of the then current Federal programs that support evidence-based falls prevention, home assessments, and home modifications, which may include in-home assistive technology, for older individuals and older individuals with disabilities;

“(2) for the fiscal year of the report, statistical data on the number of older individuals and older individuals with disabilities served by each Federal program described in paragraph (1), including a demographic analysis and the approximate amount of Federal funding invested in each such program;

“(3) an evaluation of the impact of Federal programs that support falls prevention and home modifications, which may include in-home assistive technology, on health status and health outcomes in populations supported by such efforts and programs; and

“(4) information on the extent to which consumer-friendly resources, such as a brochure—

“(A) are available through the National Eldercare Locator Service established under section 202(a)(21);

“(B) are accessible to all area agencies on aging; and

“(C) contain information on home assessments and home modifications for older individuals attempting to live independently and safely in their homes and for the caregivers of such individuals.”.

SEC. 112. FALLS PREVENTION AND CHRONIC DISEASE SELF-MANAGEMENT EDUCATION.

Section 411(a) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)) is amended—

(1) by redesignating paragraphs (13) and (14) as paragraphs (15) and (16), respectively, and

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

“(13) 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 and older individuals with disabilities;

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

SEC. 113. EXTENSION OF RAISE FAMILY CAREGIVERS ACT.

Section 6 of the RAISE Family Caregivers Act (Public Law 115–119; 132 Stat. 27) is amended by striking “3” and inserting “4”.

SEC. 114. SUPPORT FOR SOCIALLY-ISOLATED OLDER AMERICANS.

Section 102(14) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)) is amended—

(1) in subparagraph (K) by striking “and” at the end,

(2) in subparagraph (L) by striking “(K)” and inserting “(L)”,

(3) by redesignating subparagraph (L) as subparagraph (M), and

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

“(L) screening for the prevention of social isolation and coordination of supportive services and health care to address social isolation and loneliness; and”.

SEC. 115. INCREASED FOCUS OF ASSISTANT SECRETARY ON SOCIAL ISOLATION.

Section 202(a) of the Older Americans Act of 1965 (42 U.S.C. 3012(a)), as amended by section 103, is amended—

(1) in paragraph (31) by striking “; and” and inserting a semicolon,

(2) in paragraph (32) by striking the period at the end and inserting “; and”, and

(3) by adding at the end the following:

“(33) develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about, prevention of, detection of, and response to social isolation among older individuals.”.

SEC. 116. ADVISORY COUNCIL ON SOCIAL ISOLATION.

Section 202 of the Older Americans Act of 1965 (42 U.S.C. 3012), as amended by section 103, is amended by adding at the end the following:

“(i)(1) The Assistant Secretary shall convene an advisory council on social isolation with aging network stakeholders, including caregivers, and select members in a manner that ensures geographic diversity of the members—

“(A) to review and evaluate efforts to address social isolation and loneliness among older individuals; and

“(B) to identify challenges, solutions, and best practices related to such efforts.

“(2) The advisory council convened under paragraph (1) shall—

“(A) ensure consideration of consumer-directed care models; and

“(B) submit a report to Congress on its findings.

“(3) The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply with respect to the advisory council convened under paragraph (1).”.

SEC. 117. SUPPORTIVE SERVICES AND SENIOR CENTERS.

Section 321(a) of the Older Americans Act of 1965 (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 social isolation; and”.

SEC. 118. DEMONSTRATION PROJECTS.

(a) DEMONSTRATIONS.—Section 411(a) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)), as amended by section 112, is amended—

- (1) in paragraph (15) by striking “and” at the end,
- (2) by redesignating paragraph (16) as paragraph (17), and
- (3) by inserting after paragraph (15) the following:
“(16) projects that address social isolation and loneliness among older adults;
and”.

(b) REPEAL.—Section 416 of the Older Americans Act of 1965 (42 U.S.C. 3032e) is repealed.

SEC. 119. YOUNGER ONSET ALZHEIMER'S DISEASE.

(a) DEFINITION OF “FAMILY CAREGIVER”.—Section 302(3) of the Older Americans Act of 1965 (42 U.S.C. 3022(3)) is amended by inserting “of any age” after “an individual”.

(b) DEFINITION OF “RESIDENT”.—Section 711(6) of the Older Americans Act of 1965 (42 U.S.C. 3058(6)) is amended by inserting “of any age” after “individual”.

SEC. 120. PRIORITY FOR THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM.

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

- (1) in section 503(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 or are under supervision following the release from prison or jail within the last 5 years;”
- (2) in section 514(e)(1) by inserting “older individuals who have been incarcerated or are under supervision following the release from prison or jail,” after “need,” and
- (3) in section 518—
 - (A) in subsection (a)(3)(B)(ii)—
 - (i) in clause (IV) by striking “or” at the end,
 - (ii) in clause (V) by striking the period at the end and inserting “; or”, and
 - (iii) by adding at the end the following:
“(VI) have been incarcerated or are under supervision following the 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”,
 - (iii) by adding at the end the following:
“(H) has been incarcerated or is under supervision following the release from prison or jail within the last 5 years.”.

SEC. 121. DIRECT CARE WORKFORCE.

(a) DEMONSTRATIONS.—Section 411(a) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)), as amended by sections 112 and 118, is amended—

- (1) by redesignating paragraphs (16) and (17) as paragraphs (17) and (18), respectively, and
- (2) by inserting after paragraph (15) the following:
“(16) in coordination with the Secretary of Labor, the demonstration of new strategies for the recruitment, retention, or advancement of direct care workers, and to solicit, develop, and implement strategies—
“(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 and retain direct care workers;
“(B) to provide supportive services and career planning for direct care workers; and
“(C) to support the advancement of direct care workers through education and workforce development programs that include necessary credential or licensing preparation, paid on-the-job training or work-based learning, and appropriate safety training.”.

(b) OLDER AMERICAN COMMUNITY SERVICE EMPLOYMENT PROGRAM.—Section 502(e)(2)(B) of the Older Americans Act of 1965 (42 U.S.C. 3056(e)(2)(B)) is amended—

- (1) in clause (iii) by striking “and” at the end,
- (2) in clause (iv) by adding “and” at the end, and
- (3) by adding at the end the following:

“(v) attract, retain, and advance the direct care workforce, in consultation with the Assistant Secretary, providing for wages and benefits needed to reduce barriers to entry for a diverse and high-quality direct care workforce, supportive services and career planning, and paid on-the-job training or work-based learning, with appropriate safety training;”.

SEC. 122. NATIONAL RESOURCE CENTER FOR OLDER INDIVIDUALS EXPERIENCING THE LONG-TERM AND ADVERSE CONSEQUENCES OF TRAUMA.

Section 411(a) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)), as amended by sections 112, 118, and 121, is amended—

(1) by redesignating paragraphs (17) and (18) as paragraphs (18) and (19), respectively, and

(2) by inserting after paragraph (16) the following:

“(17) the implementation 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. 123. NATIONAL RESOURCE CENTER FOR WOMEN AND RETIREMENT.

Section 202 of the Older Americans Act of 1965 (42 U.S.C. 3012), as amended by sections 103 and 116, is amended by adding at the end the following:

“(j)(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 basic financial management, retirement planning, and other educational tools that promote financial wellness and help to identify and prevent fraud and elder exploitation, and integrate these with information on health and long-term care;

“(B) annually disseminate a summary of outreach 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. 124. DEFINITION.

Section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002) is amended—

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

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

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

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

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

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

SEC. 125. REVIEW OF REPORTS.

Sec. 308(b) of the Older Americans Act of 1965 (42 U.S.C. 3028(b)) is amended by inserting at the end the following:

“(8) The Assistant Secretary shall review the reports submitted under section 307(a)(31), and include in the report required by section 207(a), aggregated data, including the effectiveness and outreach efforts included in 307(a)(31), on services that are needed by older individuals whose needs are the focus of all centers funded under title IV. This requirement applies to all centers funded on the day before the date of the effective date of this paragraph.”.

SEC. 126. AREA PLANS.

Section 306(a)(4) of the Older Americans Act of 1965 (42 U.S.C. 3026(a)(4)) is amended in subparagraph (B)(i)(VII) by inserting “, specifically including survivors of the Holocaust” after “placement”.

SEC. 127. ADDRESSING CHRONIC PAIN MANAGEMENT.

Section 102(14)(D) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)) is amended by inserting “chronic pain management,” after “substance abuse reduction.”

SEC. 128. EXTENSION OF THE SUPPORTING GRANDPARENTS RAISING GRANDCHILDREN ACT.

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

SEC. 129. SCREENING FOR SUICIDE RISK.

Section 102(14)(G) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)(G)) is amended by inserting “and screening for suicide risk” after “depression”.

SEC. 130. TRAUMATIC BRAIN INJURY.

(a) DEFINITIONS.—Section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002), as amended by section 114, is amended—

(1) in paragraph (14)—

(A) in paragraph (M) by striking “(L)” and inserting “(M)”,

(B) by redesignating subparagraphs (H) through (M) as subparagraphs (I) through (N), respectively,

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

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

(2) by adding at the end the following:

“(56) The term ‘traumatic brain injury’ has the meaning given to it in section 339B(d) of the Public Health Service Act.”.

(b) HEALTH SCREENING.—Section 321(a)(8) of the Older Americans Act of 1965 (42 U.S.C. 3030d(a)(8)) is amended to read as follows:

“(8) services designed to provide health screening (including mental and behavioral health screening, screening for social isolation and loneliness, falls prevention services screening and traumatic brain injury screening) to detect or prevent (or both) illnesses and injuries that occur most frequently in older individuals;”.

(c) ACTIVITIES FOR HEALTH.—Section 411(a)(12) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)(12)) is amended to read as follows:

“(12) building public awareness of cognitive impairments such as Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, depression, mental health disorders, and traumatic brain injury;”.

SEC. 131. ADDRESSING PUBLIC HEALTH EMERGENCIES AND EMERGING HEALTH THREATS.

Section 102(14) of the Older Americans Act of 1965 (42 U.S.C. 3002(14)), as amended by sections 114 and 130, is amended—

(1) in subparagraph (M) by striking “and” at the end,

(2) in subparagraph (N) by striking “(M)” and inserting “(N)”,

(3) by redesignating subparagraphs (K), (L), (M), and (N) as subparagraphs (L), (M), (N), and (O) respectively, and

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

“(K) responses to public health emergencies and emerging health threats;”.

TITLE II—EMPOWERING THE AGING NETWORK TO MEET THE NEEDS OF OLDER INDIVIDUALS

SEC. 201. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM CAP.

(a) FEDERAL SHARE.—Section 373(g)(2) of the Older Americans Act of 1965 (42 U.S.C. 3030s–1(g)(2)) is amended by striking subparagraph (C).

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

(1) REPORT.—Not later than 18 months after the date of the enactment of this Act, and annually thereafter, the Assistant Secretary shall submit to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate 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–3030s–2). 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 Pro-

gram 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 share allotment used by the State to provide support services for caregiver support for older relative caregivers and family caregivers.

SEC. 202. MINIMUM FUNDING LEVEL FOR STATE ADMINISTRATIVE EXPENSES.

Section 308(b)(2)(A) of the Older Americans Act of 1965 (42 U.S.C. 3028(b)(2)(B)) is amended by striking “\$500,000” and inserting “\$750,000”.

SEC. 203. CULTURALLY-APPROPRIATE, MEDICALLY-TAILORED MEALS.

Section 339(2)(A) of the Older Americans Act of 1965 (42 U.S.C. 3939h(2)(A)) is amended by inserting “, including cultural considerations and preferences (including needs based on religious, cultural, or ethnic requirements) and medically tailored meals” before the comma at the end.

SEC. 204. 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) of the Older Americans Act of 1965 (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) by inserting “and” after the semicolon at the end, and
- (3) by adding at the end the following:

“(C) 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 of the Older Americans Act of 1965 (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 in the planning and service area supported by the area agency on aging.”.

SEC. 205. OTHER PRACTICES.

Section 315 of the Older Americans Act of 1965 (42 U.S.C. 3030c-2) is amended by adding at the end the following:

“(e) RESPONSE TO AREA AGENCIES ON AGING.—Upon request from an area agency on aging, the State shall make available any policies or guidance pertaining to policies under this section.”.

SEC. 206. CAREGIVER ASSESSMENTS.

(a) DEFINITION OF CAREGIVER ASSESSMENT.—Section 372(a) of the Older Americans Act of 1965 (42 U.S.C. 3030s(a)) is amended by adding at the end the following:

“(4) CAREGIVER ASSESSMENT.—The term ‘caregiver assessment’ means a systematic process of gathering information about the situation of a caregiver who voluntarily participates in such process to identify the caregiver’s specific needs, barriers, and existing supports as identified by the caregiver that—

“(A) provides the opportunity for the recognized caregiver to participate in such process;

“(B) requires direct contact with the caregiver and is used to appropriately target and tailor support services to the caregiver’s unique needs; and

“(C) includes reassessment of such specific needs, barriers, and existing supports, including to accommodate a significant change in the caregiving situation, which shall occur on a voluntary basis with the consent of the caregiver.”.

(b) USE OF CAREGIVER ASSESSMENTS.—Section 373(b) of the Older Americans Act of 1965 (42 U.S.C. 3030s-1(b)) is amended by inserting “may be informed through the use of caregiver assessments and” after “with.”.

(c) TECHNICAL ASSISTANCE FOR CAREGIVER ASSESSMENTS.—Section 373 of the Older Americans Act of 1965 (42 U.S.C. 3030s-1) is amended by adding at the end the following:

“(h) TECHNICAL ASSISTANCE FOR CAREGIVER ASSESSMENTS.—Not later than 1 year after the effective date of this subsection, the Assistant Secretary, in consultation with caregivers, older individuals, individuals with a disability who receive care from an older relative caregiver, the aging network, and other experts and stakeholders, shall provide technical assistance to promote and implement the use of caregiver assessments. Such technical assistance shall include sharing available

tools and templates, comprehensive assessment protocols, and best practices concerning—

- “(1) conducting caregiver assessments and reassessments;
- “(2) implementing such assessments that are consistent across a planning and service area; and
- “(3) implementing caregiver support service plans, including referrals to and coordination of activities with relevant State and local services.”

(d) REPORTING ON CAREGIVER ASSESSMENT.—Section 373(e) of the Older Americans Act of 1965 (42 U.S.C. 3030s–1(e)) is amended—

- (1) in paragraph (3) by inserting “, including caregiver assessments used in the State,” after “mechanisms” the 1st place it appears, and

(2) by adding at the end the following:

“(4) REPORT ON CAREGIVER ASSESSMENTS.—

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

“(i) an analysis of the current use of caregiver assessments, including a repository of caregiver assessment tools or templates and comprehensive assessment protocols;

“(ii) using objective data, an analysis of the impact of caregiver assessments on—

“(I) family caregivers and older relative caregivers; and

“(II) the individuals to whom the caregivers described in subclause (I) provide care;

“(iii) an analysis of the impact of using caregiver assessments on the aging network;

“(iv) an analysis of how caregiver assessments are being used to identify the specific needs, barriers, and existing supports of family caregivers and older relative caregivers;

“(v) recommendations for using caregiver assessments, including in rural or underserved areas; and

“(vi) feedback from State agencies and area agencies on aging, particularly in rural or underserved areas, on the implementation of caregiver assessments.

“(B) SUBMISSION.—Not later than 6 months after the issuance of the report under subparagraph (A), the Assistant Secretary shall submit the report to the Committee on Education and Labor of the House of Representatives, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Special Committee on Aging of the Senate.”

SEC. 207. RESEARCH AND EVALUATION.

Section 201 of the Older Americans Act of 1965 (42 U.S.C. 3011) is amended by adding at the end the following:

“(g)(1) The Assistant Secretary shall coordinate the research and evaluation functions of this Act under a National 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—

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

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

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

“(3) Activities of the Center shall include 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 impacts that programs and interventions under this Act have on 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 the Act and activities to bring effective demonstration projects to scale with a prioritization of projects that address the needs of underserved populations;

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

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

“(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, 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, as appropriate, coordinate 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 all research and evaluation authorities under this Act.”.

SEC. 208. GRANT PROGRAM FOR MULTIGENERATIONAL COLLABORATION.

Section 417 of the Older Americans Act of 1965 (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—

“(1) to 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 developing—

“(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 family caregivers by—

“(i) providing support for older relative caregivers (as defined in section 372) raising children (such as 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) to coordinate multigenerational activities and civic engagement activities, including multigenerational nutrition and meal service programs;

“(3) to promote volunteerism, including becoming a mentor to young people; and

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

(2) by amending subsection (b) to read as follows:

“(b) 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 making grants under this section, the Assistant Secretary shall ensure that awards are made for the activities and projects described in each of paragraphs (1) and (2) of subsection (a).”;

(3) in subsection (c)—

(A) in the matter preceding paragraph (1), by inserting “that serves individuals in younger generations and older individuals” after “to carry out a project”;

(B) in paragraph (1) by inserting “, intent to carry out, or intent to partner with local organizations or multiservice organizations to carry out,” after “record of carrying out”,

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

(D) in paragraph (4) by striking the period at the end and inserting “; and”, and

(E) 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.”

(4) by amending subsection (e) to read as follows:

“(e) 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.”

(5) by striking subsection (g),

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

(7) by redesignating subsections (b) through (f) as subsections (c) through (g), respectively, and

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

“(b) GRANT PERIOD.—Each grant awarded or contract made under subsection (a) shall be to carry out projects for a period of not less than 36 months.”.

TITLE III—STRENGTHENING PROTECTIONS FOR OLDER INDIVIDUALS

SEC. 301. STATE LONG-TERM CARE OMBUDSMAN PROGRAM MINIMUM FUNDING AND MAINTENANCE OF EFFORT.

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

(1) in section 306(a)(9)—

(A) by inserting “together with any other funds” after “Act”, and

(B) by striking “2000” and inserting “2019”, and

(2) in section 307(a)(9)—

(A) by striking “an amount” the 1st place it appears and inserting “the total amount”,

(B) by striking “2000” and inserting “2019” each place it appears, and

(C) by inserting “from all sources including” after “received” each place it appears.

SEC. 302. STATE LONG-TERM CARE VOLUNTEER OMBUDSMAN REPRESENTATIVES.

Section 712(a)(5) of the Older Americans Act of 1965 (42 U.S.C. 3058g(a)(5)) is amended—

(1) by redesignating subparagraph (D) as subparagraph (E), and

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

“(D) VOLUNTEER OMBUDSMAN REPRESENTATIVES.—An individual designated as a volunteer ombudsman representative may receive financial support and recognition from the Office of the State Long-Term Care Ombudsman Program for expenses incurred during service.”.

SEC. 303. CLARIFICATION REGARDING BOARD AND CARE FACILITIES.

Section 102(35)(C) of the Older Americans Act of 1965 (42 U.S.C. 3002(35)(C)) is amended by striking “for purposes of sections 307(a)(12) and 712.”.

TITLE IV—MEETING THE NEEDS OF OLDER NATIVE AMERICANS

SEC. 401. EXPANDING SUPPORTIVE SERVICES FOR NATIVE AMERICAN AGING PROGRAMS.

Title VI of the Older Americans Act of 1965 (42 U.S.C. 3057 et seq.) is amended—

(1) in part D—

(A) by amending section 643 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, \$38,524,324 for fiscal year 2020, \$40,835,783 for fiscal year 2021, \$43,285,930 for fiscal year 2022, \$45,883,086 for fiscal year 2023, and \$48,636,071 for fiscal year 2024; and

“(2) for part C subject to section 644, \$10,785,575 for fiscal year 2020, \$11,432,710 for fiscal year 2021, \$12,118,672 for fiscal year 2022, \$12,845,792 for fiscal year 2023, and \$13,616,540 for fiscal year 2024.”, and

(B) by adding at the end the following:

“SEC. 644. FUNDING SET ASIDE.

“Of the funds appropriated under section 643(1) for a fiscal year, 5 percent shall be made available to carry out part D for such fiscal year.”,

(2) by redesignating part D as part E, and

(3) by inserting after part C the following:

“PART D—SUPPORTIVE SERVICES FOR HEALTHY AGING AND INDEPENDENCE

“SEC. 636. PROGRAM.

“(a) IN GENERAL.—The Assistant Secretary shall carry out a demonstration program for making grants to tribal or Native Hawaiian organizations with applications approved under parts A and B, to pay for the Federal share of carrying out programs, to enable the organizations 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.”.

SEC. 402. ENHANCING CAPACITY TO SUPPORT NATIVE AMERICAN AGING PROGRAMS.

Title II of the Older Americans Act of 1965 (42 U.S.C. 3011 et seq.) is amended—

(1) in section 201(c)(3)(H) by inserting “to ensure adequate capacity to deliver the services under such title, which technical assistance programs may include program management, data development and use, basic business skills, grant development, program and service innovations, and staff professional development and certification” before the semicolon at the end, and

(2) section 216 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 \$44,042,171 for fiscal year 2020, \$46,684,701 for fiscal year 2021, \$49,485,783 for fiscal year 2022, \$52,454,930 for fiscal year 2023, and \$55,602,226 for fiscal year 2024.

“(b) AUTHORIZATION OF APPROPRIATIONS FOR PROGRAMS.—There are authorized to be appropriated—

“(1) to carry out section 201(g), \$20,000,000 for each of the fiscal years 2020 through 2024;

“(2) to carry out section 202(a)(21) (relating to the National Eldercare Locator Service), \$2,186,227 for fiscal year 2020, \$2,317,401 for fiscal year 2021, \$2,456,445 for fiscal year 2022, \$2,603,832 for fiscal year 2023, and \$2,760,062 for fiscal year 2024;

“(3) to carry out section 215, \$1,992,460 for fiscal year 2020, \$2,112,008 for fiscal year 2021, \$2,238,728 for fiscal year 2022, \$2,373,052 for fiscal year 2023, and \$2,515,435 for fiscal year 2024;

“(4) to carry out section 202 (relating to Elder Rights Support Activities under this title), \$1,375,011 for fiscal year 2020, \$1,457,511 for fiscal year 2021, \$1,544,962 for fiscal year 2022, \$1,637,660 for fiscal year 2023, and \$1,735,919 for fiscal year 2024;

“(5) to carry out section 202(b) (relating to the Aging and Disability Resource Centers), \$8,708,043 for fiscal year 2020, \$9,230,526 for fiscal year 2021,

\$9,784,357 for fiscal year 2022, \$10,371,419 for fiscal year 2023, and \$10,993,704 for fiscal year 2024; and

“(6) to carry out section 201(c)(3)(H) (relating to professional development and technical assistance for programs under title VI), \$500,000 for fiscal year 2020.”.

TITLE V—MISCELLANEOUS

SEC. 501. TECHNICAL CORRECTIONS.

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

(1) in section 102(37)(A) by striking “paragraph (5)” and inserting “paragraph (26)”,

(2) in section 202(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) by moving the left margin of clause (i) 2 ems to the left,

(4) in sections 203(c)(7), 207(b)(2)(B), and 215(i) by striking “Committee on Education and the Workforce” and inserting “Committee on Education and Labor”,

(5) in section 207(b)(3)(A) by striking “Administrator of the Health Care Finance Administration” and inserting “Administrator of the Centers for Medicare and Medicaid Services”,

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

(7) in section 306(a)—

(A) by inserting “the number of older individuals at risk for institutional placement residing in such area,” after “areas” residing in such area,” the last place it appears, and

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

(8) in section 339 by striking “Institute of Medicine of the National Academy of Sciences” and inserting “National Academies of Sciences, Engineering, and Medicine”,

(9) in section 611 by striking “(a)”, and

(10) in section 614(c)(4) by striking “(a)(12)” and inserting “(a)(11)”.

SEC. 502. AUTHORIZATION OF APPROPRIATIONS; USES OF FUNDS.

(a) AUTHORIZATION OF APPROPRIATIONS; USES OF FUNDS.—Section 303 of the Older Americans Act of 1965 (42 U.S.C. 3023) is amended to read as follows:

“SEC. 303. AUTHORIZATION OF APPROPRIATIONS; USES OF FUNDS.

“(a)(1) There are authorized to be appropriated to carry out part B (relating to supportive services) \$413,011,586 for fiscal year 2020, \$437,792,281 for fiscal year 2021, \$464,059,818 for fiscal year 2022, \$491,903,407 for fiscal year 2023, and \$521,417,612 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) \$531,279,663 for fiscal year 2020, \$563,156,443 for fiscal year 2021, \$596,945,830 for fiscal year 2022, \$632,762,580 for fiscal year 2023, and \$670,728,334 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) \$269,577,167 for fiscal year 2020, \$285,751,797 for fiscal year 2021, \$302,896,905 for fiscal year 2022, \$321,070,719 for fiscal year 2023, and \$340,334,963 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, 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) \$26,650,753 for fiscal year 2020, \$28,249,798 for fiscal year 2021, \$29,944,786 for fiscal year 2022, \$31,741,473 for fiscal year 2023, and \$33,645,961 for fiscal year 2024.

“(e) There are authorized to be appropriated to carry out part E (relating to family caregiver support) \$194,331,264 for fiscal year 2020, \$205,991,140 for fiscal year 2021, \$218,350,609 for fiscal year 2022, \$231,451,645 for fiscal year 2023, and \$245,338,744 for fiscal year 2024.”

(b) Section 304(a)(3)(D) of the Older Americans Act of 1965 (42 U.S.C. 3024(a)(3)(D)) is amended—

(1) in clause (i) by striking “2017 through 2019” and inserting “2020 through 2024”, and

(2) in clause (ii) by striking “2020” and inserting “2025”.

(c) Section 311(e) of the Older Americans Act of 1965 (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)) \$171,682,200 for fiscal year 2020, \$181,983,132 for fiscal year 2021, \$192,902,120 for fiscal year 2022, \$204,476,247 for fiscal year 2023, and \$216,744,822 for fiscal year 2024.”

(d) Section 411(b) of the Older Americans Act of 1965 (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, \$14,549,157 for fiscal year 2020, \$15,422,107 for fiscal year 2021, \$16,347,433 for fiscal year 2022, \$17,328,279 for fiscal year 2023, and \$18,367,976 for fiscal year 2024; and

(2) elder rights support activities under this section, \$15,650,667 for fiscal year 2020, \$16,589,707 for fiscal year 2021, \$17,585,090 for fiscal year 2022, \$18,640,195 for fiscal year 2023, and \$19,758,607 for fiscal year 2024.”

(e) Section 517(a) of the Older Americans Act of 1965 (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 \$429,020,486 for fiscal year 2020, \$454,761,715 for fiscal year 2021, \$482,047,418 for fiscal year 2022, \$510,970,263 for fiscal year 2023, and \$541,628,478 for fiscal year 2024.”

(f) Section 702 of the Older Americans Act of 1965 (42 U.S.C.3058a) is amended to read as follows:

“SEC. 702. AUTHORIZATION OF APPROPRIATIONS.

“(a) OMBUDSMAN PROGRAM.—There are authorized to be appropriated to carry out chapter 2, \$18,110,027 for fiscal year 2020, \$19,196,629 for fiscal year 2021, \$20,348,427 for fiscal year 2022, \$21,569,332 for fiscal year 2023, and \$22,863,492 for fiscal year 2024.

“(b) OTHER PROGRAMS.—There are authorized to be appropriated to carry out chapters 3 and 4, \$5,119,287 for fiscal year 2020, \$5,426,444 for fiscal year 2021, \$5,752,031 for fiscal year 2022, \$6,097,153 for fiscal year 2023, and \$6,462,982 for fiscal year 2024.”

SEC. 503. EFFECTIVE DATE.

This Act shall take effect on October 1, 2019.

PURPOSE AND SUMMARY

The purpose of H.R. 4334, the *Dignity in Aging Act of 2019 (Dignity in Aging Act)*, is to reauthorize and strengthen the *Older Americans Act (OAA)* to better support the aging population and help older individuals and individuals with disabilities maintain their independence and live with dignity. Between 2006 and 2016, the population of adults aged 60 and above increased by 36 percent,¹ and the population of adults aged 65 and above is projected to nearly double between 2016 and 2060.² With this dramatic demographic shift, Congress must ensure that services are available to support this population.

The *Dignity in Aging Act* updates OAA programs to reflect the needs of this growing population and its caregivers by ensuring that State Units on Aging (SUAs) and Area Agencies on Aging

¹Administration for Community Living, 2017 Profile of Older Americans 1 (2018), <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>.

²*Id.*

(AAAs) have the tools and flexibility they need to provide robust services.

The *Dignity in Aging Act* also includes key policies that support the health and independence of older Americans. The *Dignity in Aging Act* codifies existing chronic disease self-management education and falls prevention programs; updates the definition of disease prevention and health promotion services within OAA; and includes person-centered, trauma-informed care as part of the purpose of OAA. It also supports community-level interventions that facilitate aging in place, including increasing the interagency coordinating committee's focus on encouraging age-friendly communities. The *Dignity in Aging Act* strengthens nutrition services programs by clarifying the ability of service providers to serve culturally-appropriate, medically-tailored meals, and it includes the reduction of malnutrition as one of the purposes of OAA's nutrition services programs.

The bill further recognizes the key role family caregivers play in maintaining the health and independence of older adults and other family members. The *Dignity in Aging Act* provides critical support for family caregivers by extending the authorization of the *RAISE Family Caregivers Act* (P.L. 115–119), eliminating the funding cap on support services for older adult caregivers, and supporting the use of caregiver assessments.

The *Dignity in Aging Act* strengthens protections for vulnerable older adults by providing needed resources and clarifications for the State Long-Term Care Ombudsman Program. It also supports targeted improvements in OAA's Title VI programs serving Native American older adults by funding technical assistance for tribal organizations and creating a demonstration program to fund the provision of supportive services.

Finally, the *Dignity in Aging Act* increases funding authorization levels for all OAA programs. Despite the dramatic shift in age distribution within the U.S. population, funding for OAA programs has actually decreased in inflation-adjusted terms. Expressed in today's dollars, it has declined from \$42.95 per senior in Fiscal Year 2010 to approximately \$27.25 in Fiscal Year 2019³—a reduction of 36.5 percent.⁴ H.R. 4334 increases funding for all OAA programs by 7 percent in Fiscal Year 2020 and 6 percent every year thereafter.

COMMITTEE ACTION

115TH CONGRESS

Two related pieces of legislation were taken up in the 115th Congress.

On December 18, 2017, the House agreed by a voice vote to suspend the rules and pass H.R. 3759, the *RAISE Family Caregivers*

³Persons aged 60 and older are considered seniors for the purpose of this calculation. Dollar values are values per senior, not values per senior served by OAA programs.

⁴Analysis based on Kirsten J. Colello & Angela Napili, Cong. Research Serv., R43414, *Older Americans Act: Overview and Funding 11* (2018), <https://fas.org/sgp/crs/misc/R43414.pdf>; U.S. Bureau of the Census, *American Community Survey 1-Year Estimates Table S0102*, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited Sept. 27, 2019); Bureau of Labor Statistics, *Consumer Price Index for All Urban Consumers: All Items, Index 1982–1984=100, Annual, Seasonally Adjusted*, <https://fred.stlouisfed.org> (last visited Sept. 27, 2019); and Congressional Budget Office, *10-Year Economic Projections, Jan 2019*, <https://www.cbo.gov/about/products/budget-economic-data> (last visited Sept. 27, 2019).

Act, introduced by Rep. Gregg Harper (R–MS–3). The bill directs the Department of Health and Human Services (HHS) to create a council to develop and make publicly available a National Family Caregiving Strategy that identifies recommended actions recognizing and supporting family caregivers in a manner that reflects their diverse needs. The strategy is required to identify recommended actions that federal, state, and local governments, communities, health care providers, long-term services and supports providers, and others are taking, or may take. The bill terminates the council after three years.

On June 13, 2018, the House agreed by a voice vote to suspend the rules and pass, as amended, S. 1091, the *Supporting Grandparents Raising Grandchildren Act*, introduced by Sen. Susan Collins (R–ME). The bill establishes an Advisory Council to Support Grandparents Raising Children. The council must identify, promote, coordinate, and publicly disseminate information and resources to help older relatives meet the needs of the children in their care and maintain their own health and resources. The bill terminates the council after three years.

116TH CONGRESS

On May 15, 2019, the Committee on Education and Labor’s (Committee) Subcommittee on Civil Rights and Human Services held a legislative hearing entitled “Examining the Older Americans Act: Promoting Independence and Dignity for Older Americans.” The purpose of the hearing was to examine the breadth of programs and supports authorized and funded through the *Older Americans Act* that promote the independence and dignity of older Americans. The Committee heard testimony from: Ms. Lee Girard, MPA:HA, Director of Multnomah County Aging, Disability, and Veterans Services; Ms. Stephanie Archer-Smith, Executive Director of Meals on Wheels of Central Maryland, Inc.; Ms. Grace Whiting, J.D., President and CEO of the National Alliance for Caregiving; and Ms. Patricia Ducayet, L.M.S.W., Texas State Long-Term Care Ombudsman for Texas Health and Human Services.

On September 13, 2019, Rep. Suzanne Bonamici (D–OR–1) introduced H.R. 4334, the *Dignity in Aging Act of 2019*, with Representatives Elise Stefanik (R–NY–21), Susie Lee (D–NV–3), James Comer (R–KY–1), Susan Wild (D–PA–7), and Dusty Johnson (R–SD–At Large) as original cosponsors. On September 18, 2019, the Committee marked up H.R. 4334 and ordered it to be reported favorably, as amended, to the House of Representatives by a voice vote. The Committee considered the following amendments to H.R. 4334.

- Rep. Bonamici offered an Amendment in the Nature of a Substitute (ANS) that made several improvements and clarifications to H.R. 4334. The ANS includes a clarification to the provision creating an inventory of federal programs that support evidence-based falls prevention, home assessments, and home modifications to include supports available to older people with disabilities. It includes a new section codifying a national technical assistance center to expand the aging network’s capacity to deliver person-centered, trauma-informed services that meet the needs of aging trauma survivors. It clarifies that cultural considerations and preferences including

religious, cultural, or ethnic requirements should be accommodated to the maximum extent practicable in OAA meal programs. Finally, the ANS corrects an error in the newly created OAA Title VI Part D funding set aside. The ANS, as amended with further amendments described below, was adopted by voice vote.

- Rep. Bonamici offered an amendment making several technical changes and strengthening the language regarding resource center coordination to require state and Administration for Community Living (ACL) reporting on efforts to address and serve the needs of all populations served by centers funded under Title IV. The amendment also requires assurances from AAAs that they will conduct outreach to older individuals at risk for institutional placement, including survivors of the Holocaust. Further, the amendment codifies the existing National Resource Center for Women and Retirement. Lastly, the amendment includes a definition of person-centered, trauma-informed services. The amendment was adopted by voice vote.

- Rep. Brett Guthrie (R-KY-2) offered, in coordination with Rep. David Trone (D-MD-6), an amendment adding chronic pain management to the definition of disease prevention and health promotion services. The amendment was adopted by voice vote.

- Rep. Johnson offered, in coordination with Rep. Donna Shalala (D-FL-27), an amendment directing the Assistant Secretary for Aging (Assistant Secretary) to provide technical assistance and share best practices with states and AAAs on how to collaborate and coordinate activities and develop long-range emergency preparedness plans. The amendment was adopted by voice vote.

- Rep. Mark Takano (D-CA-41) offered an amendment to include aging lesbian, bisexual, gay, and transgender (LGBT) individuals to the list of populations of greatest social need enumerated in the statute. The amendment was withdrawn.

- Rep. Joseph Morelle (D-NY-25) offered, in coordination with Rep. Stefanik, an amendment to ensure that information about supports and services is shared with eligible individuals through consumer-friendly resources. The amendment was adopted by voice vote.

- Rep. Glenn Thompson (R-PA-15), offered, in coordination with Rep. Joaquin Castro (D-TX-20), an amendment extending the authorization period of the *Supporting Grandparents Raising Grandchildren Act* by one year. The amendment was adopted by voice vote.

- Rep. Wild offered an amendment clarifying that screening for suicide risk is included in the definition of disease prevention and health promotion services. The amendment was adopted by voice vote.

- Rep. Fred Keller (R-PA-12) offered an amendment to add screening for fall-related traumatic brain injury, coordination of treatment, rehabilitation and related services, and referral services to the definition of disease prevention and health promotion services; to include a definition of traumatic brain injury in OAA; to add traumatic brain injury screening to allowable supportive services that can be provided by states; and to

add public awareness building around traumatic brain injury as an allowable use of grant funds that may be awarded by the Assistant Secretary. The amendment was adopted by voice vote.

- Rep. Josh Harder (D–CA–10) offered an amendment to include caregivers as members of the advisory council on social isolation. The amendment was adopted by voice vote.

- Rep. Lauren Underwood (D–IL–14) offered, in coordination with Rep. Phil Roe (R–TN–1), an amendment adding addressing public health emergencies and emerging health threats to the definition of disease prevention and health promotion services. The amendment was adopted by voice vote.

- Rep. Pramila Jayapal (D–WA–7) offered, in coordination with Rep. Lloyd Smucker (R–PA–11), an amendment to add homelessness prevention services to the focus of the Interagency Coordinating Committee on Age-Friendly Communities. The amendment was adopted by voice vote.

COMMITTEE VIEWS

INTRODUCTION

The *Older Americans Act*—first signed into law in 1965—is the primary federal statute authorizing the delivery of community-based nutrition and supportive services to older Americans and their caregivers. It allows older Americans to delay or avoid costlier care by promoting healthy behaviors, such as chronic disease management, and by providing the supportive services that allow seniors to age in place, such as support for falls prevention, home modifications, and services provided through senior centers.

In addition to serving older adults broadly, OAA also serves individuals with disabilities. Specific OAA services are available to individuals with disabilities of any age, including persons having physical, mental, or developmental disabilities. Available services include access to the State Long-Term Care Ombudsman Program (SLTCOP) and Aging and Disability Resource Centers (ADRC). Both the SLTCOP and ADRCs provide assistance related to planning, care, services, and supports. Specifically, the SLTCOP provides advocates for residents of long-term care facilities and their families to help ensure quality care for individuals. Ombudsmen also work to resolve problems related to patient care while preserving the confidentiality of patients. ADRCs operate as a network of information and access for those seeking long-term support and services. Most importantly, ADRCs disseminate accurate information for aging persons and persons with disabilities. These entities serve communities throughout the country and are a necessary part of efficiently serving older Americans as well as Americans with disabilities.

The *Older Americans Act* includes language requiring states and AAAs to prioritize services for certain populations, including populations of greatest social need. In 2012, the Administration on Aging (AoA) recognized that “[w]hile the definition of greatest social need’ in the *Older Americans Act* includes isolation caused by racial or ethnic status, the definition is not intended to exclude the targeting of other populations that experience cultural, social, or

geographic isolation due to other factors.”⁵ To the contrary, AoA stated that pursuant to the statutory requirement “each planning and service area must assess their particular environment to determine those populations best targeted based on greatest social need.”⁶ The Committee agrees with this guidance and reiterates the requirement for states and AAAs to assess the needs of their service area and conduct appropriate outreach to ensure populations of greatest social need are being reached.

The services provided through OAA remain important given the demographic shift in the United States. The population of Americans aged 60 and over has grown more than 60 percent since 2001,⁷ and adults aged 65 and older are projected to make up more than 20 percent of the total U.S. population by 2030.⁸ Older Americans also now have longer lifespans than previous generations; in 2016, a 60-year-old could expect to live an additional 23.3 years, which is nearly a full year longer compared to someone that age a decade earlier.⁹

Programs under OAA have helped increase the health and independence of seniors, which also results in long-term government savings. According to an AARP study, 90 percent of people age 65 and over would prefer to stay in their own homes as they get older.¹⁰ In an evaluation of the nutrition services programs under OAA Title III, more than six in ten congregate meal recipients and nine in ten home-delivered meal recipients reported that the program enabled them to continue living in their own home.¹¹ In addition, studies show that the Meals on Wheels program prevents falls, which cost the U.S. \$50 billion each year,¹² and reduces hospitalizations by 33 percent.¹³ Moreover, the cost of serving one senior through Meals on Wheels for an entire year is equivalent to the cost of just one day in a hospital, and two weeks in an institutional care setting.¹⁴

In addition to making up a greater percentage of the population and living longer, many older Americans are also facing economic strain. According to the U.S. Census Bureau’s Supplemental Poverty Measure, more than 14 percent of adults aged 65 and older

⁵U.S. Department of Health and Human Services Administration for Community Living, Older Americans Act (2017), <https://acl.gov/about-acl/authorizing-statutes/older-americans-act> (see Targeting subsection).

⁶*Id.*

⁷AARP Policy Institute, Older Americans Act 3 (2019), <https://www.aarp.org/content/dam/aarp/ppi/2019/02/older-americans-act.pdf>.

⁸AARP, Baby Boomer Facts and Figures 1 (2019), <https://www.aarp.org/livable-communities/info-2014/livable-communities-facts-and-figures.html>.

⁹*Supra* at 4.

¹⁰*Supra* at 7.

¹¹U.S. Department of Health and Human Services Administration for Community Living, FY 2015 Report to Congress: Older Americans Act, <https://lteombudsman.org/uploads/files/support/FY15OAAReportCongress-2017-1-24.pdf>.

¹²Meals on Wheels America, Factsheet (2016), <https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2012/mow-factsheet-national2016.pdf?sfvrsn=2>; *Examining the Older Americans Act: Promoting Independence and Dignity for Older Americans Before the Subcomm. on Civil Rights and Human Services of the H. Comm. on Educ. And Labor*, 116th Cong. (2019) (written testimony of Stephanie Archer-Smith at 3).

¹³*Examining the Older Americans Act: Promoting Independence and Dignity for Older Americans Before the Subcomm. on Civil Rights and Human Services of the H. Comm. on Educ. And Labor*, 116th Cong. (2019) (written testimony of Stephanie Archer-Smith at 4).

¹⁴Quentin Fottrell, *This is how much it costs ‘Meals on Wheels’ to feed one elderly person for a year*, MarketWatch (March 2017), <https://www.marketwatch.com/story/this-is-how-much-it-costs-meals-on-wheels-to-feed-one-elderly-person-for-a-year-2017-03-16>.

live in poverty.¹⁵ Approximately 24 percent of low-income older adults are food insecure, according to a 2015 report by the Government Accountability Office (GAO).¹⁶ Despite these troubling statistics, few are able to access critical services available through the *Older Americans Act*. The same GAO report found that 83 percent of low-income older adults who are food insecure do not receive any meal services through OAA, and two in three Americans aged 60 and over who struggle with activities of daily living receive limited or no home-based care.¹⁷

The *Dignity in Aging Act* seeks to reverse these trends and ensure that older Americans and their families have access to the supports they need. To achieve this goal, the bill builds upon current OAA programs that promote the health and independence of older adults, provides increased support for family caregivers, strengthens protections against abuse and neglect of older adults, and sets aside dedicated resources for tribal organizations to provide supportive services.

Most importantly, the *Dignity in Aging Act* includes funding authorization levels so that funding may keep pace with the growing older adult population, even after adjusting for inflation. By adjusting funding to account for the rising number of older Americans and their needs, the *Dignity in Aging Act* provides seniors the ability to live independently and safely at home while increasing the effectiveness of taxpayer funds.

SUPPORTING THE HEALTH AND INDEPENDENCE OF OLDER AMERICANS

H.R. 4334 includes several policies designed to improve the health and preserve the independence of older adults and individuals with disabilities. The *Dignity in Aging Act* clarifies the definition of disease prevention and health promotion services under OAA, incorporates reducing malnutrition into the purpose of OAA Title III nutrition services, clarifies the availability of certain services for individuals with early-onset Alzheimer's disease, and codifies evidence-based interventions for chronic disease self-management education and falls prevention. Falls prevention and chronic disease self-management education programs are currently authorized through broad authority under OAA and receive mandatory funding through the Prevention and Public Health Fund, funded under the *Patient Protection and Affordable Care Act of 2010*. It is the Committee's view that these programs should continue to receive this funding.

Provisions of the *Dignity in Aging Act* incorporate a focus on person-centered, trauma-informed care and serving survivors of trauma into OAA. The Substance Abuse and Mental Health Services Administration describes trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."¹⁸ It is

¹⁵ Kaiser Family Foundation, *How Many Seniors Live in Poverty?* 1 (2018), <http://files.kff.org/attachment/Issue-Brief-How-Many-Seniors-Live-in-Poverty>.

¹⁶ U.S. Government Accountability Office, *Older Americans Act: Updated Information on Unmet Need for Services* 4 (2015), <https://www.gao.gov/assets/680/670738.pdf>.

¹⁷ *Id.*

¹⁸ U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, *Trauma and Violence* 1 (2019), <https://www.samhsa.gov/trauma-violence>.

estimated that up to 90 percent of older adults have experienced at least one traumatic event during their lives.¹⁹ This includes refugees, military veterans, and survivors of historical traumas such as genocide, racial discrimination, and other forms of violence.

The term historical trauma refers to emotional and psychological harm to entire communities and groups of people due to historical violence and oppression, systemic abuse, and injustice.²⁰ It is critical for the aging services network to be equipped to appropriately serve diverse populations impacted by trauma.

To this end, H.R. 4334 authorizes the implementation of a national technical assistance center devoted to expanding the aging services network's capacity to deliver person-centered, trauma-informed services that meet the needs of aging trauma survivors, including Holocaust survivors.

The *Dignity in Aging Act* clarifies that the aging network should provide appropriate resources and support to the populations specifically served by resource centers funded under Title IV of OAA. Many of the populations served by these centers face unique challenges and barriers to services and it is the Committee's belief that these provisions will help the aging network to better identify and meet their needs. For example, LGBT individuals face disproportionate rates of physical and mental health conditions,²¹ social isolation,²² and poverty.²³ Yet they are only 20 percent as likely to access government services, including meal programs and senior centers.²⁴ As another example, the number of deaths from Alzheimer's increased by 145 percent from 2000 to 2017, while only 16 percent of seniors receive regular cognitive assessments during routine health check-ups. These examples, and many others, demonstrate the necessity of the resource centers funded by ACL. The *Dignity in Aging Act* requires SUAs and AAAs to collect data on the services needed by the populations whose needs are the focus of the centers funded by Title IV of OAA and to conduct outreach to identify individuals eligible for assistance under OAA, with an emphasis on populations served by the Title IV centers. Additionally, it requires the Assistant Secretary to publish aggregated data and information on the efforts of the aging network in serving these populations.

Provisions of H.R. 4334 clarify that vaccination, malnutrition screening, social isolation screening, chronic pain management, screening for suicide risk, screening for traumatic brain injury, and public health emergency response are all included in the definition of disease prevention and health promotion services under OAA.

¹⁹F. H. Norris, *Epidemiology of Trauma: Frequency and Impact of Different Potentially Traumatic Events on Different Demographic Groups*, 60 *Journal of Consulting and Clinical Psychology* 409, 409–18 (1992).

²⁰*Supra* at 14.

²¹Karen I. Fredriksen-Goldsen et al., *Health Disparities Among Lesbian, Gay, and Bisexual Older Adults: Results from a Population-Based Survey*, 103 *American Journal of Public Health* 1802, 1804–07 (2013). Karen I. Fredriksen-Goldsen et al., *Physical and Mental Health of Transgender Older Adults: An At-Risk and Underserved Population*, 54 *The Gerontologist* 488, 493–96 (2014).

²²Mark Brennan-Ing et al., *Social Care Networks and Older LGBT Adults: Challenges for the Future*, 61 *Journal of Homosexuality* 21, 21–52 (2013).

²³Brad Sears, *Beyond Stereotypes: Poverty in the LGBT Community*, (June 2012), <https://williamsinstitute.law.ucla.edu/williams-in-the-news/beyond-stereotypes-poverty-in-the-lgbt-community/>.

²⁴LGBT Movement Advancement Project & Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (MAP & SAGE), *Improving the Lives of LGBT Older Adults* 5 (2010), www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf.

The *Dignity in Aging Act* additionally adds reducing malnutrition to the purpose of OAA's nutrition service programs, in recognition of the fact that malnutrition is distinct from food insecurity and is a highly prevalent and costly health concern among older adults that can worsen quality of life and exacerbate other health conditions.

The Committee acknowledges the critical role and effectiveness of OAA-funded nutrition services programs, which include both congregate and home-delivered meals. The *Dignity in Aging Act* continues support for these important programs, and it clarifies that providers have the authority to serve culturally-appropriate and medically-tailored meals. Culturally-appropriate meals that meet religious and other needs are important to preserving the dignity of older adults and ensuring that investments in nutrition programs are meeting the needs of the population. Medically-tailored meals are particularly important for the older adult population, many of whom are impacted by multiple chronic diseases with dietary implications such as diabetes, HIV–AIDS, and cancer. Studies have shown that the receipt of medically-tailored meals has reduced hospital and skilled nursing facility admissions as well as overall medical spending.²⁵

The *Dignity in Aging Act* also creates a National Research, Demonstration, and Evaluation Center for the Aging Network under the Assistant Secretary. In creating this center, the Committee recognizes the vital need to coordinate research, demonstration, and evaluation activities authorized throughout OAA, and ensure resources are dedicated to building the evidence base of effective programs. Expanding the evidence base is particularly important to ensure the needs of underserved populations are being met. It is also the intention of the Committee that the center will collaborate, as appropriate, with community-based health organizations on project planning and implementation. The director of the center shall be an individual designated by the Assistant Secretary, who may be either an existing employee of the administration or a new hire.

The *Dignity in Aging Act* also requires the Assistant Secretary to establish an initiative to coordinate federal resources dedicated to helping older adults, including those with disabilities, live safely and independently at home. This includes the coordination of falls prevention, home assessment, and home modification efforts. The Committee recognizes the importance of falls prevention and home modification efforts and acknowledges that the federal government is currently dedicating resources to these efforts. The Committee's intention is to assess the current federal efforts in this area, promote coordination, and identify any potential gaps in services.

Additionally, the *Dignity in Aging Act* provides support for age-friendly communities, which are communities taking specific steps to support their older adult residents in areas such as transportation, housing, and accessible spaces. Community-level supports and accommodations are a critical part of helping older adults, including those with disabilities, remain in their homes and commu-

²⁵ Seth A. Berkowitz et al., *Association Between Receipt of a Medically Tailored Meal Program and Health Care Use*, 179 *JAMA Internal Medicine* 786, 788–92 (2019).

nities as long as possible, and age-friendly communities are intentionally focusing on ensuring that these supports are available.

The Committee recognizes social isolation as a significant health concern for older adults. Research has demonstrated detrimental impacts of social isolation on health, including increasing the risk of premature death (by between 60 and over 200 percent),²⁶ stroke or coronary heart disease (by 30 percent),²⁷ and dementia (by 40 percent).²⁸ The *Dignity in Aging Act* makes needed changes to the *Older Americans Act* to address this problem. Specifically, the legislation allows for demonstration projects to test local solutions, includes social isolation screening in the definition of disease prevention and health promotion and health screening for the purposes of supportive services and senior centers, and requires the Assistant Secretary to convene a working group and develop objectives and plans to address social isolation. It is the Committee's view that in addressing social isolation, the aging network should engage with individuals in a manner consistent with their needs and preferences, including such individuals' choice to live in remote or rural areas.

The Senior Community Service Employment Program (SCSEP) also plays a key role in promoting the independence of older adults through part-time community service employment opportunities. In recognition of the increased barriers to employment and community engagement faced by justice-involved individuals, the Committee added this population as a priority for SCSEP in the legislation. For the purposes of this provision, "individuals who have been incarcerated or are under supervision following the release from prison or jail" means any individual aged 55 years and over who is an ex-offender as described in section 3(24)(F) of the *Workforce Innovation and Opportunity Act*, who was previously incarcerated and released from prison or jail or is currently under supervision (which includes individuals confined in a correctional facility with a release date within six months, residing in a residential reentry center, on electronic monitoring or home-based monitoring, on probation or parole, or enrolled in a jail-based work release center).

The Committee recognizes the importance of the business acumen work being conducted by the Administration on Community Living and AAAs as an important piece of leveraging funding to support the aging population. The *Dignity in Aging Act* authorizes these activities and makes clarifications regarding outside funding for AAAs.

According to a survey by T. Rowe Price, the median 401(k) savings balance for women ages 54 or older is \$59,000 compared to \$138,000 for men in the same age category.²⁹ Since 1998, the Administration on Aging has funded a National Resource Center on Women and Retirement Planning in order to address this gender gap in retirement savings and ensure women can retain their inde-

²⁶ Kassandra I. Alcaraz et al., *Social Isolation and Mortality in US Black and White Men and Women*, 188 *American Journal of Epidemiology* 102, 104–07 (2019).

²⁷ Nicole K. Valtorta et al., *Loneliness and Social Isolation as Risk Factors for Coronary Heart Disease and Stroke: Systemic Review and Meta-Analysis of Longitudinal Observational Studies*, 102 *Heart* 1009, 1012–14 (2016).

²⁸ Angelina R. Sutin et al., *Loneliness and Risk of Dementia*, *The Journals of Gerontology Series B*, 1, 4–7 (2018).

²⁹ T. Rowe Price, *Focus on Gender: Retirement Savings and Spending 4: Financial Behavior & Attitudes* 12 (2019), https://www.troweprice.com/content/dam/trowecorp/RSS4%20Gender%20Differences%20Deck_FINAL.pdf.

pendence as they age. The *Dignity in Aging Act* codifies this existing center into law.

SUPPORTING FAMILY CAREGIVERS

Family caregivers provide critical long-term care and support for aging adults and people with disabilities. Middle-age family caregivers who may simultaneously be financially supporting or responsible for an aging parent and a dependent child or adult children face unique obstacles to caregiving, and make up nearly half of all adults in their 40s and 50s.³⁰ Another population of caregivers in need of particular attention are older relative caregivers, often grandparents, who are raising children as they age. Between 2006 and 2016, the percentage of children in foster care raised in grandfamilies or kinship care grew from approximately 24 percent to approximately 32 percent.³¹ Nationally, more than 2.5 million children are being raised by grandparents, aunts, uncles, siblings and other extended family and close relatives.³² This increase has been attributed to the nation’s opioid epidemic.³³ The legislation eliminates the 10 percent funding cap that currently limits support under the National Family Caregiver Support Program (NFCSP) for older relative caregivers. This will allow for local flexibility in meeting communities’ needs. In recognition of the importance of assessing the impact resulting from elimination of the cap, the Committee also included a requirement for the Assistant Secretary to report on the impact of the change and the resulting share of federal funds directed to family caregivers as compared to older relative caregivers.

Provisions of H.R. 4334 provide much-needed support to family caregivers by supporting the appropriate use of caregiver assessments. This provision responds to findings from the 2018 evaluation of the National Family Caregiver Support Program, which showed that “there is room for improvement and for standardization among NFCSP AAAs and providers in assessing and reassessing the impact of caregiving on the caregiver’s health and well-being.”³⁴ The Committee worked carefully with stakeholders to ensure that the language is not overly prescriptive and will not harm efforts currently underway to support caregivers through assessments and reassessments. Instead, the provisions support the appropriate and voluntary use of assessments, provide technical assistance, and call for a report to inform policymakers on the current use of assessments and their impact.

³⁰ Pew Research Center, *The Sandwich Generation: Rising Financial Burdens for Middle-Aged Americans* 1 (2013), https://www.pewresearch.org/wp-content/uploads/sites/3/2013/01/Sandwich-Generation-Report-FINAL_1-29.pdf.

³¹ Generations United, *Grandfamilies Statistics: Key Graphs and Statistics for Grandfamilies*, <https://www.gu.org/grandfamilies-statistics/> (last visited Sept. 27, 2019).

³² U.S. Department of Health and Human Services Administration for Children and Families, *Working With Kinship Caregivers* 2 (2018), <https://www.childwelfare.gov/pubPDFs/kinship.pdf>.

³³ Generations United, *Raising the Children of the Opioid Epidemic: Solutions and Support for Caregivers* 1 (2016), <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2016.pdf>.

³⁴ Cecilia Avison et al., *Outcome Evaluation of the National Family Caregiver Support Program* 1–2 (2018), https://acl.gov/sites/default/files/programs/2018-12/Caregiver_Outcome_Evaluation_Final_Report.pdf.

SUPPORTING DIRECT CARE WORKERS

By 2024, 5.2 million direct care workers will be needed across all care settings to fulfill the needs of the growing population of older Americans and people with disabilities.³⁵ The *Dignity in Aging Act* presents a unique opportunity to recruit, retain, and advance older adult workers to help fill crucial roles in direct care. The potential of this concept has been illustrated by a 2007 Senior Community Service Education Program (SCSEP) demonstration project administered by the Department of Labor (DOL). DOL awarded funding for a Healthcare Workforce Development Project to the National Council on Aging to support both SCSEP-eligible and non-eligible mature workers in finding employment as community health workers through SCSEP. At its conclusion, the project had served 424 individuals and secured unsubsidized employment for 73 percent of them, primarily as direct care workers in long-term care settings.³⁶ Given the success of this pilot project and the urgent need for more direct care workers to meet the needs of older adults, the *Dignity in Aging Act* adds projects that expand and improve the direct care workforce as an allowable use to the list of authorized grant programs and demonstration projects under Title IV and Title V of OAA. By incorporating direct care demonstration projects into Title IV of OAA, the *Dignity in Aging Act* also provides the Assistant Secretary for Aging with the authority to conduct demonstration projects within ACL, in recognition of the critical need to increase the direct care workforce to support the health of aging Americans. It is the Committee's view that such projects should be implemented to build off the success of the 2007 pilot program.

PREVENTING ABUSE AND NEGLECT

It is estimated that 10 percent of older adults experience elder abuse, including physical abuse, psychological or verbal abuse, sexual abuse, financial exploitation, and neglect.³⁷ The *Older Americans Act* combats elder abuse by funding the National Center on Elder Abuse and providing states with grants to conduct elder justice activities, including elder abuse prevention. OAA also authorizes the State Long-Term Care Ombudsman Program that investigates and resolves complaints by residents of nursing facilities and other community residential care facilities. The *Dignity in Aging Act* strengthens the State Long-Term Care Ombudsman Program by updating minimum funding and maintenance of effort provisions.

It is the Committee's understanding that a State Long-Term Care Ombudsman may report and also refer to the appropriate federal, state, or local authorities violations of law that negatively impact and diminish the care being provided, or may pose a threat to the residents of a long-term care facility. Therefore, the Committee recognizes that ombudsman may act to protect workers who

³⁵ PHI, Federal Policy Priorities: Strengthening the Direct Care Workforce 1 (2017), <https://phinational.org/resource/federal-policy-priorities-strengthening-the-direct-care-workforce/>.

³⁶ National Council on Aging, Securing Healthcare Jobs for Mature Workers: The Public/Private Sector Approach 3 (2011), <https://www.ncoa.org/wp-content/uploads/Securing-Health-Care-Jobs-Issue-Brief.pdf>.

³⁷ Mark S. Lachs and Karl Pillemer, *Elder Abuse*, 373 *New England Journal of Medicine* 1947, 1947–49 (2015).

are victims of wage or hour violations in instances where care for residents is implicated.

MEETING THE NEEDS OF OLDER NATIVE AMERICANS

Native American populations face disproportionate rates of poor health conditions as well as lower income rates than non-Native American populations. An analysis of data between 1990 and 2009 showed that American Indians and Alaska Natives experienced an approximately 46 percent greater all-cause mortality rate than white individuals over this time period.³⁸ As of 2017, median household income for Native Americans was less than 70 percent that of households overall—\$41,882 per year compared to \$60,336.³⁹ Native Americans also experienced poverty rates at more than twice the rate of the overall population, with 25.4 percent of Native Americans living in poverty in 2017.⁴⁰ In addition, the Committee recognizes the particular need to support Native American caregivers caring for family members with Alzheimer’s disease due to the disproportionate impact of this disease on the Native American population.⁴¹ The *Dignity in Aging Act* supports Native American older adults by funding technical assistance for tribal organizations and creating a demonstration program to fund the provision of supportive services. Specifically, a new Part D in Title VI of OAA authorizes demonstration projects to fund the implementation of supportive services by tribal and Native Hawaiian organizations. Funds are provided for the new Part D through a 5 percent set aside of funds appropriated for Parts A and B of Title VI of OAA.

CONCLUSION

The Committee has a duty and obligation to protect and support older Americans in maintaining their health and independence as they age. As the aging population continues to grow, it is crucial that Congress make available additional resources to meet the needs of the population through updates and changes that strengthen the key federal law supporting this population. It is also important for Congress to respond to the changing needs of the population in light of the opioid epidemic and other factors that have added new challenges to the lives of older Americans. The *Dignity in Aging Act* creates a new, robust authority for innovation and evaluation under ACL and provides critical federal funding for supportive services and nutrition programs for older adults and their caregivers. It increases supports for family and older relative caregivers and addresses key public health issues such as social isolation and its associated health impacts. The *Dignity in Aging Act* provides key protections for vulnerable older adults and provides new focused resources for supportive services for aging Na-

³⁸Feyaz Sancar et al., *Mortality Among American Indians and Alaska Natives*, 319 *Journal of the American Medical Association* 112, 112 (2018).

³⁹Valerie Wilson, *Digging into the 2017 ACS: Improved Income Growth for Native American, but Lots of Variation in the Pace of Recovery for Different Asian Ethnic Groups*, Working Economics Blog (Sept. 14, 2018, 4:27 PM), <https://www.epi.org/blog/digging-into-2017-acs-income-native-americans-asians/>.

⁴⁰Talk Poverty, *Basic Statistics*, <https://talkpoverty.org/basics/> (last visited Sept. 27, 2019).

⁴¹Elizabeth Rose Mayeda et al., *Inequalities in Dementia Incidence Between Six Racial and Ethnic Groups Over 14 Years*, 12 *The Journal of the Alzheimer’s Association* 216, 218–24 (2016) <https://www.alzheimersanddementia.com/article/S1552-5260%2815%2903031-9/abstract>.

tive Americans in recognition of the significant unmet needs in this population. Finally, it makes critical funding increases in OAA programs to address the needs of the growing population of older adults.

SECTION-BY-SECTION ANALYSIS

Section 1. Short title

This section states that the title of the bill is the *Dignity in Aging Act of 2019*.

Section 101. Person-centered, trauma-informed care

This section adds access to person-centered, trauma-informed care to the objectives of OAA.

Section 102. Vaccination

This section adds immunization status screening to the list of routine health screenings allowed under the definition of disease prevention and health promotion.

Section 103. Functions of Assistant Secretary

This section clarifies that the Assistant Secretary for Aging at the Department of Health and Human Services (Assistant Secretary) shall not approve grant applications for programs that have received previous grants unless programs meet certain standards. The section further requires the Assistant Secretary to publish a list of resource centers as well as demonstration projects funded through OAA on an annual basis. Additionally, this section directs the Assistant Secretary to provide technical assistance and share best practices with states and AAAs on how to collaborate and coordinate activities and develop long-range emergency preparedness plans.

Section 104. Professional standards for nutrition official under the Assistant Secretary

This section ensures that the nutrition official under the Assistant Secretary is a Registered Dietitian/Registered Dietitian Nutritionist.

Section 105. Interagency Coordinating Committee on Age-Friendly Communities

This section re-names the Interagency Coordinating Committee on Aging as the Interagency Coordinating Committee on Age-Friendly Communities and tasks the Committee with coordinating efforts to promote safe and accessible independent living environments.

Section 106. Technical assistance on age-friendly communities

This section allows the Assistant Secretary to provide technical assistance to state agencies, AAAs, local governments, and leaders in age-friendly communities to implement best practices and the recommendations of the Interagency Coordinating Committee.

Section 107. Malnutrition

This section clarifies that screening for malnutrition is included as part of nutrition screening within broader routine health screening in the definition of disease prevention and health promotion services. Additionally, this section adds reducing malnutrition to the purpose of OAA's nutrition services programs.

Section 108. Coordination with resource centers

This section requires states and AAAs to collect data on the services needed by the populations whose needs are the focus of the centers funded by Title IV of OAA; it also requires states and AAAs to conduct outreach to identify individuals eligible for assistance under OAA, with an emphasis on these populations.

Section 109. Arts education

This section clarifies that arts education is an authorized activity as part of the functions of the Assistant Secretary and that cultural experiences—including the arts—are included in the definition of supportive services.

Section 110. Social determinants of health

This section adds social determinants of health to the purpose of Title III of OAA.

Section 111. Federal coordination of supports and services for living independently and safely at home

This section creates an initiative under the Assistant Secretary to coordinate federal resources to promote the independence and safety of adults living at home as they age, including falls prevention, home assessments, and home modifications.

Section 112. Falls Prevention and Chronic Disease Self-Management education

This section provides an authorization for the currently funded Falls Prevention and Chronic Disease Self-Management programs.

Section 113. Extension of RAISE Family Caregivers Act

This section extends by one year the authorization of the *RAISE Family Caregivers Act*, which requires the Secretary of Health and Human Services to develop a National Family Caregiving Strategy and convene a Family Caregiving Advisory Council.

Section 114. Support for socially-isolated older americans

This section adds social isolation screening to the definition of disease prevention and health promotion services.

Section 115. Increased focus of Assistant Secretary on social isolation

This section adds a requirement for the Assistant Secretary to develop objectives and a long-term plan to improve the prevention of, detection of, and response to social isolation.

Section 116. Advisory council on social isolation

This section requires the Assistant Secretary to convene an advisory council on social isolation and loneliness tasked with identifying best practices to address these challenges.

Section 117. Supportive services and senior centers

This section adds social isolation to the definition of health screening for the purposes of grant-making authority to senior centers and supportive services in Title III of OAA.

Section 118. Demonstration projects

This section adds projects that address social isolation and loneliness among older adults to the list of authorized grant programs under Title IV of OAA. Additionally, this section repeals section 416 of OAA, which is a technical assistance program that has never received funding.

Section 119. Younger onset Alzheimer's disease

This section clarifies that family caregivers include adult caregivers for individuals of any age with Alzheimer's disease for the purposes of OAA. Additionally, this section clarifies that individuals of any age with Alzheimer's disease can be served by the State Long-Term Care Ombudsman Program.

Section 120. Priority for the Senior Community Service Employment Program

This section adds individuals who are justice-involved as a priority population for the Senior Community Service Employment Program.

Section 121. Direct care workforce

This section adds projects that expand and improve the direct care workforce to the list of authorized grant programs and demonstration projects under Title IV and Title V of OAA.

Section 122. National resource center for older individuals experiencing the long-term and adverse consequences of trauma

This section authorizes the implementation of a national technical assistance center devoted to expanding the aging services network's capacity to deliver person-centered, trauma-informed services that meet the needs of older individuals experiencing the long-term and adverse consequences of trauma.

Section 123. National Resource Center for Women and Retirement

This section codifies the existing National Resource Center for Women and Retirement, which provides financial management, retirement planning, and other educational tools to support women and their families.

Section 124. Definition

This section defines the term "person-centered, trauma-informed."

Section 125. Review of reports

This section requires the Assistant Secretary to review reports submitted under section 307(a)(31) of OAA in relation to data collection and outreach efforts to older individuals whose needs are the focus of all centers funded under Title IV of OAA.

Section 126. Area plans

This section adds Holocaust survivors to individuals to whom AAAs must conduct outreach.

Section 127. Addressing chronic pain management

This section adds chronic pain management to the definition of disease prevention and health promotion services.

Section 128. Extension of the Supporting Grandparents Raising Grandchildren Act

This section extends the authorization period of the *Supporting Grandparents Raising Grandchildren Act* by one year.

Section 129. Screening for suicide risk

This section clarifies that screening for suicide risk is included in the definition of disease prevention and health promotion services.

Section 130. Traumatic brain injury

This section adds a definition for traumatic brain injury to OAA and adds brain injury screening to the list of allowable services performed with state grants.

Section 131. Addressing public health emergencies and emerging health threats

This section adds public health emergencies and emerging health threats to the definition of disease prevention and health promotion services.

Section 201. National Family Caregiver Support Program cap

This section eliminates the cap on Title III–E National Family Caregiver Support Program resources that can be allocated toward older relative caregivers, which is currently set at 10 percent of total federal and non-federal funding. This section further requires the Assistant Secretary to submit a report to Congress on the impact of lifting this cap.

Section 202. Minimum funding level for state administrative expenses

This section increases the minimum funding level for state administrative expenses from \$500,000 to \$750,000.

Section 203. Culturally-appropriate, medically-tailored meals

This section acknowledges flexibility for meal planning to address cultural, religious, or ethnic considerations and preferences and medically-tailored meals in Title III–C nutrition programs.

Section 204. Business acumen provisions and clarification regarding outside funding for Area Agencies on Aging

This section provides support for capacity building for AAAs. It also clarifies that AAAs can engage in the provision of privately paid services or services covered by other health care and Long-Term Supports and Services payers outside of their OAA funding.

Section 205. Other practices

This section requires state agencies to provide state policies to AAAs upon request.

Section 206. Caregiver assessments

This section defines and allows for the use of caregiver assessments in the provision of caregiver support services. Additionally, this section requires the Assistant Secretary to issue technical assistance and a report on the use of caregiver assessments.

Section 207. Research and evaluation

This section establishes a National Research, Demonstration, and Evaluation Center for the Aging Network in the Office of the Assistant Secretary. The Center is tasked with conducting, promoting, and coordinating research, research dissemination, evaluation, demonstration projects, and related technical assistance throughout OAA.

Section 208. Grant program for multigenerational collaboration

This section authorizes the Assistant Secretary to award grants to provide opportunities for older individuals to participate in multigeneration activities and civic engagement activities.

Section 301. State Long-Term Care Ombudsman Program minimum funding and maintenance of effort

This section updates minimum funding and maintenance of effort provisions for the State Long-Term Care Ombudsman Program.

Section 302. State long-term care volunteer ombudsman representatives

This section recognizes the use of volunteer representatives in the ombudsman program by clarifying that OAA funds can be used for volunteer transportation and other volunteer expenses.

Section 303. Clarification regarding board and care facilities

This section clarifies that board and care facilities are included within the definition of assisted living facility under OAA.

Section 401. Expanding supportive services for Native American aging programs

This section creates a demonstration program (new Part D) to provide grants to tribal organizations to provide in-home and supportive services. The new Part D receives a 5 percent set-aside from funds provided for Parts A and B, which receive additional funding to accommodate the set aside.

Section 402. Enhancing capacity to support Native American aging programs

This section provides an additional \$500,000 for Fiscal Year 2020 for technical assistance for tribal organizations implementing OAA programs.

Section 501. Assistive technology

The section updates OAA's reference to the Assistive Technology Act of 2004.

Section 502. Technical corrections

This section makes technical and conforming amendments.

Section 503. Authorization of appropriations; Uses of funds

This section authorizes appropriations for programs under OAA.

Section 504. Effective date

This section states that the *Dignity in Aging Act of 2019* shall take effect on October 1, 2019.

EXPLANATION OF AMENDMENTS

The amendments, including the amendment in the nature of a substitute, are explained in the descriptive portions of this report.

APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

H.R. 4334 does not apply to terms and conditions of employment or to access to public services or accommodations within the legislative branch.

UNFUNDED MANDATE STATEMENT

Pursuant to Section 423 of the *Congressional Budget and Impoundment Control Act* (as amended by Section 101(a)(2) of the *Unfunded Mandates Reform Act*, Pub. L. 104-4) H.R. 4334, as amended, contains no intergovernmental or private-sector mandates as defined by the *Unfunded Mandates Reform Act* (UMRA).

EARMARK STATEMENT

In accordance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 4334 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as described in clauses 9(e), 9(f), and 9(g) of rule XXI.

ROLL CALL VOTES

In compliance with clause 3(b) of rule XIII of the Rules of House of Representatives, the Committee advises that no roll call votes occurred during the Committee's consideration of H.R. 4334.

STATEMENT OF PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c) of rule XIII of the Rules of the House of Representatives, the goals of H.R. 4334 are to support the aging population and help older individuals and individuals with disabilities maintain their independence and live with dignity.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee states that no provision of H.R. 4334 establishes or reauthorizes a program of the Federal Government known to be duplicative of another federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

HEARINGS

Pursuant to section 103(i) of H. Res. 6 for the 116th Congress, the Subcommittee on Civil Rights and Human Services held a legislative hearing on May 15, 2019, entitled “Examining the Older Americans Act: Promoting Independence and Dignity for Older Americans,” which was used to develop H.R. 4334. The hearing examined the breadth of programs and supports authorized and funded through the *Older Americans Act* that promote the independence and dignity of older Americans. The Committee heard testimony from: Ms. Lee Girard, MPA:HA, Director of Multnomah County Aging, Disability, and Veterans Services; Ms. Stephanie Archer-Smith, Executive Director of Meals on Wheels of Central Maryland, Inc.; Ms. Grace Whiting, J.D., President and CEO of the National Alliance for Caregiving; and Ms. Patricia Ducayet, L.M.S.W., Texas State Long-Term Care Ombudsman for Texas Health and Human Services.

STATEMENT OF OVERSIGHT FINDINGS AND RECOMMENDATIONS OF
THE COMMITTEE

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the House of Representatives, the Committee’s oversight findings and recommendations are reflected in the descriptive portions of the report.

NEW BUDGET AUTHORITY AND CBO COST ESTIMATE

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a) of the Congressional Budget Act of 1974, and pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the Congressional Budget Act of 1974, the Committee has received the following estimate for H.R. 4334 from the Director of the Congressional Budget Office:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, October 16, 2019.

Hon. BOBBY SCOTT,
*Chairman, Committee on Education and Labor,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4334, the Dignity in Aging Act of 2019.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Meredith Decker.

Sincerely,

PHILLIP L. SWAGEL,
Director.

Enclosure.

H.R. 4334, Dignity in Aging Act of 2019			
As ordered reported by the House Committee on Education and Labor on September 18, 2019			
By Fiscal Year, Millions of Dollars	2020	2020-2024	2020-2029
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	1,187	10,948	12,322
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2030?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 4334 would amend the Older Americans Act (OAA) of 1965, which provides funding through the Department of Health and Human Services (HHS) and the Department of Labor (DOL) for services to the elderly. HHS administers most programs authorized by the act, including congregate and home-delivered meals, home and community-based supportive services (such as assistance with transportation, in-home care, and adult day care), and support for caregivers. DOL administers the Senior Community Service Employment program, which provides low-income senior citizens with work-based job training and community service opportunities. The authorization for the OAA programs expired at the end of fiscal year 2019; those programs received discretionary appropriations totaling \$2.1 billion that year. H.R. 4334 also would extend the authority and obligations of the Family Caregiving Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren for an additional year to 2022. Those extensions would cost less than \$500,000 in 2022.

H.R. 4334 would authorize the appropriation of \$12.5 billion over the 2020–2024 period for OAA programs. Assuming appropriation of specified amounts, and based on historical spending patterns, CBO estimates that implementing the bill would cost \$10.9 billion over the same period and \$1.4 billion after 2024. The bill would authorize the appropriation of specific amounts for those programs, totaling \$10.1 billion for HHS, and \$2.4 billion for DOL over the 2020–2024 period.

For this estimate, CBO assumes that H.R. 4334 will be enacted near the beginning of 2020. The costs of the legislation, detailed in Table 1, fall within budget function 500 (education, training, employment, and social services.)

TABLE 1.—ESTIMATED INCREASES IN SPENDING SUBJECT TO APPROPRIATION UNDER H.R. 4334

	By fiscal year, millions of dollars—					
	2020	2021	2022	2023	2024	2020–2024
Health and Human Services:						
Authorization	1,788	1,894	2,006	2,125	2,252	10,065
Estimated Outlays	1,112	1,761	1,919	2,043	2,167	9,002
Department of Labor:						
Authorization	429	455	482	511	542	2,418
Estimated Outlays	75	421	454	483	513	1,946
Total Changes:						
Authorization	2,217	2,348	2,488	2,636	2,793	12,483
Estimated Outlays	1,187	2,182	2,372	2,526	2,680	10,948

The CBO staff contact for this estimate is Meredith Decker. The estimate was reviewed by H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.

COMMITTEE COST ESTIMATE

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison of the costs that would be incurred in carrying out H.R. 4334. However, clause 3(d)(2)(B) of that rule provides that this requirement does not apply when the committee has included in its report a timely submitted cost estimate of the bill prepared by the Director of the Congressional Budget Office under section 402 of the *Congressional Budget Act of 1974*.

CHANGE IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, H.R. 4334, as reported, are shown as follows:

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

OLDER AMERICANS ACT OF 1965

* * * * *

TITLE I—DECLARATION OF OBJECTIVES; DEFINITIONS

DECLARATION OF OBJECTIVES FOR OLDER AMERICANS

SEC. 101. The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist

our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

(1) An adequate income in retirement in accordance with the American standard of living.

(2) The best possible physical and mental health (*including access to person-centered, trauma-informed care*) which science can make available and without regard to economic status.

(3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

(4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.

(5) Opportunity for employment with no discriminatory personnel practices because of age.

(6) Retirement in health, honor, dignity—after years of contribution to the economy.

(7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.

(8) Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

DEFINITIONS

SEC. 102. For the purposes of this Act—

(1) The term “abuse” means the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.

(2) The term “Administration” means the Administration on Aging.

(3) The term “adult protective services” means such services provided to adults as the Secretary may specify and includes services such as—

(A) receiving reports of adult abuse, neglect, or exploitation;

(B) investigating the reports described in subparagraph (A);

(C) case planning, monitoring, evaluation, and other casework and services; and

- (D) providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.
- (4) The term “Aging and Disability Resource Center” means an entity, network, or consortium established by a State as part of the State system of long-term care, to provide a coordinated and integrated system for older individuals and individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)), and the caregivers of older individuals and individuals with disabilities, that provides—
- (A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care services, and Federal or State programs that provide long-term care services and supports through home and community-based service programs;
- (B) person-centered counseling to assist individuals in assessing their existing or anticipated long-term care needs and goals, and developing and implementing a person-centered plan for long-term care that is consistent with the desires of such an individual and designed to meet the individual’s specific needs, goals, and circumstances;
- (C) access for individuals to the full range of publicly-supported long-term care services and supports for which the individuals may be eligible, including home and community-based service options, by serving as a convenient point of entry for such programs and supports; and
- (D) in cooperation with area agencies on aging, centers for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.), and other community-based entities, information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or to return to the community.
- (5) The term “aging network” means the network of—
- (A) State agencies, area agencies on aging, title VI grantees, and the Administration; and
- (B) organizations that—
- (i)(I) are providers of direct services to older individuals; or
- (II) are institutions of higher education; and
- (ii) receive funding under this Act.
- (6) The term “area agency on aging” means an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5).
- (7) The term “Assistant Secretary” means the Assistant Secretary for Aging.
- (8)(A) The term “assistive device” includes an assistive technology device.

(B) The terms “assistive technology”, “assistive technology device”, and “assistive technology service” have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).

(9) The term “at risk for institutional placement” means, with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.

(10) The term “board and care facility” means an institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e(e)).

(11) The term “case management service”—

(A) means a service provided to an older individual, at the direction of the older individual or a family member of the individual—

(i) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (B); and

(ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and

(B) includes services and coordination such as—

(i) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);

(ii) development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—

(I) with any other plans that exist for various formal services, such as hospital discharge plans; and

(II) with the information and assistance services provided under this Act;

(iii) coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;

(iv) periodic reassessment and revision of the status of the older individual with—

(I) the older individual; or

(II) if necessary, a primary caregiver or family member of the older individual; and

(v) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

(12) The term “civic engagement” means an individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.

(13) The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self-care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment.

(14) The term “disease prevention and health promotion services” means—

(A) health risk assessments;

(B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, *immunization status*, and nutrition screening (*including screening for malnutrition*);

(C) nutritional counseling and educational services for individuals and their primary caregivers;

(D) evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), *infectious disease, and vaccine preventable disease*, alcohol and substance abuse reduction, *chronic pain management*, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition;

(E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—

(i) an institution of higher education;

(ii) a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or

(iii) a community-based organization;

(F) home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;

(G) screening for the prevention of depression *and screening for suicide risk*, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services;

(H) *screening for fall-related traumatic brain injury, coordination of treatment, rehabilitation and related services, and referral services*;

[(H)] (I) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);

[(I)] *(J)* medication management screening and education to prevent incorrect medication and adverse drug reactions;

(K) responses to public health emergencies and emerging health threats;

[(J)] *(L)* information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;

[(K)] *(M)* gerontological counseling; **[and]**

(N) screening for the prevention of social isolation and coordination of supportive services and health care to address social isolation and loneliness; and

[(L)] *(O)* counseling regarding social services and followup health services based on any of the services described in subparagraphs (A) through **[(K)]** *(N)*.

The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).

(15) The term “elder abuse” means abuse of an older individual.

(16) The term “elder abuse, neglect, and exploitation” means abuse, neglect, and exploitation, of an older individual.

(17) The term “elder justice” means—

(A) from a societal perspective, efforts to—

(i) prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation; and

(ii) protect older individuals with diminished capacity while maximizing their autonomy; and

(B) from an individual perspective, the recognition of an older individual’s rights, including the right to be free of abuse, neglect, and exploitation.

(18)(A) The terms “exploitation” and “financial exploitation” mean the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.

(B) In subparagraph (A), the term “caregiver” means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.

(19) The term “family violence” has the same meaning given the term in the Family Violence Prevention and Services Act.

(20) The term “fiduciary”—

(A) means a person or entity with the legal responsibility—

- (i) to make decisions on behalf of and for the benefit of another person; and
 - (ii) to act in good faith and with fairness; and
- (B) includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.
- (21) The term “focal point” means a facility established to encourage the maximum collocation and coordination of services for older individuals.
- (22) The term “frail” means, with respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—
- (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 - (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or
 - (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
- (23) The term “greatest economic need” means the need resulting from an income level at or below the poverty line.
- (24) The term “greatest social need” means the need caused by noneconomic factors, which include—
- (A) physical and mental disabilities;
 - (B) language barriers; and
 - (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
 - (i) restricts the ability of an individual to perform normal daily tasks; or
 - (ii) threatens the capacity of the individual to live independently.
- (25) The term “Hispanic-serving institution” has the meaning given the term in section 502 of the Higher Education Act of 1965 (20 U.S.C. 1101a).
- (26) The term “Indian” means a person who is a member of an Indian tribe.
- (27) Except for the purposes of title VI of this Act, the term “Indian tribe” means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92–203; 85 Stat. 688) which (A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (B) is located on, or in proximity to, a Federal or State reservation or rancheria.
- (28) The term “information and assistance service” means a service for older individuals that—
- (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;

- (B) assesses the problems and capacities of the individuals;
 - (C) links the individuals to the opportunities and services that are available;
 - (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate followup procedures; and
 - (E) serves the entire community of older individuals, particularly—
 - (i) older individuals with greatest social need;
 - (ii) older individuals with greatest economic need;
 - and
 - (iii) older individuals at risk for institutional placement.
- (29) The term “information and referral” includes information relating to assistive technology.
- (30) The term “in-home services” includes—
- (A) services of homemakers and home health aides;
 - (B) visiting and telephone reassurance;
 - (C) chore maintenance;
 - (D) in-home respite care for families, and adult day care as a respite service for families;
 - (E) minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);
 - (F) personal care services; and
 - (G) other in-home services as defined—
 - (i) by the State agency in the State plan submitted in accordance with section 307; and
 - (ii) by the area agency on aging in the area plan submitted in accordance with section 306.
- (31) The term “institution of higher education” has the meaning given the term in section 101 of the Higher Education Act of 1965.
- (32) The term “integrated long-term care”—
- (A) means items and services that consist of—
 - (i) with respect to long-term care—
 - (I) long-term care items or services provided under a State plan for medical assistance under the Medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), including nursing facility services, home and community-based services, personal care services, and case management services provided under the plan; and
 - (II) any other supports, items, or services that are available under any federally funded long-term care program; and
 - (ii) with respect to other health care, items and services covered under—
 - (I) the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);

(II) the State plan for medical assistance under the Medicaid program; or

(III) any other federally funded health care program; and

(B) includes items or services described in subparagraph

(A) that are provided under a public or private managed care plan or through any other service provider.

(33) The term “legal assistance”—

(A) means legal advice and representation provided by an attorney to older individuals with economic or social needs; and

(B) includes—

(i) to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and

(ii) counseling or representation by a nonlawyer where permitted by law.

(34) The term “long-term care” means any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service—

(A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;

(B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and

(C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition.

(35) The term “long-term care facility” means—

(A) any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a));

(B) any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a));

(C) **for purposes of sections 307(a)(12) and 712,** a board and care facility; and

(D) any other adult care home, including an assisted living facility, similar to a facility or institution described in subparagraphs (A) through (C).

(36) The term “multipurpose senior center” means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

(37) The term “Native American” means—

(A) an Indian as defined in **paragraph (5)** *paragraph (26)*; and

(B) a Native Hawaiian, as defined in section 625.

(38) The term “neglect” means—

(A) the failure of a caregiver (as defined in paragraph (18)(B)) or fiduciary to provide the goods or services that

are necessary to maintain the health or safety of an older individual; or

(B) self-neglect.

(39) The term “nonprofit” as applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(40) The term “older individual” means an individual who is 60 years of age or older.

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

(A) *use a holistic approach to providing services;*

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

(C) *incorporate research-based practices based on knowledge about the role of trauma in trauma victims’ lives.*

[(41)] (42) The term “physical harm” means bodily injury, impairment, or disease.

[(42)] (43) The term “planning and service area” means an area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A).

[(43)] (44) The term “poverty line” means the official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

[(44)] (45) The term “representative payee” means a person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.

[(45)] (46) The term “Secretary” means the Secretary of Health and Human Services, except that for purposes of title V such term means the Secretary of Labor.

[(46)] (47) The term “self-directed care” means an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which—

(A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;

(B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options;

(C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;

(D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative—

(i) a plan of services for such individual that specifies which services such individual will be responsible for directing;

(ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and

(iii) a budget for such services; and

(E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

[(47)] (48) The term "self-neglect" means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including—

(A) obtaining essential food, clothing, shelter, and medical care;

(B) obtaining goods and services necessary to maintain physical health, mental and behavioral health, or general safety; or

(C) managing one's own financial affairs.

[(48)] (49) The term "severe disability" means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that—

(A) is likely to continue indefinitely; and

(B) results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8).

[(49)] (50) The term "sexual assault" has the meaning given the term in section 2003 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg-2).

[(50)] (51) The term "State" means any of the several States, the District of Columbia, the Virgin Islands of the United States, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

[(51)] (52) The term "State agency" means the agency designated under section 305(a)(1).

[(52)] (53) The term "State system of long-term care" means the Federal, State, and local programs and activities administered by a State that provide, support, or facilitate access to long-term care for individuals in such State.

[(53)] (54) The term "supportive service" means a service described in section 321(a).

[(54)] (55) Except for the purposes of title VI of this Act, the term "tribal organization" means the recognized governing body of any Indian tribe, or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body. In any case in which a contract is let or grant made to an organization to perform services benefiting

more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

(56) *The term "traumatic brain injury" has the meaning given to it in section 339B(d) of the Public Health Service Act.*

TITLE II—ADMINISTRATION ON AGING

ESTABLISHMENT OF ADMINISTRATION ON AGING

SEC. 201. (a) There is established in the Office of the Secretary an Administration on Aging which shall be headed by an Assistant Secretary for Aging. Except for title V, the Administration shall be the agency for carrying out this Act. There shall be a direct reporting relationship between the Assistant Secretary and the Secretary. In the performance of the functions of the Assistant Secretary, the Assistant Secretary shall be directly responsible to the Secretary. The Secretary shall not approve or require any delegation of the functions of the Assistant Secretary (including the functions of the Assistant Secretary carried out through regional offices) to any other officer not directly responsible to the Assistant Secretary.

(b) The Assistant Secretary shall be appointed by the President by and with the advice and consent of the Senate.

(c)(1) There is established in the Administration an Office for American Indian, Alaskan Native, and Native Hawaiian Programs.

(2) The Office shall be headed by a Director of the Office for American Indian, Alaskan Native, and Native Hawaiian Aging appointed by the Assistant Secretary.

(3) The Director of the Office for American Indian, Alaskan Native, and Native Hawaiian Aging shall—

(A)(i) evaluate the adequacy of outreach under title III and title VI for older individuals who are Native Americans and recommend to the Assistant Secretary necessary action to improve service delivery, outreach, coordination between title III and title VI services, and particular problems faced by older Indians and Native Hawaiians; and

(ii) include a description of the results of such evaluation and recommendations in the annual report required by section 207(a) to be submitted by the Assistant Secretary;

(B) serve as the effective and visible advocate in behalf of older individuals who are Native Americans within the Department of Health and Human Services and with other departments and agencies of the Federal Government regarding all Federal policies affecting such individuals, with particular attention to services provided to Native Americans by the Indian Health Service;

(C) coordinate activities between other Federal departments and agencies to assure a continuum of improved services through memoranda of agreements or through other appropriate means of coordination;

(D) administer and evaluate the grants provided under this Act to Indian tribes, public agencies and nonprofit private organizations serving Native Hawaiians;

(E) recommend to the Assistant Secretary policies and priorities with respect to the development and operation of pro-

grams and activities conducted under this Act relating to older individuals who are Native Americans;

(F) collect and disseminate information related to problems experienced by older Native Americans, including information (compiled with assistance from public or nonprofit private entities, including institutions of higher education, with experience in assessing the characteristics and health status of older individuals who are Native Americans) on elder abuse, in-home care, health problems, and other problems unique to Native Americans;

(G) develop research plans, and conduct and arrange for research, in the field of American Native aging with a special emphasis on the gathering of statistics on the status of older individuals who are Native Americans;

(H) develop and provide technical assistance and training programs to grantees under title VI *to ensure adequate capacity to deliver the services under such title, which technical assistance programs may include program management, data development and use, basic business skills, grant development, program and service innovations, and staff professional development and certification*;

(I) promote coordination—

(i) between the administration of title III and the administration of title VI; and

(ii) between programs established under title III by the Assistant Secretary and programs established under title VI by the Assistant Secretary;

including sharing among grantees information on programs funded, and on training and technical assistance provided, under such titles; and

(J) serve as the effective and visible advocate on behalf of older individuals who are Indians, Alaskan Natives, and Native Hawaiians, in the States to promote the enhanced delivery of services and implementation of programs, under this Act and other Federal Acts, for the benefit of such individuals.

(d)(1) There is established in the Administration the Office of Long-Term Care Ombudsman Programs (in this subsection referred to as the “Office”).

(2)(A) The Office shall be headed by a Director of the Office of Long-Term Care Ombudsman Programs (in this subsection referred to as the “Director”) who shall be appointed by the Assistant Secretary from among individuals who have expertise and background in the fields of long-term care advocacy and management. The Director shall report directly to the Assistant Secretary.

(B) No individual shall be appointed Director if—

(i) the individual has been employed within the previous 2 years by—

(I) a long-term care facility;

(II) a corporation that then owned or operated a long-term care facility; or

(III) an association of long-term care facilities;

(ii) the individual—

(I) has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or long-term care service; or

- (II) receives, or has the right to receive, directly or indirectly remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; or
 - (iii) the individual, or any member of the immediate family of the individual, is subject to a conflict of interest.
- (3) The Director shall—
- (A) serve as an effective and visible advocate on behalf of older individuals who reside in long-term care facilities, within the Department of Health and Human Services and with other departments, agencies, and instrumentalities of the Federal Government regarding all Federal policies affecting such individuals;
 - (B) review and make recommendations to the Assistant Secretary regarding—
 - (i) the approval of the provisions in State plans submitted under section 307(a) that relate to State Long-Term Care Ombudsman programs; and
 - (ii) the adequacy of State budgets and policies relating to the programs;
 - (C) after consultation with State Long-Term Care Ombudsmen and the State agencies, make recommendations to the Assistant Secretary regarding—
 - (i) policies designed to assist State Long-Term Care Ombudsmen; and
 - (ii) methods to periodically monitor and evaluate the operation of State Long-Term Care Ombudsman programs, to ensure that the programs satisfy the requirements of section 307(a)(9) and section 712, including provision of service to residents of board and care facilities and of similar adult care facilities;
 - (D) keep the Assistant Secretary and the Secretary fully and currently informed about—
 - (i) problems relating to State Long-Term Care Ombudsman programs; and
 - (ii) the necessity for, and the progress toward, solving the problems;
 - (E) review, and make recommendations to the Secretary and the Assistant Secretary regarding, existing and proposed Federal legislation, regulations, and policies regarding the operation of State Long-Term Care Ombudsman programs;
 - (F) make recommendations to the Assistant Secretary and the Secretary regarding the policies of the Administration, and coordinate the activities of the Administration with the activities of other Federal entities, State and local entities, and non-governmental entities, relating to State Long-Term Care Ombudsman programs;
 - (G) supervise the activities carried out under the authority of the Administration that relate to State Long-Term Care Ombudsman programs;
 - (H) administer the National Ombudsman Resource Center established under section 202(a)(18) and make recommendations to the Assistant Secretary regarding the operation of the National Ombudsman Resource Center;

(I) advocate, monitor, and coordinate Federal and State activities of Long-Term Care Ombudsmen under this Act;

(J) submit to the Speaker of the House of Representatives and the President pro tempore of the Senate an annual report on the effectiveness of services provided under section 307(a)(9) and section 712;

(K) have authority to investigate the operation or violation of any Federal law administered by the Department of Health and Human Services that may adversely affect the health, safety, welfare, or rights of older individuals;

(L) not later than 180 days after the date of the enactment of the Older Americans Act Reauthorization Act of 2016, establish standards applicable to the training required by section 712(h)(5); and

(M) collect and analyze best practices related to responding to elder abuse, neglect, and exploitation in long-term care facilities, and publish a report of such best practices.

(e)(1) The Assistant Secretary is authorized to designate within the Administration a person to have responsibility for elder abuse prevention and services.

(2) It shall be the duty of the Assistant Secretary, acting through the person designated to have responsibility for elder abuse prevention and services, and in coordination with the heads of State adult protective services programs and the Director of the Office of Long-Term Care Ombudsman Programs—

(A) to develop objectives, priorities, policy, and a long-term plan for—

(i) facilitating the development, implementation, and continuous improvement of a coordinated, multidisciplinary elder justice system in the United States;

(ii) providing Federal leadership to support State efforts in carrying out elder justice programs and activities relating to—

(I) elder abuse prevention, detection, treatment, intervention, and response;

(II) training of individuals regarding the matters described in subclause (I); and

(III) the development of a State comprehensive elder justice system, as defined in section 752(b);

(iii) establishing Federal guidelines and disseminating best practices for uniform data collection and reporting by States;

(iv) working with States, the Department of Justice, and other Federal entities to annually collect, maintain, and disseminate data relating to elder abuse, neglect, and exploitation, to the extent practicable;

(v) establishing an information clearinghouse to collect, maintain, and disseminate information concerning best practices and resources for training, technical assistance, and other activities to assist States and communities to carry out evidence-based programs to prevent and address elder abuse, neglect, and exploitation;

(vi) conducting research related to elder abuse, neglect, and exploitation;

(vii) providing technical assistance to States and other eligible entities that provide or fund the provision of the services described in title VII;

(viii) carrying out a study to determine the national incidence and prevalence of elder abuse, neglect, and exploitation in all settings; and

(ix) promoting collaborative efforts and diminishing duplicative efforts in the development and carrying out of elder justice programs at the Federal, State and local levels; and

(B) to assist States and other eligible entities under title VII to develop strategic plans to better coordinate elder justice activities, research, and training.

(3) The Secretary, acting through the Assistant Secretary, may issue such regulations as may be necessary to carry out this subsection and section 752.

(f)(1) The Assistant Secretary may designate an officer or employee who shall be responsible for the administration of mental and behavioral health services authorized under this Act.

(2) It shall be the duty of the Assistant Secretary, acting through the individual designated under paragraph (1), to develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about and prevention, detection, and treatment of mental disorders, including age-related dementia, depression, and Alzheimer's disease and related neurological disorders with neurological and organic brain dysfunction.

(g)(1) *The Assistant Secretary shall coordinate the research and evaluation functions of this Act under a National 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—*

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

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

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

(3) *Activities of the Center shall include 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 impacts that programs and interventions under this Act have on 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 the Act and activities to bring effective demonstration projects to*

scale with a prioritization of projects that address the needs of underserved populations;

(C) outreach and dissemination of research findings; and

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

(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, 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, as appropriate, coordinate 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 all research and evaluation authorities under this Act.

FUNCTIONS OF ASSISTANT SECRETARY

SEC. 202. (a) It shall be the duty and function of the Administration to—

(1) serve as the effective and visible advocate for older individuals within the Department of Health and Human Services and with other departments, agencies, and instrumentalities of the Federal Government by maintaining active review and commenting responsibilities over all Federal policies affecting older individuals;

(2) collect and disseminate information related to problems of the aged and aging;

(3) directly assist the Secretary in all matters pertaining to problems of the aged and aging;

[(4) administer the grants provided by this Act;]

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

(A) the program for which such application was submitted is operating effectively to achieve its stated purpose; and

(B) such applicant—

(i) *complied with the assurances provided to the Assistant Secretary with the application for such previous grant; and*

(ii) *will comply with the assurances provided with the current submitted application;*

(5) develop plans, conduct and arrange for research in the field of aging, and assist in the establishment and implementation of programs designed to meet the health and economic needs of older individuals for supportive services, including nutrition, hospitalization, education and training services (including preretirement training, and continuing education), *cultural experiences, activities and services, including the arts*, low-cost transportation and housing, assistive technology, and health (including mental and behavioral health) services;

(6) provide technical assistance and consultation to States and political subdivisions thereof with respect to programs for the aged and aging;

(7) prepare, publish, and disseminate educational materials dealing with the health and economic welfare of older individuals;

(8) gather statistics in the field of aging which other Federal agencies are not collecting, and take whatever action is necessary to achieve coordination of activities carried out or assisted by all departments, agencies, and instrumentalities of the Federal Government with respect to the collection, preparation, and dissemination of information relevant to older individuals;

(9) develop basic policies and set priorities with respect to the development and operation of programs and activities conducted under authority of this Act;

(10) coordinate Federal programs and activities related to such purposes;

(11) coordinate, and assist in, the planning and development by public (including Federal, State, and local agencies) and private organizations or programs for older individuals with a view to the establishment of a nationwide network of comprehensive, coordinated services and opportunities for such individuals;

(12)(A) consult and coordinate activities with the Administrator of the Centers for Medicare & Medicaid Services and the heads of other Federal entities to implement and build awareness of programs providing benefits affecting older individuals; and

(B) carry on a continuing evaluation of the programs and activities related to the objectives of this Act, with particular attention to the impact of the programs and activities carried out under—

(i) titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.);

(ii) the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.); and

(iii) the National Housing Act (12 U.S.C. 1701 et seq.) relating to housing for older individuals and the setting of standards for the licensing of nursing homes, intermediate

- care homes, and other facilities providing care for such individuals;
- (13) provide information and assistance to private organizations for the establishment and operation by them of programs and activities related to the objectives of this Act;
- (14) develop, in coordination with other agencies (including the Health Resources and Services Administration), a national plan for meeting the needs for trained personnel in the field of aging, and for training persons for carrying out programs related to the objectives of this Act, and conduct and provide for the conducting of such training;
- (15) consult with national organizations representing minority individuals to develop and disseminate training packages and to provide technical assistance efforts designed to assist State and area agencies on aging, and service providers, in providing services to older individuals with greatest economic need or individuals with greatest social need, with particular attention to and specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas;
- (16) collect for each fiscal year, for fiscal years beginning after September 30, 1988, directly or by contract, statistical data regarding programs and activities carried out with funds provided under this Act, including—
- (A) with respect to each type of service or activity provided with such funds—
 - (i) the aggregate amount of such funds expended to provide such service or activity;
 - (ii) the number of individuals who received such service or activity; and
 - (iii) the number of units of such service or activity provided;
 - (B) the number of senior centers which received such funds; and
 - (C) the extent to which each area agency on aging designated under section 305(a) satisfied the requirements of paragraphs (2) and (5)(A) of section 306(a);
- (17) obtain from—
- (A) the Department of Agriculture information explaining the requirements for eligibility to receive benefits under the Food and Nutrition Act of 2008; and
 - (B) the Social Security Administration information explaining the requirements for eligibility to receive supplemental security income benefits under title XVI of the Social Security Act (or assistance under a State plan program under title XVI of that Act);
- and distribute such information, in written form, to State agencies, for redistribution to area agencies on aging, to carry out outreach activities and application assistance;
- (18)(A) establish and operate the National Ombudsman Resource Center (in this paragraph referred to as the “Center”), under the administration of the Director of the Office of Long-Term Care Ombudsman Programs, that will—
- (i) by grant or contract—
 - (I) conduct research;

(II) provide training, technical assistance, and information to State Long-Term Care Ombudsmen;

(III) analyze laws, regulations, programs, and practices; and

(IV) provide assistance in recruiting and retaining volunteers for State Long-Term Care Ombudsman programs by establishing a national program for recruitment efforts that utilizes the organizations that have established a successful record in recruiting and retaining volunteers for ombudsman or other programs; relating to Federal, State, and local long-term care ombudsman policies; and

(ii) assist State Long-Term Care Ombudsmen in the implementation of State Long-Term Care Ombudsman programs; and

(B) make available to the Center not less than the amount of resources made available to the Long-Term Care Ombudsman National Resource Center for fiscal year 2000;

(19) conduct strict monitoring of State compliance with the requirements in effect, under this Act to prohibit conflicts of interest and to maintain the integrity and public purpose of services provided and service providers, under this Act in all contractual and commercial relationships;

(20)(A) encourage, and provide technical assistance to, States, area agencies on aging, and service providers to carry out outreach and benefits enrollment assistance to inform and enroll older individuals with greatest economic need, who may be eligible to participate, but who are not participating, in Federal and State programs providing benefits for which the individuals are eligible, including—

(i) supplemental security income benefits under title XVI of the Social Security Act (42 U.S.C. 1381 et seq.), or assistance under a State plan program under such title;

(ii) medical assistance under title XIX of such Act (42 U.S.C. 1396 et seq.);

(iii) benefits under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.); or

(iv) benefits under any other applicable program; and

(B) at the election of the Assistant Secretary and in cooperation with related Federal agency partners administering the Federal programs, make a grant to or enter into a contract with a qualified, experienced entity to establish a National Center on Senior Benefits Outreach and Enrollment, which shall—

(i) maintain and update web-based decision support and enrollment tools, and integrated, person-centered systems, designed to inform older individuals about the full range of benefits for which the individuals may be eligible under Federal and State programs;

(ii) utilize cost-effective strategies to find older individuals with greatest economic need and enroll the individuals in the programs;

(iii) create and support efforts for Aging and Disability Resource Centers, and other public and private State and community-based organizations, including faith-based or-

- ganizations and coalitions, to serve as benefits enrollment centers for the programs;
- (iv) develop and maintain an information clearinghouse on best practices and cost-effective methods for finding and enrolling older individuals with greatest economic need in the programs for which the individuals are eligible; and
- (v) provide, in collaboration with related Federal agency partners administering the Federal programs, training and technical assistance on effective outreach, screening, enrollment, and follow-up strategies;
- (21) establish information and assistance services as priority services for older individuals, and develop and operate, either directly or through contracts, grants, or cooperative agreements, a National Eldercare Locator Service, providing information and assistance services through a nationwide toll-free number to identify community resources for older individuals;
- (22) develop guidelines for area agencies on aging to follow in choosing and evaluating providers of legal assistance;
- (23) develop guidelines and a model job description for choosing and evaluating legal assistance developers referred to in [sections 307(a)(18) and 731(b)(2)] *sections 307(a)(13) and 731*;
- (24) establish and carry out pension counseling and information programs described in section 215;
- (25) provide technical assistance, training, and other means of assistance to State agencies, area agencies on aging, and service providers regarding State and local data collection and analysis;
- (26) design and implement, for purposes of compliance with paragraph (19), uniform data collection procedures for use by State agencies, including—
- (A) uniform definitions and nomenclature;
 - (B) standardized data collection procedures;
 - (C) a participant identification and description system;
 - (D) procedures for collecting information on services needed by older individuals (including services that would permit such individuals to receive long-term care in home and community-based settings), as identified by service providers in assisting clients through the provision of the supportive services; and
 - (E) procedures for the assessment of unmet needs for services under this Act;
- (27) improve the delivery of services to older individuals living in rural areas through—
- (A) synthesizing results of research on how best to meet the service needs of older individuals in rural areas;
 - (B) developing a resource guide on best practices for States, area agencies on aging, and service providers; and
 - (C) providing training and technical assistance to States to implement these best practices of service delivery;
- (28) make available to States, area agencies on aging, and service providers information and technical assistance to support the provision of evidence-based disease prevention and health promotion services;
- (29) provide information and technical assistance to States, area agencies on aging, and service providers, in collaboration

with relevant Federal agencies, on providing efficient, person-centered transportation services, including across geographic boundaries;

(30) identify model programs and provide information and technical assistance to States, area agencies on aging, and service providers (including providers operating multipurpose senior centers), to support the modernization of multipurpose senior centers[; and];

(31) provide technical assistance to and share best practices with States, area agencies on aging, and Aging and Disability Resource Centers, on how to collaborate and coordinate services with health care entities, such as Federally-qualified health centers, as defined in section 1905(1)(2)(B) of the Social Security Act (42 U.S.C. 1396d(1)(2)(B)), in order to improve care coordination for individuals with multiple chronic illnesses[.];

(32) provide technical assistance to and share best practices with States 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; and

(33) develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about, prevention of, detection of, and response to social isolation among older individuals.

(b) To promote the development and implementation of comprehensive, coordinated systems at Federal, State, and local levels that enable older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, the Assistant Secretary shall, consistent with the applicable provisions of this title—

(1) collaborate, coordinate, and consult with other Federal entities responsible for formulating and implementing programs, benefits, and services related to providing long-term care, and may make grants, contracts, and cooperative agreements with funds received from other Federal entities;

(2) conduct research and demonstration projects to identify innovative, cost-effective strategies for modifying State systems of long-term care to—

(A) respond to the needs and preferences of older individuals and family caregivers; and

(B) target services to individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(3) establish criteria for and promote the implementation (through area agencies on aging, service providers, and such other entities as the Assistant Secretary determines to be appropriate) of evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals;

(4) facilitate, in coordination with the Administrator of the Centers for Medicare & Medicaid Services, and other heads of Federal entities as appropriate, the provision of long-term care in home and community-based settings, including the provision of such care through self-directed care models that—

(A) provide for the assessment of the needs and preferences of an individual at risk for institutional placement to help such individual avoid unnecessary institutional placement and depletion of income and assets to qualify for benefits under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(B) respond to the needs and preferences of such individual and provide the option—

(i) for the individual to direct and control the receipt of supportive services provided; or

(ii) as appropriate, for a person who was appointed by the individual, or is legally acting on the individual's behalf, in order to represent or advise the individual in financial or service coordination matters (referred to in this paragraph as a "representative" of the individual), to direct and control the receipt of those services; and

(C) assist an older individual (or, as appropriate, a representative of the individual) to develop a plan for long-term support, including selecting, budgeting for, and purchasing home and community-based long-term care and supportive services;

(5) provide for the Administration to play a lead role with respect to issues concerning home and community-based long-term care, including—

(A) directing (as the Secretary or the President determines to be appropriate) or otherwise participating in departmental and interdepartmental activities concerning long-term care;

(B) reviewing and commenting on departmental rules, regulations, and policies related to providing long-term care;

(C) making recommendations to the Secretary with respect to home and community-based long-term care, including recommendations based on findings made through projects conducted under paragraph (2); and

(D) when feasible, developing, in consultation with States and national organizations, a consumer-friendly tool to assist older individuals and their families in choosing home and community-based services, with a particular focus on ways for consumers to assess how providers protect the health, safety, welfare, and rights, including the rights provided under section 314, of older individuals;

(6) promote, in coordination with other appropriate Federal agencies—

(A) enhanced awareness by the public of the importance of planning in advance for long-term care; and

(B) the availability of information and resources to assist in such planning;

(7) ensure access to, and the dissemination of, information about all long-term care options and service providers, including the availability of integrated long-term care;

(8) implement in all States Aging and Disability Resource Centers—

(A) to serve as visible and trusted sources of information on the full range of long-term care options, including both institutional and home and community-based care, which are available in the community;

(B) to provide personalized and consumer-friendly assistance to empower individuals to identify and articulate goals of care and to make informed decisions about their care options;

(C) to provide coordinated and streamlined access to all publicly supported long-term care options so that consumers can obtain the care they need through a single intake, assessment, and eligibility determination process;

(D) to help individuals to respond to or plan ahead for their long-term care needs;

(E) to assist (in coordination with the entities carrying out the health insurance information, counseling, and assistance program (receiving funding under section 4360 of the Omnibus Budget Reconciliation Act of 1990 (42 U.S.C. 1395b–4)) in the States) beneficiaries, and prospective beneficiaries, under the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) in understanding and accessing prescription drug and preventative health benefits under the provisions of, and amendments made by, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003; and

(F) to provide information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or to return to the community;

(9) establish, either directly or through grants or contracts, national technical assistance programs to assist State agencies, area agencies on aging, and community-based service providers funded under this Act in implementing—

(A) home and community-based long-term care systems, including evidence-based programs; **and**

(B) evidence-based disease prevention and health promotion services programs; *and*

(C) *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;*

(10) develop, in collaboration with the Administrator of the Centers for Medicare & Medicaid Services, performance standards and measures for use by States to determine the extent to which their State systems of long-term care fulfill the objectives described in this subsection; and

(11) conduct such other activities as the Assistant Secretary determines to be appropriate.

(c) The Assistant Secretary, in consultation with the Chief Executive Officer of the Corporation for National and Community Service, shall—

(1) encourage and permit volunteer groups (including organizations carrying out national service programs and including organizations of youth in secondary or postsecondary school) that are active in supportive services and civic engagement to participate and be involved individually or through representative groups in supportive service and civic engagement programs or activities to the maximum extent feasible;

(2) develop a comprehensive strategy for utilizing older individuals to address critical local needs of national concern, including the engagement of older individuals in the activities of public and nonprofit organizations such as community-based organizations, including faith-based organizations; and

(3) encourage other community capacity-building initiatives involving older individuals, with particular attention to initiatives that demonstrate effectiveness and cost savings in meeting critical needs.

(d)(1) The Assistant Secretary shall establish and operate the National Center on Elder Abuse (in this subsection referred to as the “Center”).

(2) In operating the Center, the Assistant Secretary shall—

(A) annually compile, publish, and disseminate a summary of recently conducted research on elder abuse, neglect, and exploitation;

(B) develop and maintain an information clearinghouse on all programs (including private programs) showing promise of success, for the prevention, identification, and treatment of elder abuse, neglect, and exploitation;

(C) compile, publish, and disseminate training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of elder abuse, neglect, and exploitation;

(D) provide technical assistance to State agencies and to other public and nonprofit private agencies and organizations to assist the agencies and organizations in planning, improving, developing, and carrying out programs and activities relating to the special problems of elder abuse, neglect, and exploitation; and

(E) conduct research and demonstration projects regarding the causes, prevention, identification, and treatment of elder abuse, neglect, and exploitation.

(3)(A) The Assistant Secretary shall carry out paragraph (2) through grants or contracts.

(B) The Assistant Secretary shall issue criteria applicable to the recipients of funds under this subsection. To be eligible to receive a grant or enter into a contract under subparagraph (A), an entity shall submit an application to the Assistant Secretary at such time, in such manner, and containing such information as the Assistant Secretary may require.

(C) The Assistant Secretary shall—

(i) establish research priorities for making grants or contracts to carry out paragraph (2)(E); and

(ii) not later than 60 days before the date on which the Assistant Secretary establishes such priorities, publish in the Federal Register for public comment a statement of such proposed priorities.

(4) The Assistant Secretary shall make available to the Center such resources as are necessary for the Center to carry out effectively the functions of the Center under this Act and not less than the amount of resources made available to the Resource Center on Elder Abuse for fiscal year 2000.

(e)(1)(A) The Assistant Secretary shall make grants or enter into contracts with eligible entities to establish the National Aging Information Center (in this subsection referred to as the "Center") to—

(i) provide information about grants and projects under title IV;

(ii) annually compile, analyze, publish, and disseminate—

(I) statistical data collected under subsection (a)(19);

(II) census data on aging demographics; and

(III) data from other Federal agencies on the health, social, and economic status of older individuals and on the services provided to older individuals;

(iii) biennially compile, analyze, publish, and disseminate statistical data collected on the functions, staffing patterns, and funding sources of State agencies and area agencies on aging;

(iv) analyze the information collected under section 201(c)(3)(F) by the Director of the Office for American Indian, Alaskan Native, and Native Hawaiian Aging;

(v) provide technical assistance, training, and other means of assistance to State agencies, area agencies on aging, and service providers, regarding State and local data collection and analysis; and

(vi) be a national resource on statistical data regarding aging.

(B) To be eligible to receive a grant or enter into a contract under subparagraph (A), an entity shall submit an application to the Assistant Secretary at such time, in such manner, and containing such information as the Assistant Secretary may require.

(C) Entities eligible to receive a grant or enter into a contract under subparagraph (A) shall be organizations with a demonstrated record of experience in education and information dissemination.

(2)(A) The Assistant Secretary shall establish procedures specifying the length of time that the Center shall provide the information described in paragraph (1) with respect to a particular project or activity. The procedures shall require the Center to maintain the information beyond the term of the grant awarded, or contract entered into, to carry out the project or activity.

(B) The Assistant Secretary shall establish the procedures described in subparagraph (A) after consultation with—

(i) practitioners in the field of aging;

(ii) older individuals;

(iii) representatives of institutions of higher education;

(iv) national aging organizations;

(v) State agencies;

- (vi) area agencies on aging;
- (vii) legal assistance providers;
- (viii) service providers; and
- (ix) other persons with an interest in the field of aging.

(f)(1) The Assistant Secretary, in accordance with the process described in paragraph (2), and in collaboration with a representative group of State agencies, tribal organizations, area agencies on aging, and providers of services involved in the performance outcome measures shall develop and publish by December 31, 2001, a set of performance outcome measures for planning, managing, and evaluating activities performed and services provided under this Act. To the maximum extent possible, the Assistant Secretary shall use data currently collected (as of the date of development of the measures) by State agencies, area agencies on aging, and service providers through the National Aging Program Information System and other applicable sources of information in developing such measures.

(2) The process for developing the performance outcome measures described in paragraph (1) shall include—

(A) a review of such measures currently in use by State agencies and area agencies on aging (as of the date of the review);

(B) development of a proposed set of such measures that provides information about the major activities performed and services provided under this Act;

(C) pilot testing of the proposed set of such measures, including an identification of resource, infrastructure, and data collection issues at the State and local levels; and

(D) evaluation of the pilot test and recommendations for modification of the proposed set of such measures.

(g) The Assistant Secretary shall, as appropriate, ensure that programs authorized under this Act include appropriate training in the prevention of abuse, neglect, and exploitation and provision of services that address elder justice and the exploitation of older individuals.

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

(i)(1) The Assistant Secretary shall convene an advisory council on social isolation with aging network stakeholders, including caregivers, and select members in a manner that ensures geographic diversity of the members—

(A) to review and evaluate efforts to address social isolation and loneliness among older individuals; and

(B) to identify challenges, solutions, and best practices related to such efforts.

(2) The advisory council convened under paragraph (1) shall—

(A) ensure consideration of consumer-directed care models; and

(B) submit a report to Congress on its findings.

(3) The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply with respect to the advisory council convened under paragraph (1).

(j)(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 basic financial management, retirement planning, and other educational tools that promote financial wellness and help to identify and prevent fraud and elder exploitation, and integrate these with information on health and long-term care;*

(B) *annually disseminate a summary of outreach 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.*

FEDERAL AGENCY CONSULTATION

SEC. 203. (a)(1) The Assistant Secretary, in carrying out the objectives and provisions of this Act, shall coordinate, advise, consult with, and cooperate with the head of each department, agency, or instrumentality of the Federal Government proposing or administering programs or services substantially related to the objectives of this Act, with respect to such programs or services. In particular, the Assistant Secretary shall coordinate, advise, consult, and cooperate with the Secretary of Labor in carrying out title V and with the Corporation for National and Community Service in carrying out this Act.

(2) The head of each department, agency, or instrumentality of the Federal Government proposing to establish programs and services substantially related to the objectives of this Act shall consult with the Assistant Secretary prior to the establishment of such programs and services. To achieve appropriate coordination, the head of each department, agency, or instrumentality of the Federal Government administering any program substantially related to the objectives of this Act, particularly administering any program referred to in subsection (b), shall consult and cooperate with the Assistant Secretary in carrying out such program. In particular, the Secretary of Labor shall consult and cooperate with the Assistant Secretary in carrying out title I of the Workforce Innovation and Opportunity Act.

(3) The head of each department, agency, or instrumentality of the Federal Government administering programs and services substantially related to the objectives of this Act shall collaborate with the Assistant Secretary in carrying out this Act, and shall develop a written analysis, for review and comment by the Assistant Secretary, of the impact of such programs and services on—

(A) *older individuals (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and eligible individuals (as defined in section 518); and*

(B) *the functions and responsibilities of State agencies and area agencies on aging.*

(b) For the purposes of subsection (a), programs related to the objectives of this Act shall include—

- (1) title I of the Workforce Innovation and Opportunity Act,
- (2) title II of the Domestic Volunteer Service Act of 1973,
- (3) titles XVI, XVIII, XIX, and XX of the Social Security Act,
- (4) sections 231 and 232 of the National Housing Act,
- (5) the United States Housing Act of 1937,
- (6) section 202 of the Housing Act of 1959,
- (7) title I of the Housing and Community Development Act of 1974,
- (8) title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act,
- (9) sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,
- (10) the Public Health Service Act, including block grants under title XIX of such Act,
- (11) the Low-Income Home Energy Assistance Act of 1981,
- (12) part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons,
- (13) the Community Services Block Grant Act,
- (14) demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code,
- (15) parts II and III of title 38, United States Code,
- (16) the Rehabilitation Act of 1973,
- (17) the Developmental Disabilities Assistance and Bill of Rights Act of 2000,
- (18) the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, established under part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750–3766b)), **[and]**
- (19) sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004)**[.]**, and
- (20) *section 393D of the Public Health Service Act (42 U.S.C. 280b–1f), relating to safety of seniors.*

(c)(1) The Secretary, in collaboration with the Federal officials specified in paragraph (2), shall establish an Interagency Coordinating Committee on **[Aging]** *Age-Friendly Communities* (referred to in this subsection as the “Committee”) focusing on the coordination of agencies with respect to aging issues *to support the ability of older individuals to age in place, including through the provision of homelessness prevention services, support the ability of older individuals to access 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 services.*

(2) The officials referred to in paragraph (1) shall include the Secretary of Labor and the Secretary of Housing and Urban Development, and may include, at the direction of the President, the Attorney General, the Secretary of Transportation, the Secretary of the Treasury, the Secretary of Agriculture, the Secretary of Homeland Security, the Commissioner of Social Security, and such other Federal officials as the President may direct. An official described

in this paragraph may appoint a designee to carry out the official's duties under paragraph (1).

(3) The Secretary of Health and Human Services shall serve as the first chairperson of the Committee, for 1 term, and the Secretary of Housing and Urban Development shall serve as the chairperson for the following term. After that following term, the Committee shall select a chairperson from among the members of the Committee, and any member may serve as the chairperson. No member may serve as the chairperson for more than 1 consecutive term.

(4) For purposes of this subsection, a term shall be a period of 2 calendar years, *except that the 1st term of a member appointed to the Interagency Coordinating Committee on Age-Friendly Communities shall begin not later than 1 year after the date of the enactment of the effective date of this exception.*

(5) The Committee shall meet not less often than **【once each year】** *semiannually.*

(6) The Committee shall—

(A) share information with and establish an ongoing system to improve coordination among Federal agencies with responsibility for programs and services for older individuals and recommend improvements to such system with an emphasis on—

(i) improving access to programs and services for older individuals;

(ii) maximizing the impact of federally funded programs and services for older individuals by increasing the efficiency, effectiveness, and delivery of such programs and services;

(iii) planning and preparing for the impact of demographic changes on programs and services for older individuals; **【and】**

(iv) reducing or eliminating areas of overlap and duplication by Federal agencies in the provision and accessibility of such programs and services; *and*

(v) *identifying best practices for connecting older individuals to services for which they may be eligible;*

(B) identify, promote, and implement (as appropriate), best practices and evidence-based program and service models to assist older individuals in meeting their housing, health care, and other supportive service needs, including—

(i) consumer-directed care models for home and community-based care and supportive services that link housing, health care, and other supportive services and that facilitate aging in place, enabling older individuals to remain in their homes and communities as the individuals age; and

【(ii) innovations in technology applications (including assistive technology devices and assistive technology services) that give older individuals access to information on available services or that help in providing services to older individuals;】

(ii) innovations in technology applications (including assistance technology devices and assistance technology services) that—

(I) promote safe and accessible independent living environments; and

(II) give older individuals access to information on available services or help in providing services to older individuals;

(C) collect and disseminate information about older individuals and the programs and services available to the individuals to ensure that the individuals can access comprehensive information;

(D) work with the Federal Interagency Forum on Aging-Related Statistics, the Bureau of the Census, and member agencies to ensure the continued collection of data relating to the housing, health care, and other supportive service needs of older individuals and to support efforts to identify and address unmet data needs;

(E) work with the Centers for Disease Control and Prevention, the National Institute on Aging, Centers for Medicare and Medicaid Services, the Housing and Urban Development Office of Lead Hazard Control and Healthy Homes, and other Federal agencies as appropriate, to develop recommendations, in accordance with paragraph (1), to reduce falls among older individuals that incorporate evidence-based falls prevention programs and home modifications to reduce and prevent falls;

[(E)] (F) actively seek input from and consult with **[non-governmental experts and organizations, including public health interest and research groups and foundations]** *non-governmental organizations, academic or research institutions, community-based organizations, and philanthropic organizations* about the activities described in subparagraphs (A) through **[(F)]** (G);

[(F)] (G) identify any barriers and impediments, including barriers and impediments in statutory and regulatory law, to the access and use by older individuals of federally funded programs and services; and

[(G)] (H) work with States to better provide housing, health care, and other supportive services to older individuals by—

(i) holding meetings with State agencies;

(ii) providing ongoing technical assistance to States about better meeting the needs of older individuals; and

(iii) working with States to designate liaisons, from the State agencies, to the Committee.

(7) Not later than 90 days following the end of each term, the Committee shall prepare and submit to the Committee on Financial Services of the House of Representatives, the **[Committee on Education and the Workforce]** *Committee on Education and Labor* of the House of Representatives, the Committee on Energy and Commerce of the House of Representatives, the Committee on Ways and Means of the House of Representatives, the Committee on Banking, Housing, and Urban Affairs of the Senate, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Special Committee on Aging of the Senate, a report that—

(A) describes the activities and accomplishments of the Committee in—

(i) enhancing the overall coordination of federally funded programs and services for older individuals; and

(ii) meeting the requirements of paragraph (6);

(B) incorporates an analysis from the head of each agency that is a member of the interagency coordinating committee established under paragraph (1) that describes the barriers and impediments, including barriers and impediments in statutory and regulatory law (as the chairperson of the Committee determines to be appropriate), to the access and use by older individuals of programs and services administered by such agency; and

(C) makes such recommendations as the chairman determines to be appropriate for actions to meet the needs described in paragraph (6) and for coordinating programs and services designed to meet those needs.

(8) On the request of the Committee, any Federal Government employee may be detailed to the Committee without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

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

(A) is taking steps—

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

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

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

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

* * * * *

SEC. 203B. FEDERAL COORDINATION OF SUPPORTS AND SERVICES FOR LIVING INDEPENDENTLY AND SAFELY AT HOME.

(a) *INITIATIVE.—The Assistant Secretary shall carry out an initiative under this section to identify and disseminate information about Federal resources to promote falls prevention, home assessments, and home modifications, which may include in-home assistive technology, to enable older individuals to live independently and safely in a home environment.*

(b) *COORDINATION OF FEDERAL EFFORTS.—In carrying out the initiative under this section, the Assistant Secretary shall coordinate, through memoranda of understanding, agreements, or other appropriate means of coordination, with all Federal efforts and Federal programs in effect on the effective date of this section that support evidence-based falls prevention, home assessments, and home modifications, which may include in-home assistive technology, for older individuals, including older individuals with disabilities.*

(c) *REPORTS.—Not later than 1 year after the effective date of this section, and triennially thereafter as needed, the Assistant Secretary shall publish a report that includes—*

(1) an inventory of the then current Federal programs that support evidence-based falls prevention, home assessments, and home modifications, which may include in-home assistive tech-

nology, for older individuals and older individuals with disabilities;

(2) for the fiscal year of the report, statistical data on the number of older individuals and older individuals with disabilities served by each Federal program described in paragraph (1), including a demographic analysis and the approximate amount of Federal funding invested in each such program;

(3) an evaluation of the impact of Federal programs that support falls prevention and home modifications, which may include in-home assistive technology, on health status and health outcomes in populations supported by such efforts and programs; and

(4) information on the extent to which consumer-friendly resources, such as a brochure—

(A) are available through the National Eldercare Locator Service established under section 202(a)(21);

(B) are accessible to all area agencies on aging; and

(C) contain information on home assessments and home modifications for older individuals attempting to live independently and safely in their homes and for the caregivers of such individuals.

* * * * *

ADMINISTRATION OF THE ACT

SEC. 205. (a)(1) In carrying out the objectives of this Act, the Assistant Secretary is authorized to—

(A) provide consultative services and technical assistance to public or nonprofit private agencies and organizations;

(B) provide short-term training and technical instruction;

(C) conduct research and demonstrations; and

(D) collect, prepare, publish, and disseminate special educational or informational materials, including reports of the projects for which funds are provided under this Act.

(2)(A) The Assistant Secretary shall designate an officer or employee who shall serve on a full-time basis and who shall be responsible for the administration of the nutrition services described in subparts 1 and 2 of part C of title III and shall have duties that include—

(i) designing, implementing, and evaluating evidence-based programs to support improved nutrition and regular physical activity for older individuals;

(ii) developing guidelines for nutrition providers concerning safety, sanitary handling of food, equipment, preparation, and food storage;

(iii) conducting outreach and disseminating evidence-based information to nutrition service providers about the benefits of healthful diets and regular physical activity, including information about the most current Dietary Guidelines for Americans published under section 301 of the National Nutrition Monitoring and Related Research Act of 1990 (7 U.S.C. 5341), the Food Guidance System of the Department of Agriculture, and advances in nutrition science;

(iv) promoting coordination between nutrition service providers and community-based organizations serving older individuals;

(v) developing guidelines on cost containment;

(vi) defining a long range role for the nutrition services in community-based care systems;

(vii) developing model menus and other appropriate materials for serving special needs populations and meeting cultural meal preferences;

(viii) disseminating guidance that describes strategies for improving the nutritional quality of meals provided under title III, including strategies for increasing the consumption of whole grains, lowfat dairy products, fruits, and vegetables;

(ix) developing and disseminating guidelines for conducting nutrient analyses of meals provided under subparts 1 and 2 of part C of title III, including guidelines for averaging key nutrients over an appropriate period of time; and

(x) providing technical assistance to the regional offices of the Administration with respect to each duty described in clauses (i) through (ix).

(B) The regional offices of the Administration shall be responsible for disseminating, and providing technical assistance regarding, the guidelines and information described in clauses (ii), (iii), and (v) of subparagraph (A) to State agencies, area agencies on aging, and persons that provide nutrition services under part C of title III.

(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 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 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.

[(C)] (D) The officer or employee designated under subparagraph (A) shall—

(i) have expertise in nutrition, energy balance, and meal planning; and

[(ii)(I)] be a registered dietitian;

[(ii)(II)] be a credentialed nutrition professional; or

[(ii)(III)] have education and training that is substantially equivalent to the education and training for a registered dietitian or a credentialed nutrition professional.]

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

(b) In administering the functions of the Administration under this Act, the Assistant Secretary may utilize the services and facilities of any agency of the Federal Government and of any other public or nonprofit agency or organization, in accordance with agreements between the Assistant Secretary and the head thereof, and is authorized to pay therefor, in advance or by way of reimbursement, as may be provided in the agreement.

* * * * *

REPORTS

SEC. 207. (a) Not later than one hundred and twenty days after the close of each fiscal year, the Assistant Secretary shall prepare and submit to the President and to the Congress a full and complete report on the activities carried out under this Act. Such annual reports shall include—

(1) statistical data reflecting services and activities provided to individuals during the preceding fiscal year;

(2) statistical data collected under section 202(a)(16);

(3) statistical data and an analysis of information regarding the effectiveness of the State agency and area agencies on aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals (including individuals with any physical or mental functional impairment); and

(4) a description of the implementation of the plan required by section 202(a)(14).

(b)(1) Not later than March 1 of each year, the Assistant Secretary shall compile a report—

(A) summarizing and analyzing the data collected under titles III and VII in accordance with section 712(c) for the then most recently concluded fiscal year;

(B) identifying significant problems and issues revealed by such data (with special emphasis on problems relating to quality of care and residents' rights);

(C) discussing current issues concerning the long-term care ombudsman programs of the States; and

(D) making recommendations regarding legislation and administrative actions to resolve such problems.

(2) The Assistant Secretary shall submit the report required by paragraph (1) to—

(A) the Special Committee on Aging of the Senate;

(B) the Committee on [Education and the Workforce] *Education and Labor* of the House of Representatives; and

(C) the Committee on Health, Education, Labor, and Pensions of the Senate.

(3) The Assistant Secretary shall provide the report required by paragraph (1), and make the State reports required under titles III and VII in accordance with section 712(h)(1) available, to—

(A) the [Administrator of the Health Care Finance Administration] *Administrator of the Centers for Medicare and Medicaid Services*;

(B) the Office of the Inspector General of the Department of Health and Human Services;

(C) the Office of Civil Rights of the Department of Health and Human Services;

(D) the Secretary of Veterans Affairs; and

(E) each public agency or private organization designated as an Office of the State Long-Term Care Ombudsman under title III or VII in accordance with section 712(a)(4)(A).

(c) The Assistant Secretary shall, as part of the annual report submitted under subsection (a), prepare and submit a report on the

outreach activities supported under this Act, together with such recommendations as the Assistant Secretary deems appropriate. In carrying out this subsection, the Assistant Secretary shall consider—

- (1) the number of older individuals reached through the activities;
- (2) the dollar amount of the assistance and benefits received by older individuals as a result of such activities;
- (3) the cost of such activities in terms of the number of individuals reached and the dollar amount described in paragraph (2);
- (4) the effect of such activities on supportive services and nutrition services furnished under title III of this Act; and
- (5) the effectiveness of State and local efforts to target older individuals with greatest economic need (including low-income minority individuals and older individuals residing in rural areas) and older individuals with greatest social need (including low-income minority individuals and older individuals residing in rural areas) to receive services under this Act.

* * * * *

SEC. 215. PENSION COUNSELING AND INFORMATION PROGRAMS.

(a) **DEFINITIONS.**—In this section:

(1) **PENSION AND OTHER RETIREMENT BENEFITS.**—The term “pension and other retirement benefits” means private, civil service, and other public pensions and retirement benefits, including benefits provided under—

(A) the Social Security program under title II of the Social Security Act (42 U.S.C. 401 et seq.);

(B) the railroad retirement program under the Railroad Retirement Act of 1974 (45 U.S.C. 231 et seq.);

(C) the government retirement benefits programs under the Civil Service Retirement System set forth in chapter 83 of title 5, United States Code, the Federal Employees Retirement System set forth in chapter 84 of title 5, United States Code, or other Federal retirement systems; or

(D) employee pension benefit plans as defined in section 3(2) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(2)).

(2) **PENSION COUNSELING AND INFORMATION PROGRAM.**—The term “pension counseling and information program” means a program described in subsection (b).

(b) **PROGRAM AUTHORIZED.**—The Assistant Secretary shall award grants to eligible entities to establish and carry out pension counseling and information programs that create or continue a sufficient number of pension assistance and counseling programs to provide outreach, information, counseling, referral, and other assistance regarding pension and other retirement benefits, and rights related to such benefits, to individuals in the United States.

(c) **ELIGIBLE ENTITIES.**—The Assistant Secretary shall award grants under this section to—

- (1) State agencies or area agencies on aging; and
- (2) nonprofit organizations with a proven record of providing—

- (A) services related to retirement of older individuals;
- (B) services to Native Americans; or
- (C) specific pension counseling.

(d) **CITIZEN ADVISORY PANEL.**—The Assistant Secretary shall establish a citizen advisory panel to advise the Assistant Secretary regarding which entities should receive grant awards under this section. Such panel shall include representatives of business, labor, national senior advocates, and national pension rights advocates. The Assistant Secretary shall consult such panel prior to awarding grants under this section.

(e) **APPLICATION.**—To be eligible to receive a grant under this section, an entity shall submit an application to the Assistant Secretary at such time, in such manner, and containing such information as the Assistant Secretary may require, including—

(1) a plan to establish a pension counseling and information program that—

(A) establishes or continues a State or area pension counseling and information program;

(B) serves a specific geographic area;

(C) provides counseling (including direct counseling and assistance to individuals who need information regarding pension and other retirement benefits) and information that may assist individuals in obtaining, or establishing rights to, and filing claims or complaints regarding, pension and other retirement benefits;

(D) provides information on sources of pension and other retirement benefits;

(E) establishes a system to make referrals for legal services and other advocacy programs;

(F) establishes a system of referral to Federal, State, and local departments or agencies related to pension and other retirement benefits;

(G) provides a sufficient number of staff positions (including volunteer positions) to ensure information, counseling, referral, and assistance regarding pension and other retirement benefits;

(H) provides training programs for staff members, including volunteer staff members, of pension and other retirement benefits programs;

(I) makes recommendations to the Administration, the Department of Labor and other Federal, State, and local agencies concerning issues for older individuals related to pension and other retirement benefits; and

(J) establishes or continues an outreach program to provide information, counseling, referral and assistance regarding pension and other retirement benefits, with particular emphasis on outreach to women, minorities, older individuals residing in rural areas, low-income retirees, and older individuals with limited English proficiency; and

(2) an assurance that staff members (including volunteer staff members) have no conflict of interest in providing the services described in the plan described in paragraph (1).

(f) **CRITERIA.**—The Assistant Secretary shall consider the following criteria in awarding grants under this section:

(1) Evidence of a commitment by the entity to carry out a proposed pension counseling and information program.

(2) The ability of the entity to perform effective outreach to affected populations, particularly populations with limited English proficiency and other populations that are identified as in need of special outreach.

(3) Reliable information that the population to be served by the entity has a demonstrable need for the services proposed to be provided under the program.

(4) The ability of the entity to provide services under the program on a statewide or regional basis.

(g) TRAINING AND TECHNICAL ASSISTANCE PROGRAM.—

(1) IN GENERAL.—The Assistant Secretary shall award grants to eligible entities to establish training and technical assistance programs that shall provide information and technical assistance to the staffs of entities operating pension counseling and information programs described in subsection (b), and general assistance to such entities, including assistance in the design of program evaluation tools.

(2) ELIGIBLE ENTITIES.—Entities that are eligible to receive a grant under this subsection include nonprofit private organizations with a record of providing national information, referral, and advocacy in matters related to pension and other retirement benefits.

(3) APPLICATION.—To be eligible to receive a grant under this subsection, an entity shall submit an application to the Assistant Secretary at such time, in such manner, and containing such information as the Assistant Secretary may require.

(h) PENSION ASSISTANCE HOTLINE AND INTRAGENCY COORDINATION.—

(1) HOTLINE.—The Assistant Secretary shall enter into agreements with other Federal agencies to establish and administer a national telephone hotline that shall provide information regarding pension and other retirement benefits, and rights related to such benefits.

(2) CONTENT.—Such hotline described in paragraph (1) shall provide information for individuals (including individuals with limited English proficiency) seeking outreach, information, counseling, referral, and assistance regarding pension and other retirement benefits, and rights related to such benefits.

(3) AGREEMENTS.—The Assistant Secretary may enter into agreements with the Secretary of Labor and the heads of other Federal agencies that regulate the provision of pension and other retirement benefits in order to carry out this subsection.

(i) REPORT TO CONGRESS.—Not later than 30 months after the date of the enactment of this section, the Assistant Secretary shall submit to the **Committee on Education and the Workforce** *Committee on Education and Labor* of the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate a report that—

(1) summarizes the distribution of funds authorized for grants under this section and the expenditure of such funds;

(2) summarizes the scope and content of training and assistance provided under a program carried out under this section and the degree to which the training and assistance can be replicated;

(3) outlines the problems that individuals participating in programs funded under this section encountered concerning rights related to pension and other retirement benefits; and

(4) makes recommendations regarding the manner in which services provided in programs funded under this section can be incorporated into the ongoing programs of State agencies, area agencies on aging, multipurpose senior centers and other similar entities.

(j) ADMINISTRATIVE EXPENSES.—Of the funds appropriated under section 216 to carry out this section for a fiscal year, not more than \$100,000 may be used by the Administration for administrative expenses.

ISEC. 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 \$40,063,000 for each of the fiscal years 2017, 2018, and 2019.

[(b) There are authorized to be appropriated—

[(1) to carry out section 202(a)(21) (relating to the National Eldercare Locator Service), \$2,088,758 for fiscal year 2017, \$2,132,440 for fiscal year 2018, and \$2,176,121 for fiscal year 2019;

[(2) to carry out section 215, \$1,904,275 for fiscal year 2017, \$1,944,099 for fiscal year 2018, and \$1,983,922 for fiscal year 2019;

[(3) to carry out section 202 (relating to Elder Rights Support Activities under this title), \$1,312,904 for fiscal year 2017, \$1,340,361 for fiscal year 2018, and \$1,367,817 for fiscal year 2019; and

[(4) to carry out section 202(b) (relating to the Aging and Disability Resource Centers), \$6,271,399 for fiscal year 2017, \$6,402,551 for fiscal year 2018, and \$6,533,703 for fiscal year 2019.]

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 \$44,042,171 for fiscal year 2020, \$46,684,701 for fiscal year 2021, \$49,485,783 for fiscal year 2022, \$52,454,930 for fiscal year 2023, and \$55,602,226 for fiscal year 2024.

(b) AUTHORIZATION OF APPROPRIATIONS FOR PROGRAMS.—There are authorized to be appropriated—

(1) to carry out section 201(g), \$20,000,000 for each of the fiscal years 2020 through 2024;

(2) to carry out section 202(a)(21) (relating to the National Eldercare Locator Service), \$2,186,227 for fiscal year 2020, \$2,317,401 for fiscal year 2021, \$2,456,445 for fiscal year 2022, \$2,603,832 for fiscal year 2023, and \$2,760,062 for fiscal year 2024;

(3) to carry out section 215, \$1,992,460 for fiscal year 2020, \$2,112,008 for fiscal year 2021, \$2,238,728 for fiscal year 2022, \$2,373,052 for fiscal year 2023, and \$2,515,435 for fiscal year 2024;

(4) to carry out section 202 (relating to Elder Rights Support Activities under this title), \$1,375,011 for fiscal year 2020, \$1,457,511 for fiscal year 2021, \$1,544,962 for fiscal year 2022, \$1,637,660 for fiscal year 2023, and \$1,735,919 for fiscal year 2024;

(5) to carry out section 202(b) (relating to the Aging and Disability Resource Centers), \$8,708,043 for fiscal year 2020, \$9,230,526 for fiscal year 2021, \$9,784,357 for fiscal year 2022, \$10,371,419 for fiscal year 2023, and \$10,993,704 for fiscal year 2024; and

(6) to carry out section 201(c)(3)(H) (relating to professional development and technical assistance for programs under title VI), \$500,000 for fiscal year 2020.

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TITLE III—GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

PART A—GENERAL PROVISIONS

PURPOSE; ADMINISTRATION

SEC. 301. (a)(1) It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2), for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to—

(A) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services;

(B) remove individual and social barriers to economic and personal independence for older individuals;

(C) provide a continuum of care for vulnerable older individuals; **[and]**

(D) secure the opportunity for older individuals to receive managed in-home and community-based long-term care services**[.]; and**

(E) address the social determinants of health of older individuals.

(2) The persons referred to in paragraph (1) include—

(A) State agencies and area agencies on aging;

(B) other State agencies, including agencies that administer home and community care programs;

(C) Indian tribes, tribal organizations, and Native Hawaiian organizations;

(D) the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers;

(E) organizations representing or employing older individuals or their families; and

(F) organizations that have experience in providing training, placement, and stipends for volunteers or participants who are older individuals (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

(b)(1) In order to effectively carry out the purpose of this title, the Assistant Secretary shall administer programs under this title through the Administration.

(2) In carrying out the provisions of this title, the Assistant Secretary may request the technical assistance and cooperation of the Department of Education, the Department of Labor, the Department of Housing and Urban Development, the Department of Transportation, the Office of Community Services, the Department of Veterans Affairs, the Substance Abuse and Mental Health Services Administration, and such other agencies and departments of the Federal Government as may be appropriate.

(c) The Assistant Secretary shall provide technical assistance and training (by contract, grant, or otherwise) to State long-term care ombudsman programs established under section 307(a)(9) in accordance with section 712, and to individuals within such programs designated under section 712 to be representatives of a long-term care ombudsman, in order to enable such ombudsmen and such representatives to carry out the ombudsman program effectively.

(d)(1) Any funds received under an allotment as described in section 304(a), or funds contributed toward the non-Federal share under section 304(d), shall be used only for activities and services to benefit older individuals and other individuals as specifically provided for in this title.

(2) No provision of this title shall be construed as prohibiting a State agency or area agency on aging from providing services by using funds from sources not described in paragraph (1).

DEFINITIONS

SEC. 302. For the purpose of this title—

(1) The term “comprehensive and coordinated system” means a system for providing all necessary supportive services, including nutrition services, in a manner designed to—

(A) facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;

(B) develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals;

(C) use available resources efficiently and with a minimum of duplication; and

(D) encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.

(2) The term “education and training service” means a supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through

services such as consumer education, continuing education, health education, preretirement education, financial planning, and other education and training services which will advance the objectives of this Act.

(3) The term “family caregiver” means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual of *any age* with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

(4) The term “unit of general purpose local government” means—

(A) a political subdivision of the State whose authority is general and not limited to only one function or combination of related functions; or

(B) an Indian tribal organization.

[AUTHORIZATION OF APPROPRIATIONS; USES OF FUNDS

[SEC. 303. (a)(1) There are authorized to be appropriated to carry out part B (relating to supportive services) \$356,717,276 for fiscal year 2017, \$364,456,847 for fiscal year 2018, and \$372,196,069 for fiscal year 2019.**ff**

[(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) \$459,937,586 for fiscal year 2017, \$469,916,692 for fiscal year 2018, and \$479,895,348 for fiscal year 2019.

[(2) There are authorized to be appropriated to carry out subpart 2 of part C (relating to home delivered nutrition services) \$232,195,942 for fiscal year 2017, \$237,233,817 for fiscal year 2018, and \$242,271,465 for fiscal year 2019.

[(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, 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) \$20,361,334 for fiscal year 2017, \$20,803,107 for fiscal year 2018, and \$21,244,860 for fiscal year 2019.

[(e) There are authorized to be appropriated to carry out part E (relating to family caregiver support) \$154,336,482 for fiscal year 2017, \$157,564,066 for fiscal year 2018, and \$160,791,658 for fiscal year 2019.**]**

SEC. 303. AUTHORIZATION OF APPROPRIATIONS; USES OF FUNDS.

(a)(1) There are authorized to be appropriated to carry out part B (relating to supportive services) \$413,011,586 for fiscal year 2020,

\$437,792,281 for fiscal year 2021, \$464,059,818 for fiscal year 2022, \$491,903,407 for fiscal year 2023, and \$521,417,612 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) \$531,279,663 for fiscal year 2020, \$563,156,443 for fiscal year 2021, \$596,945,830 for fiscal year 2022, \$632,762,580 for fiscal year 2023, and \$670,728,334 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) \$269,577,167 for fiscal year 2020, \$285,751,797 for fiscal year 2021, \$302,896,905 for fiscal year 2022, \$321,070,719 for fiscal year 2023, and \$340,334,963 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, 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) \$26,650,753 for fiscal year 2020, \$28,249,798 for fiscal year 2021, \$29,944,786 for fiscal year 2022, \$31,741,473 for fiscal year 2023, and \$33,645,961 for fiscal year 2024.

(e) There are authorized to be appropriated to carry out part E (relating to family caregiver support) \$194,331,264 for fiscal year 2020, \$205,991,140 for fiscal year 2021, \$218,350,609 for fiscal year 2022, \$231,451,645 for fiscal year 2023, and \$245,338,744 for fiscal year 2024.

ALLOTMENT; FEDERAL SHARE

SEC. 304. (a)(1) From the sums appropriated under subsections (a) through (d) of section 303 for each fiscal year, each State shall be allotted an amount which bears the same ratio to such sums as the population of older individuals in such State bears to the population of older individuals in all States.

(2) In determining the amounts allotted to States from the sums appropriated under section 303 for a fiscal year, the Assistant Secretary shall first determine the amount allotted to each State under paragraph (1) and then proportionately adjust such amounts, if necessary, to meet the requirements of paragraph (3).

(3)(A) No State shall be allotted less than $\frac{1}{2}$ of 1 percent of the sum appropriated for the fiscal year for which the determination is made.

(B) Guam and the United States Virgin Islands shall each be allotted not less than $\frac{1}{4}$ of 1 percent of the sum appropriated for the fiscal year for which the determination is made.

(C) American Samoa and the Commonwealth of the Northern Mariana Islands shall each be allotted not less than $\frac{1}{16}$ of 1 percent of the sum appropriated for the fiscal year for which the determination is made. For the purposes of the exception contained in subparagraph (A) only, the ~~term “State” does~~ *term “State” does* not include Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands.

(D)(i) For each of fiscal years ~~2017 through 2019~~ *2020 through 2024*, no State shall be allotted an amount that is less than 99 percent of the amount allotted to such State for the previous fiscal year.

(ii) For fiscal year ~~2020~~ *2025* and each subsequent fiscal year, no State shall be allotted an amount that is less than 100 percent of the amount allotted to such State for fiscal year 2019.

(4) The number of individuals aged 60 or older in any State and in all States shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census, and other reliable demographic data satisfactory to the Assistant Secretary.

(5) State allotments for a fiscal year under this section shall be proportionally reduced to the extent that appropriations may be insufficient to provide the full allotments of the prior year.

(b) Whenever the Assistant Secretary determines that any amount allotted to a State under part B or C, or part E, for a fiscal year under this section will not be used by such State for carrying out the purpose for which the allotment was made, the Assistant Secretary shall make such allotment available for carrying out such purpose to one or more other States to the extent the Assistant Secretary determines that such other State will be able to use such additional amount for carrying out such purpose. Any amount made available to a State from an appropriation for a fiscal year in accordance with the preceding sentence shall, for purposes of this title, be regarded as part of such State's allotment (as determined under subsection (a)) for such year, but shall remain available until the end of the succeeding fiscal year.

(c) If the Assistant Secretary finds that any State has failed to qualify under the State plan requirements of section 307 or the Assistant Secretary does not approve the funding formula required under section 305(a)(2)(C), the Assistant Secretary shall withhold the allotment of funds to such State referred to in subsection (a). The Assistant Secretary shall disburse the funds so withheld directly to any public or private nonprofit institution or organization, agency, or political subdivision of such State submitting an approved plan under section 307, which includes an agreement that any such payment shall be matched in the proportion determined under subsection (d)(1)(D) for such State, by funds or in-kind resources from non-Federal sources.

(d)(1) From any State's allotment, after the application of section 308(b), under this section for any fiscal year—

(A) such amount as the State agency determines, but not more than 10 percent thereof, shall be available for paying such percentage as the agency determines, but not more than 75 percent, of the cost of administration of area plans;

(B) such amount (excluding any amount attributable to funds appropriated under section 303(a)(3)) as the State agen-

cy determines to be adequate for conducting an effective ombudsman program under section 307(a)(9) shall be available for conducting such program;

(C) not less than \$150,000 and not more than 4 percent of the amount allotted to the State for carrying out part B, shall be available for conducting outreach demonstration projects under section 706; and

(D) the remainder of such allotment shall be available to such State only for paying such percentage as the State agency determines, but not more than 85 percent of the cost of supportive services, senior centers, and nutrition services under this title provided in the State as part of a comprehensive and coordinated system in planning and service areas for which there is an area plan approved by the State agency.

(2) The non-Federal share shall be in cash or in kind. In determining the amount of the non-Federal share, the Assistant Secretary may attribute fair market value to services and facilities contributed from non-Federal sources.

* * * * *

AREA PLANS

SEC. 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, *the number of older individuals at risk for institutional placement residing in such area*, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the

use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals [who are victims of] *with* Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing

- in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, *specifically including survivors of the Holocaust*; and
- (ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will—
- (A) take into account in connection with matters of general policy arising in the development and administration

of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act; and

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

- (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
- (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) provide assurances that 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 *together with any other funds* and expended by the agency in fiscal year **2000** 2019 in carrying out such a program under this title;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same

- extent as such services are available to older individuals within the planning and service area, to older Native Americans; and
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; **[and]**
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery**[.]**; *and*
- (18) *provide assurances that the area agency on aging will collect data to determine the services that are needed by older*

individuals whose needs are the focus of all centers funded under title IV and the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting these individuals. Each agency plan shall 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 are the focus of all centers established under title IV. This requirement applies to all centers funded on the day before the effective date of this paragraph.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

and

(L) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area

are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(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 in the planning and service area supported by the area agency on aging.*

STATE PLANS

SEC. 307. (a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two-, three-, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000;

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that 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]** *the total amount* that is not less than an amount expended by the State agency with funds received *from all sources including* under this title for fiscal year **[2000]** 2019, and an amount that is not less than the amount expended by the State agency with funds received *from all sources including* under title VII for fiscal year **[2000]** 2019.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance—

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the As-

sistant Secretary, that any grantee selected is the entity best able to provide the particular services;

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
 - (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.
- (15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
 - (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
- (16) The plan shall provide assurances that the State agency will require outreach efforts that will—
- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.
- (17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
- (18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
 - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19) The plan shall include the assurances and description required by section 705(a).
- (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
- (21) The plan shall—
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
 - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
- (22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).
- (23) The plan shall provide assurances that demonstrable efforts will be made—
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
 - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
- (24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individ-

uals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(28)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(29) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(30) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(31) *The State shall prepare and submit to the Assistant Secretary annual reports on the data collected to determine the services that are needed by older individuals whose needs are the focus of all centers funded under title IV and the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting these individuals. The reports shall describe any outreach efforts and other activities described in section 306(a)(18). This requirement applies to all centers*

funded on the day before the date of the enactment of the effective date of this paragraph.

(b)(1) The Assistant Secretary shall approve any State plan which the Assistant Secretary finds fulfills the requirements of subsection (a), except the Assistant Secretary may not approve such plan unless the Assistant Secretary determines that the formula submitted under section 305(a)(2)(D) complies with the guidelines in effect under section 305(a)(2)(C).

(2) The Assistant Secretary, in approving any State plan under this section, may waive the requirement described in paragraph (3)(B) of subsection (a) if the State agency demonstrates to the Assistant Secretary that the service needs of older individuals residing in rural areas in the State are being met, or that the number of older individuals residing in such rural areas is not sufficient to require the State agency to comply with such requirement.

(c)(1) The Assistant Secretary shall not make a final determination disapproving any State plan, or any modification thereof, or make a final determination that a State is ineligible under section 305, without first affording the State reasonable notice and opportunity for a hearing.

(2) Not later than 30 days after such final determination, a State dissatisfied with such final determination may appeal such final determination to the Secretary for review. If the State timely appeals such final determination in accordance with subsection (e)(1), the Secretary shall dismiss the appeal filed under this paragraph.

(3) If the State is dissatisfied with the decision of the Secretary after review under paragraph (2), the State may appeal such decision not later than 30 days after such decision and in the manner described in subsection (e). For purposes of appellate review under the preceding sentence, a reference in subsection (e) to the Assistant Secretary shall be deemed to be a reference to the Secretary.

(d) Whenever the Assistant Secretary, after reasonable notice and opportunity for a hearing to the State agency, finds that—

(1) the State is not eligible under section 305,

(2) the State plan has been so changed that it no longer complies substantially with the provisions of subsection (a), or

(3) in the administration of the plan there is a failure to comply substantially with any such provision of subsection (a), the Assistant Secretary shall notify such State agency that no further payments from its allotments under section 304 and section 308 will be made to the State (or, in the Assistant Secretary's discretion, that further payments to the State will be limited to projects under or portions of the State plan not affected by such failure), until the Assistant Secretary is satisfied that there will no longer be any failure to comply. Until the Assistant Secretary is so satisfied, no further payments shall be made to such State from its allotments under section 304 and section 308 (or payments shall be limited to projects under or portions of the State plan not affected by such failure). The Assistant Secretary shall, in accordance with regulations the Assistant Secretary shall prescribe, disburse the funds so withheld directly to any public or nonprofit private organization or agency or political subdivision of such State submitting an approved plan in accordance with the provisions of this section. Any such payment shall be matched in the proportions specified in section 304.

(e)(1) A State which is dissatisfied with a final action of the Assistant Secretary under subsection (b), (c), or (d) may appeal to the United States court of appeals for the circuit in which the State is located, by filing a petition with such court within 30 days after such final action. A copy of the petition shall be forthwith transmitted by the clerk of the court to the Assistant Secretary, or any officer designated by the Assistant Secretary for such purpose. The Assistant Secretary thereupon shall file in the court the record of the proceedings on which the Assistant Secretary's action is based, as provided in section 2112 of title 28, United States Code.

(2) Upon the filing of such petition, the court shall have jurisdiction to affirm the action of the Assistant Secretary or to set it aside, in whole or in part, temporarily or permanently, but until the filing of the record, the Assistant Secretary may modify or set aside the Assistant Secretary's order. The findings of the Assistant Secretary as to the facts, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown may remand the case to the Assistant Secretary to take further evidence, and the Assistant Secretary shall, within 30 days, file in the court the record of those further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence. The judgment of the court affirming or setting aside, in whole or in part, any action of the Assistant Secretary shall be final, subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code.

(3) The commencement of proceedings under this subsection shall not, unless so specifically ordered by the court, operate as a stay of the Assistant Secretary's action.

(f) Neither a State, nor a State agency, may require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF
STATE PLANS

SEC. 308. (a)(1) Amounts available to States under subsection (b)(1) may be used to make grants to States for paying such percentages as each State agency determines, but not more than 75 percent, of the cost of the administration of its State plan, including the preparation of the State plan, the evaluation of activities carried out under such plan, the collection of data and the carrying out of analyses related to the need for supportive services, nutrition services, and multipurpose senior centers within the State, and dissemination of information so obtained, the provision of short-term training to personnel of public or nonprofit private agencies and organizations engaged in the operation of programs authorized by this Act, and the carrying out of demonstration projects of statewide significance relating to the initiation, expansion, or improvement of services assisted under this title.

(2) Any sums available to a State under subsection (b)(1) for part of the cost of the administration of its State plan which the State determines is not needed for such purposes may be used by the State to supplement the amount available under section 304(d)(1)(A) to cover part of the cost of the administration of area plans.

(3) Any State which has been designated a single planning and service area under section 305(a)(1)(E) covering all, or substantially all, of the older individuals in such State, as determined by the Assistant Secretary, may elect to pay part of the costs of the administration of State and area plans either out of sums received under this section or out of sums made available for the administration of area plans under section 304(d)(1)(A), but shall not pay such costs out of sums received or allotted under both such sections.

(b)(1) If for any fiscal year the aggregate amount appropriated under section 303 does not exceed \$800,000,000, then—

(A) except as provided in clause (ii), the greater of 5 percent of the allotment to a State under section 304(a)(1) or \$300,000; and

(B) in the case of Guam, American Samoa, the United States Virgin Islands, the Trust Territory of the Pacific Islands, and the Commonwealth of the Northern Mariana Islands, the greater of 5 percent of such allotment or \$75,000;

shall be available to such State to carry out the purposes of this section.

(2) If for any fiscal year the aggregate amount appropriated under section 303 exceeds \$800,000,000, then—

(A) except as provided in clause (ii), the greater of 5 percent of the allotment to a State under section 304(a)(1) or ~~[\$500,000]~~ \$750,000; and

(B) in the case of Guam, American Samoa, the United States Virgin Islands, the Trust Territory of the Pacific Islands, and the Commonwealth of the Northern Mariana Islands, the greater of 5 percent of such allotment or \$100,000;

shall be available to such State to carry out the purposes of this section.

(3)(A) If the aggregate amount appropriated under section 303 for a fiscal year does not exceed \$800,000,000, then any State which desires to receive amounts, in addition to amounts allotted to such State under paragraph (1), to be used in the administration of its State plan in accordance with subsection (a) may transmit an application to the Assistant Secretary in accordance with this paragraph. Any such application shall be transmitted in such form, and according to such procedures, as the Assistant Secretary may require, except that such application may not be made as part of, or as an amendment to, the State plan.

(B) The Assistant Secretary may approve any application transmitted by a State under subparagraph (A) if the Assistant Secretary determines, based upon a particularized showing of need that—

(i) the State will be unable to fully and effectively administer its State plan and to carry out programs and projects authorized by this title unless such additional amounts are made available by the Assistant Secretary;

(ii) the State is making full and effective use of its allotment under paragraph (1) and of the personnel of the State agency and area agencies designated under section 305(a)(2)(A) in the administration of its State plan in accordance with subsection (a); and

(iii) the State agency and area agencies on aging of such State are carrying out, on a full-time basis, programs and activities which are in furtherance of the objectives of this Act.

(C) The Assistant Secretary may approve that portion of the amount requested by a State in its application under subparagraph (A) which the Assistant Secretary determines has been justified in such application.

(D) Amounts which any State may receive in any fiscal year under this paragraph may not exceed three-fourths of 1 percent of the sum of the amounts allotted under section 304(a) to such State to carry out the State plan for such fiscal year.

(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

(4)(A) Notwithstanding any other provision of this title and except as provided in subparagraph (B), with respect to funds received by a State and attributable to funds appropriated under paragraph (1) or (2) of section 303(b), the State may elect in its plan under section 307(a)(13) regarding part C of this title, to transfer not more than 40 percent of the funds so received between subpart 1 and subpart 2 of part C, for use as the State considers appropriate to meet the needs of the area served. The Assistant Secretary shall approve any such transfer unless the Assistant Secretary determines that such transfer is not consistent with the objectives of this Act.

(B) If a State demonstrates, to the satisfaction of the Assistant Secretary, that funds received by the State and attributable to funds appropriated under paragraph (1) or (2) of section 303(b), including funds transferred under subparagraph (A) without regard to this subparagraph, for any fiscal year are insufficient to satisfy the need for services under subpart 1 or subpart 2 of part C, then the Assistant Secretary may grant a waiver that permits the State to transfer under subparagraph (A) to satisfy such need an additional 10 percent of the funds so received by a State and attributable to funds appropriated under paragraph (1) or (2) of section 303(b).

(C) A State's request for a waiver under subparagraph (B) shall—

(i) be not more than one page in length;

(ii) include a request that the waiver be granted;

(iii) specify the amount of the funds received by a State and attributable to funds appropriated under paragraph (1) or (2) of section 303(b), over the permissible 40 percent referred to in subparagraph (A), that the State requires to satisfy the need for services under subpart 1 or 2 of part C; and

(iv) not include a request for a waiver with respect to an amount if the transfer of the amount would jeopardize the appropriate provision of services under subpart 1 or 2 of part C.

(5)(A) Notwithstanding any other provision of this title, of the funds received by a State attributable to funds appropriated under

subsection (a)(1), and paragraphs (1) and (2) of subsection (b), of section 303, the State may elect to transfer not more than 30 percent for any fiscal year between programs under part B and part C, for use as the State considers appropriate. The State shall notify the Assistant Secretary of any such election.

(B) At a minimum, the notification described in subparagraph (A) shall include a description of the amount to be transferred, the purposes of the transfer, the need for the transfer, and the impact of the transfer on the provision of services from which the funding will be transferred.

(6) A State agency may not delegate to an area agency on aging or any other entity the authority to make a transfer under paragraph (4)(A) or (5)(A).

(7) The Assistant Secretary shall annually collect, and include in the report required by section 207(a), data regarding the transfers described in paragraphs (4)(A) and (5)(A), including—

(A) the amount of funds involved in the transfers, analyzed by State;

(B) the rationales for the transfers;

(C) in the case of transfers described in paragraphs (4)(A) and (5)(A), the effect of the transfers of the provision of services, including the effect on the number of meals served, under—

(i) subpart 1 of part C; and

(ii) subpart 2 of part C; and

(D) in the case of transfers described in paragraph (5)(A)—

(i) in the case of transfers to part B, information on the supportive services, or services provided through senior centers, for which the transfers were used; and

(ii) the effect of the transfers on the provision of services provided under—

(I) part B; and

(II) part C, including the effect on the number of meals served.

(8) *The Assistant Secretary shall review the reports submitted under section 307(a)(31), and include in the report required by section 207(a), aggregated data, including the effectiveness and outreach efforts included in 307(a)(31), on services that are needed by older individuals whose needs are the focus of all centers funded under title IV. This requirement applies to all centers funded on the day before the date of the effective date of this paragraph.*

(c) The amounts of any State's allotment under subsection (b) for any fiscal year which the Assistant Secretary determines will not be required for that year for the purposes described in subsection (a)(1) shall be available to provide services under part B or part C, or both, in the State.

* * * * *

NUTRITION SERVICES INCENTIVE PROGRAM

SEC. 311. (a) The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.

(b)(1) The Secretary shall allot and provide, in accordance with this section, to or on behalf of each State agency with a plan approved under this title for a fiscal year, and to or on behalf of each grantee with an application approved under title VI for such fiscal year, an amount bearing the same ratio to the total amount appropriated for such fiscal year under subsection (e) as the number of meals served in the State under such plan approved for the preceding fiscal year (or the number of meals served by the title VI grantee, under such application approved for such preceding fiscal year), bears to the total number of such meals served in all States and by all title VI grantees under all such plans and applications approved for such preceding fiscal year.

(2) For purposes of paragraph (1), in the case of a grantee that has an application approved under title VI for a fiscal year but that did not receive assistance under this section for the preceding fiscal year, the number of meals served by the title VI grantee for the preceding fiscal year shall be deemed to equal the number of meals that the Assistant Secretary estimates will be served by the title VI grantee in the fiscal year for which the application was approved.

(c)(1) Agricultural commodities (including bonus commodities) and products purchased by the Secretary of Agriculture under section 32 of the Act of August 24, 1935 (7 U.S.C. 612c), shall be donated to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this title.

(2) The Commodities Credit Corporation shall dispose of food commodities (including bonus commodities) under section 416 of the Agricultural Act of 1949 (7 U.S.C. 1431) by donating them to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this title.

(3) Dairy products (including bonus commodities) purchased by the Secretary of Agriculture under section 709 of the Food and Agriculture Act of 1965 (7 U.S.C. 1446a-1) shall be used to meet the requirements of programs providing nutrition services in accordance with the provisions of this title.

(4) Among the commodities provided under this subsection, the Secretary of Agriculture shall give special emphasis to foods of high nutritional value to support the health of older individuals. The Secretary of Agriculture, in consultation with the Assistant Secretary, is authorized to prescribe the terms and conditions respecting the provision of commodities under this subsection.

(d)(1) Each State agency and each title VI grantee shall be entitled to use all or any part of amounts allotted under subsection (b) to obtain, subject to paragraphs (2) and (3), from the Secretary of Agriculture commodities available through any food program of the Department of Agriculture at the rates at which such commodities are valued for purposes of such program.

(2) The Secretary of Agriculture shall determine and report to the Secretary, by such date as the Secretary may require, the amount (if any) of its allotment under subsection (b) which each State agency and title VI grantee has elected to receive in the form of commodities. Such amount shall include an amount bearing the same ratio to the costs to the Secretary of Agriculture of providing such commodities under this subsection as the value of commod-

ities received by such State agency or title VI grantee under this subsection bears to the total value of commodities so received.

(3) From the allotment under subsection (b) for each State agency and title VI grantee, the Secretary shall transfer funds to the Secretary of Agriculture for the costs of commodities received by such State agency or grantee, and expenses related to the procurement of the commodities on behalf of such State agency or grantee, under this subsection, and shall then pay the balance (if any) to such State agency or grantee. The amount of funds transferred for the expenses related to the procurement of the commodities shall be mutually agreed on by the Secretary and the Secretary of Agriculture. The transfer of funds for the costs of the commodities and the related expenses shall occur in a timely manner after the Secretary of Agriculture submits the corresponding report described in paragraph (2), and shall be subject to the availability of appropriations. Amounts received by the Secretary of Agriculture pursuant to this section to make commodity purchases for a fiscal year for a State agency or title VI grantee shall remain available, only for the next fiscal year, to make commodity purchases for that State agency or grantee pursuant to this section.

(4) Each State agency and title VI grantee shall promptly and equitably disburse amounts received under this subsection to recipients of grants and contracts. Such disbursements shall only be used by such recipients of grants or contracts to purchase domestically produced foods for their nutrition projects.

(5) Nothing in this subsection shall be construed to require any State agency or title VI grantee to elect to receive cash payments under this subsection.

[(e) There are authorized to be appropriated to carry out this section (other than subsection (c)(1)) \$164,055,664 for fiscal year 2017, \$167,486,502 for fiscal year 2018, and \$170,917,349 for fiscal year 2019.]

(e) There are authorized to be appropriated to carry out this section (other than subsection (c)(1)) \$171,682,200 for fiscal year 2020, \$181,983,132 for fiscal year 2021, \$192,902,120 for fiscal year 2022, \$204,476,247 for fiscal year 2023, and \$216,744,822 for fiscal year 2024.

(f) In each fiscal year, the Secretary and the Secretary of Agriculture shall jointly disseminate to State agencies, title VI grantees, area agencies on aging, and providers of nutrition services assisted under this title, information concerning the foods available to such State agencies, title VI grantees, area agencies on aging, and providers under subsection (c).

* * * * *

SEC. 315. CONSUMER CONTRIBUTIONS.

(a) COST SHARING.—

(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), a State is permitted to implement cost sharing for all services funded by this Act by recipients of the services.

(2) EXCEPTION.—The State is not permitted to implement the cost sharing described in paragraph (1) for the following services:

(A) Information and assistance, outreach, benefits counseling, or case management services.

(B) Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.

(C) Congregate and home delivered meals.

(D) Any services delivered through tribal organizations.

(3) PROHIBITIONS.—A State or tribal organization shall not permit the cost sharing described in paragraph (1) for any services delivered through tribal organizations. A State shall not permit cost sharing by a low-income older individual if the income of such individual is at or below the Federal poverty line. A State may exclude from cost sharing low-income individuals whose incomes are above the Federal poverty line. A State shall not consider any assets, savings, or other property owned by older individuals when defining low-income individuals who are exempt from cost sharing, when creating a sliding scale for the cost sharing, or when seeking contributions from any older individual.

(4) PAYMENT RATES.—If a State permits the cost sharing described in paragraph (1), such State shall establish a sliding scale, based solely on individual income and the cost of delivering services.

(5) REQUIREMENTS.—If a State permits the cost sharing described in paragraph (1), such State shall require each area agency on aging in the State to ensure that each service provider involved, and the area agency on aging, will—

(A) protect the privacy and confidentiality of each older individual with respect to the declaration or nondeclaration of individual income and to any share of costs paid or unpaid by an individual;

(B) establish appropriate procedures to safeguard and account for cost share payments;

(C) use each collected cost share payment to expand the service for which such payment was given;

(D) not consider assets, savings, or other property owned by an older individual in determining whether cost sharing is permitted;

(E) not deny any service for which funds are received under this Act for an older individual due to the income of such individual or such individual's failure to make a cost sharing payment;

(F) determine the eligibility of older individuals to cost share solely by a confidential declaration of income and with no requirement for verification; and

(G) widely distribute State created written materials in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing, the State's sliding scale, and the mandate described under subparagraph (E).

(6) WAIVER.—An area agency on aging may request a waiver to the State's cost sharing policies, and the State shall approve such a waiver if the area agency on aging can adequately demonstrate that—

(A) a significant proportion of persons receiving services under this Act subject to cost sharing in the planning and service area have incomes below the threshold established in State policy; or

(B) cost sharing would be an unreasonable administrative or financial burden upon the area agency on aging.

(b) VOLUNTARY CONTRIBUTIONS.—

(1) IN GENERAL.—Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under this Act if the method of solicitation is noncoercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.

(2) LOCAL DECISION.—The area agency on aging shall consult with the relevant service providers and older individuals in agency's planning and service area in a State to determine the best method for accepting voluntary contributions under this subsection.

(3) PROHIBITED ACTS.—The area agency on aging and service providers shall not means test for any service for which contributions are accepted or deny services to any individual who does not contribute to the cost of the service.

(4) REQUIRED ACTS.—The area agency on aging shall ensure that each service provider will—

(A) provide each recipient with an opportunity to voluntarily contribute to the cost of the service;

(B) clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;

(C) protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;

(D) establish appropriate procedures to safeguard and account for all contributions; and

(E) use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under this Act.

(c) PARTICIPATION.—

(1) IN GENERAL.—The State and area agencies on aging, in conducting public hearings on State and area plans, shall solicit the views of older individuals, providers, and other stakeholders on implementation of cost-sharing in the service area or the State.

(2) PLANS.—Prior to the implementation of cost sharing under subsection (a), each State and area agency on aging shall develop plans that are designed to ensure that the participation of low-income older individuals (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) receiving services will not decrease with the implementation of the cost sharing under such subsection.

(d) EVALUATION.—Not later than 1 year after the date of the enactment of the Older Americans Act Amendments of 2000, and annually thereafter, the Assistant Secretary shall conduct a comprehensive evaluation of practices for cost sharing to determine its impact on participation rates (with particular attention to low-income older individuals, including low-income minority older indi-

viduals, older individuals with limited English proficiency, and older individuals residing in rural areas). If the Assistant Secretary finds that there is a disparate impact upon low-income or minority older individuals or older individuals residing in rural areas in any State or region within the State regarding the provision of services, the Assistant Secretary shall take corrective action to assure that such services are provided to all older individuals without regard to the cost sharing criteria.

(e) *RESPONSE TO AREA AGENCIES ON AGING.*—Upon request from an area agency on aging, the State shall make available any policies or guidance pertaining to policies under this section.

* * * * *

PART B—SUPPORTIVE SERVICES AND SENIOR CENTERS

PROGRAM AUTHORIZED

SEC. 321. (a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for any of the following supportive services:

(1) health (including mental and behavioral health), education and training, welfare, informational, recreational, homemaker, counseling, referral, chronic condition self-care management, or falls prevention services;

(2) transportation services to facilitate access to supportive services or nutrition services, and services provided by an area agency on aging, in conjunction with local transportation service providers, public transportation agencies, and other local government agencies, that result in increased provision of such transportation services for older individuals;

(3) services designed to encourage and assist older individuals to use the facilities and services (including information and assistance services) available to them, including language translation services to assist older individuals with limited-English speaking ability to obtain services under this title;

(4) services designed (A) to assist older individuals to obtain adequate housing, including residential repair and renovation projects designed to enable older individuals to maintain their homes in conformity with minimum housing standards; (B) to adapt homes to meet the needs of older individuals who have physical disabilities; (C) to prevent unlawful entry into residences of older individuals, through the installation of security devices and through structural modifications or alterations of such residences; or (D) to assist older individuals in obtaining housing for which assistance is provided under programs of the Department of Housing and Urban Development;

(5) services designed to assist older individuals in avoiding institutionalization and to assist individuals in long-term care institutions who are able to return to their communities, including—

(A) client assessment, case management services, and development and coordination of community services;

(B) supportive activities to meet the special needs of caregivers, including caretakers who provide in-home services to frail older individuals; and

- (C) in-home services and other community services, including home health, homemaker, shopping, escort, reader, and letter writing services, to assist older individuals to live independently in a home environment;
- (6) services designed to provide to older individuals legal assistance and other counseling services and assistance, including—
- (A) tax counseling and assistance, financial counseling, and counseling regarding appropriate health and life insurance coverage;
 - (B) representation—
 - (i) of individuals who are wards (or are allegedly incapacitated); and
 - (ii) in guardianship proceedings of older individuals who seek to become guardians, if other adequate representation is unavailable in the proceedings; and
 - (C) provision, to older individuals who provide uncompensated care to their adult children with disabilities, of counseling to assist such older individuals with permanency planning for such children;
- (7) services designed to enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, *cultural experiences (including the arts)*, and dance-movement therapy;
- [(8) services designed to provide health screening (including mental and behavioral health screening and falls prevention services screening) to detect or prevent (or both) illnesses and injuries that occur most frequently in older individuals;]**
- (8) services designed to provide health screening (including mental and behavioral health screening, screening for social isolation and loneliness, falls prevention services screening and traumatic brain injury screening) to detect or prevent (or both) illnesses and injuries that occur most frequently in older individuals;*
- (9) services designed to provide, for older individuals, pre-retirement counseling and assistance in planning for and assessing future post-retirement needs with regard to public and private insurance, public benefits, lifestyle changes, relocation, legal matters, leisure time, and other appropriate matters;
- (10) services of an ombudsman at the State level to receive, investigate, and act on complaints by older individuals who are residents of long-term care facilities and to advocate for the well-being of such individuals;
- (11) provision of services and assistive devices (including provision of assistive technology services and assistive technology devices) which are designed to meet the unique needs of older individuals who are disabled, and of older individuals who provide uncompensated care to their adult children with disabilities;
- (12) services to encourage the employment of older workers, including job and second career counseling and, where appropriate, job development, referral, and placement, and including the coordination of the services with programs administered by or receiving assistance from the Department of Labor, includ-

ing programs carried out under the Workforce Innovation and Opportunity Act;

(13) crime prevention services and victim assistance programs for older individuals;

(14) a program, to be known as “Senior Opportunities and Services”, designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (A) development and provision of new volunteer services; (B) effective referral to existing health (including mental and behavioral health), employment, housing, legal, consumer, transportation, and other services; (C) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (D) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency;

(15) services for the prevention of abuse of older individuals in accordance with chapter 3 of subtitle A of title VII and section 307(a)(12), and screening for elder abuse, neglect, and exploitation;

(16) in service training and State leadership for legal assistance activities;

(17) health and nutrition education services, including information concerning prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions;

(18) services designed to enable mentally impaired older individuals to attain and maintain emotional well-being and independent living through a coordinated system of support services;

(19) services designed to support family members and other persons providing voluntary care to older individuals that need long-term care services;

(20) services designed to provide information and training for individuals who are or may become guardians or representative payees of older individuals, including information on the powers and duties of guardians and representative payees and on alternatives to guardianships;

(21) services to encourage and facilitate regular interaction between students and older individuals, including services for older individuals with limited English proficiency and visits in long-term care facilities, multipurpose senior centers, and other settings;

(22) in-home services for frail older individuals, including individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, and their families, including in-home services defined by a State agency in the State plan submitted under section 307, taking into consideration the age, economic need, and noneconomic and nonhealth factors contributing to the frail condition and need for services of the individuals described in this paragraph, and in-home services defined by an area agency on aging in the area plan submitted under section 306;

(23) services designed to support States, area agencies on aging, and local service providers in carrying out and coordinating activities for older individuals with respect to mental and behavioral health services, including outreach for, education concerning, and screening for such services, and referral to such services for treatment;

(24) activities to promote and disseminate information about life-long learning programs, including opportunities for distance learning; [and]

(25) *services that promote or support social connectedness and reduce social isolation; and*

[(25)] (26) any other services necessary for the general welfare of older individuals;

if such services meet standards prescribed by the Assistant Secretary and are necessary for the general welfare of older individuals. For purposes of paragraph (5), the term “client assessment through case management” includes providing information relating to assistive technology.

(b)(1) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for the acquisition, alteration, or renovation of existing facilities, including mobile units, and, where appropriate, construction or modernization of facilities to serve as multipurpose senior centers.

(2) Funds made available to a State under this part may be used for the purpose of assisting in the operation of multipurpose senior centers and meeting all or part of the costs of compensating professional and technical personnel required for the operation of multipurpose senior centers.

(c) In carrying out the provisions of this part, to more efficiently and effectively deliver services to older individuals, each area agency on aging shall coordinate services described in subsection (a) with other community agencies and voluntary organizations providing the same services, and pursue opportunities for the development of intergenerational shared site models for programs or projects, consistent with the purposes of this Act. In coordinating the services, the area agency on aging shall make efforts to coordinate the services with agencies and organizations carrying out intergenerational programs or projects.

(d) Funds made available under this part shall supplement, and not supplant, any Federal, State, or local funds expended by a State or unit of general purpose local government (including an area agency on aging) to provide services described in subsection (a).

(e) In this section, the term “adult child with a disability” means a child who—

- (1) is age 18 or older;
- (2) is financially dependent on an older individual who is a parent of the child; and
- (3) has a disability.

PART C—NUTRITION SERVICE

SEC. 330. PURPOSES.

The purposes of this part are—

- (1) to reduce hunger [and food insecurity], *food insecurity, and malnutrition;*

- (2) to promote socialization of older individuals; and
- (3) to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

* * * * *

Subpart 3—General Provisions

SEC. 339. NUTRITION.

A State that establishes and operates a nutrition project under this chapter shall—

- (1) utilize the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and
- (2) ensure that the project—

- (A) provides meals that—

- (i) comply with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and

- (ii) provide to each participating older individual—

- (I) a minimum of 33 $\frac{1}{3}$ percent of the dietary reference intakes established by the Food and Nutrition Board of the [Institute of Medicine of the National Academy of Sciences] *National Academies of Sciences, Engineering, and Medicine*, if the project provides one meal per day,

- (II) a minimum of 66 $\frac{2}{3}$ percent of the allowances if the project provides two meals per day, and

- (III) 100 percent of the allowances if the project provides three meals per day, and

- (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants, *including cultural considerations and preferences (including needs based on religious, cultural, or ethnic requirements) and medically tailored meals,*

- (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,

- (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,

- (D) where feasible, encourages joint arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,

- (E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,

- (F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,

(G) ensures that meal providers solicit the advice and expertise of—

- (i) a dietitian or other individual described in paragraph (1),
- (ii) meal participants, and
- (iii) other individuals knowledgeable with regard to the needs of older individuals,

(H) ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with older individuals eligible under this chapter,

(I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided,

(J) provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate,

(K) encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities, and

(L) where feasible, encourages the use of locally grown foods in meal programs and identifies potential partnerships and contracts with local producers and providers of locally grown foods.

* * * * *

PART E—NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

* * * * *

SEC. 372. DEFINITIONS.

(a) **IN GENERAL.**—In this part:

(1) **CHILD.**—The term “child” means an individual who is not more than 18 years of age.

(2) **INDIVIDUAL WITH A DISABILITY.**—The term “individual with a disability” means an individual with a disability, as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), who is not less than age 18 and not more than age 59.

(3) **OLDER RELATIVE CAREGIVER.**—The term “older relative caregiver” means a caregiver who—
 (A)(i) is age 55 or older; and

(ii) lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability;

(B) in the case of a caregiver for a child—

(i) is the grandparent, stepgrandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child;

(ii) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and

(iii) has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and

(C) in the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.

(4) *CAREGIVER ASSESSMENT.*—*The term “caregiver assessment” means a systematic process of gathering information about the situation of a caregiver who voluntarily participates in such process to identify the caregiver’s specific needs, barriers, and existing supports as identified by the caregiver that—*

(A) *provides the opportunity for the recognized caregiver to participate in such process;*

(B) *requires direct contact with the caregiver and is used to appropriately target and tailor support services to the caregiver’s unique needs; and*

(C) *includes reassessment of such specific needs, barriers, and existing supports, including to accommodate a significant change in the caregiving situation, which shall occur on a voluntary basis with the consent of the caregiver.*

(b) **RULE.**—In providing services under this part, for family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder.

SEC. 373. PROGRAM AUTHORIZED.

(a) **IN GENERAL.**—The Assistant Secretary shall carry out a program for making grants to States with State plans approved under section 307, to pay for the Federal share of the cost of carrying out State programs, to enable area agencies on aging, or entities that such area agencies on aging contract with, to provide multifaceted systems of support services—

(1) for family caregivers; and

(2) for older relative caregivers.

(b) **SUPPORT SERVICES.**—The services provided, in a State program under subsection (a), by an area agency on aging, or entity that such agency has contracted with, *may be informed through the use of caregiver assessments and shall include—*

(1) *information to caregivers about available services;*

(2) *assistance to caregivers in gaining access to the services;*

(3) *individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles;*

(4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and

(5) supplemental services, on a limited basis, to complement the care provided by caregivers.

(c) POPULATION SERVED; PRIORITY.—

(1) POPULATION SERVED.—Services under a State program under this part shall be provided to family caregivers, and older relative caregivers, who—

(A) are described in paragraph (1) or (2) of subsection (a); and

(B) with regard to the services specified in paragraphs (4) and (5) of subsection (b), in the case of a caregiver described in paragraph (1), is providing care to an older individual who meets the condition specified in subparagraph (A)(i) or (B) of section 102(22).

(2) PRIORITY.—In providing services under this part, the State, in addition to giving the priority described in section 372(b), shall give priority—

(A) to caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); and

(B) to older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities.

(d) USE OF VOLUNTEERS.—In carrying out this part, each area agency on aging shall make use of trained volunteers to expand the provision of the available services described in subsection (b) and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

(e) QUALITY STANDARDS AND MECHANISMS AND ACCOUNTABILITY.—

(1) QUALITY STANDARDS AND MECHANISMS.—The State shall establish standards and mechanisms designed to assure the quality of services provided with assistance made available under this part.

(2) DATA AND RECORDS.—The State shall collect data and maintain records relating to the State program in a standardized format specified by the Assistant Secretary. The State shall furnish the records to the Assistant Secretary, at such time as the Assistant Secretary may require, in order to enable the Assistant Secretary to monitor State program administration and compliance, and to evaluate and compare the effectiveness of the State programs.

(3) REPORTS.—The State shall prepare and submit to the Assistant Secretary reports on the data and records required under paragraph (2), including information on the services funded under this part, and standards and mechanisms, *including caregiver assessments used in the State*, by which the quality of the services shall be assured. The reports shall describe any mechanisms used in the State to provide to persons who are family caregivers, or older relative caregivers, infor-

mation about and access to various services so that the persons can better carry out their care responsibilities.

(4) *REPORT ON CAREGIVER ASSESSMENTS.*—

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

(i) an analysis of the current use of caregiver assessments, including a repository of caregiver assessment tools or templates and comprehensive assessment protocols;

(ii) using objective data, an analysis of the impact of caregiver assessments on—

(I) family caregivers and older relative caregivers; and

(II) the individuals to whom the caregivers described in subclause (I) provide care;

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

(iv) an analysis of how caregiver assessments are being used to identify the specific needs, barriers, and existing supports of family caregivers and older relative caregivers;

(v) recommendations for using caregiver assessments, including in rural or underserved areas; and

(vi) feedback from State agencies and area agencies on aging, particularly in rural or underserved areas, on the implementation of caregiver assessments.

(B) *SUBMISSION.*—*Not later than 6 months after the issuance of the report under subparagraph (A), the Assistant Secretary shall submit the report to the Committee on Education and Labor of the House of Representatives, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Special Committee on Aging of the Senate.*

(f) *CAREGIVER ALLOTMENT.*—

(1) *IN GENERAL.*—

(A) From sums appropriated under section 303(e) for a fiscal year, the Assistant Secretary shall allot amounts among the States proportionately based on the population of individuals 70 years of age or older in the States.

(B) In determining the amounts allotted to States from the sums appropriated under section 303 for a fiscal year, the Assistant Secretary shall first determine the amount allotted to each State under subparagraph (A) and then proportionately adjust such amounts, if necessary, to meet the requirements of paragraph (2).

(C) The number of individuals 70 years of age or older in any State and in all States shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census and other reliable demographic data satisfactory to the Assistant Secretary.

(2) *MINIMUM ALLOTMENT.*—

(A) The amounts allotted under paragraph (1) shall be reduced proportionately to the extent necessary to increase other allotments under such paragraph to achieve the amounts described in subparagraph (B).

(B)(i) Each State shall be allotted $\frac{1}{2}$ of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(ii) Guam and the Virgin Islands of the United States shall each be allotted $\frac{1}{4}$ of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(iii) American Samoa and the Commonwealth of the Northern Mariana Islands shall each be allotted $\frac{1}{16}$ of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(C) For the purposes of subparagraph (B)(i), the term “State” does not include Guam, American Samoa, the Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands.

(g) AVAILABILITY OF FUNDS.—

(1) USE OF FUNDS FOR ADMINISTRATION OF AREA PLANS.— Amounts made available to a State to carry out the State program under this part may be used, in addition to amounts available in accordance with section 303(c)(1), for costs of administration of area plans.

(2) FEDERAL SHARE.—

(A) IN GENERAL.—Notwithstanding section 304(d)(1)(D), the Federal share of the cost of carrying out a State program under this part shall be 75 percent.

(B) NON-FEDERAL SHARE.—The non-Federal share of the cost shall be provided from State and local sources.

(C) LIMITATION.—A State may use not more than 10 percent of the total Federal and non-Federal share available to the State to provide support services to older relative caregivers.

(h) TECHNICAL ASSISTANCE FOR CAREGIVER ASSESSMENTS.—*Not later than 1 year after the effective date of this subsection, the Assistant Secretary, in consultation with caregivers, older individuals, individuals with a disability who receive care from an older relative caregiver, the aging network, and other experts and stakeholders, shall provide technical assistance to promote and implement the use of caregiver assessments. Such technical assistance shall include sharing available tools and templates, comprehensive assessment protocols, and best practices concerning—*

- (1) *conducting caregiver assessments and reassessments;*
- (2) *implementing such assessments that are consistent across a planning and service area; and*
- (3) *implementing caregiver support service plans, including referrals to and coordination of activities with relevant State and local services.*

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TITLE IV—ACTIVITIES FOR HEALTH, INDEPENDENCE, AND LONGEVITY

* * * * *

PART A—GRANT PROGRAMS

SEC. 411. PROGRAM AUTHORIZED.

(a) IN GENERAL.—For the purpose of carrying out this section, the Assistant Secretary may make grants to and enter into contracts with States, public agencies, private nonprofit agencies, institutions of higher education, and organizations, including tribal organizations, for—

- (1) education and training to develop an adequately trained workforce to work with and on behalf of older individuals;
- (2) applied social research and analysis to improve access to and delivery of services for older individuals;
- (3) evaluation of the performance of the programs, activities, and services provided under this section;
- (4) the development of methods and practices to improve the quality and effectiveness of the programs, services, and activities provided under this section;
- (5) the demonstration of new approaches to design, deliver, and coordinate programs and services for older individuals;
- (6) technical assistance in planning, developing, implementing, and improving the programs, services, and activities provided under this section;
- (7) coordination with the designated State agency described in section 101(a)(2)(A)(i) of the Rehabilitation Act of 1973 (29 U.S.C. 721(a)(2)(A)(i)) to provide services to older individuals who are blind as described in such Act;
- (8) the training of graduate level professionals specializing in the mental health needs of older individuals;
- (9) planning activities to prepare communities for the aging of the population, which activities may include—
 - (A) efforts to assess the aging population;
 - (B) activities to coordinate the activities of State and local agencies in order to meet the needs of older individuals; and
 - (C) training and technical assistance to support States, area agencies on aging, and organizations receiving grants under title VI, in engaging in community planning activities;
- (10) the development, implementation, and assessment of technology-based service models and best practices, to support the use of health monitoring and assessment technologies, communication devices, assistive technologies, and other technologies that may remotely connect family and professional caregivers to frail older individuals residing in home and community-based settings or rural areas;
- (11) conducting activities of national significance to promote quality and continuous improvement in the support provided to family and other informal caregivers of older individuals

through activities that include program evaluation, training, technical assistance, and research, including—

- (A) programs addressing unique issues faced by rural caregivers;
- (B) programs focusing on the needs of older individuals with cognitive impairment such as Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, and their caregivers; and
- (C) programs supporting caregivers in the role they play in providing disease prevention and health promotion services;

[(12) building public awareness of cognitive impairments such as Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, depression, and mental disorders;]

(12) building public awareness of cognitive impairments such as Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, depression, mental health disorders, and traumatic brain injury;

(13) 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 and older individuals with disabilities;

(14) bringing to scale and sustaining evidence-based chronic disease self-management programs that empower older individuals and older individuals with disabilities to better manage their chronic conditions;

[(13)] *(15) continuing support for program integrity initiatives concerning the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) that train senior volunteers to prevent and identify health care fraud and abuse; [and]*

(16) in coordination with the Secretary of Labor, the demonstration of new strategies for the recruitment, retention, or advancement of direct care workers, and to solicit, develop, and implement strategies—

(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 and retain direct care workers;

(B) to provide supportive services and career planning for direct care workers; and

(C) to support the advancement of direct care workers through education and workforce development programs that include necessary credential or licensing preparation, paid on-the-job training or work-based learning, and appropriate safety training;

(17) the implementation 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;

(18) projects that address social isolation and loneliness among older adults; and

[(14)] *(19) any other activities that the Assistant Secretary determines will achieve the objectives of this section.*

[(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out—

[(1) aging network support activities under this section, \$6,216,054 for fiscal year 2017, \$6,346,048 for fiscal year 2018, and \$6,476,043 for fiscal year 2019; and

[(2) elder rights support activities under this section, \$10,856,828 for fiscal year 2017, \$11,083,873 for fiscal year 2018, and \$11,310,919 for fiscal year 2019.]

(b) AUTHORIZATION OF APPROPRIATIONS.—*There are authorized to be appropriated to carry out—*

(1) aging network support activities under this section, \$14,549,157 for fiscal year 2020, \$15,422,107 for fiscal year 2021, \$16,347,433 for fiscal year 2022, \$17,328,279 for fiscal year 2023, and \$18,367,976 for fiscal year 2024; and

(2) elder rights support activities under this section, \$15,650,667 for fiscal year 2020, \$16,589,707 for fiscal year 2021, \$17,585,090 for fiscal year 2022, \$18,640,195 for fiscal year 2023, and \$19,758,607 for fiscal year 2024.

* * * * *

[(SEC. 416. TECHNICAL ASSISTANCE AND INNOVATION TO IMPROVE TRANSPORTATION FOR OLDER INDIVIDUALS.]

[(a) IN GENERAL.—The Secretary may award grants or contracts to nonprofit organizations to improve transportation services for older individuals.]

[(b) USE OF FUNDS.—

[(1) IN GENERAL.—A nonprofit organization receiving a grant or contract under subsection (a) shall use the funds received through such grant or contract to carry out a demonstration project, or to provide technical assistance to assist local transit providers, area agencies on aging, senior centers, and local senior support groups, to encourage and facilitate coordination of Federal, State, and local transportation services and resources for older individuals. The organization may use the funds to develop and carry out an innovative transportation demonstration project to create transportation services for older individuals.]

[(2) SPECIFIC ACTIVITIES.—In carrying out a demonstration project or providing technical assistance under paragraph (1) the organization may carry out activities that include—

[(A) developing innovative approaches for improving access by older individuals to transportation services, including volunteer driver programs, economically sustainable transportation programs, and programs that allow older individuals to transfer their automobiles to a provider of transportation services in exchange for the services;

[(B) preparing information on transportation options and resources for older individuals and organizations serving such individuals, and disseminating the information by establishing and operating a toll-free telephone number;

[(C) developing models and best practices for providing comprehensive integrated transportation services for older individuals, including services administered by the Secretary of Transportation, by providing ongoing technical assistance to agencies providing services under title III and by assisting in coordination of public and community transportation services; and

[(D) providing special services to link older individuals to transportation services not provided under title III.

[(c) **ECONOMICALLY SUSTAINABLE TRANSPORTATION.**—In this section, the term “economically sustainable transportation” means demand responsive transportation for older individuals—

[(1) that may be provided through volunteers; and

[(2) that the provider will provide without receiving Federal or other public financial assistance, after a period of not more than 5 years of providing the services under this section.]

SEC. 417. DEMONSTRATION, SUPPORT, AND RESEARCH PROJECTS FOR MULTIGENERATIONAL AND CIVIC ENGAGEMENT ACTIVITIES.

[(a) **GRANTS AND CONTRACTS.**—The Assistant Secretary shall award grants and enter into contracts with eligible organizations to carry out projects to—

[(1) provide opportunities for older individuals to participate in multigenerational activities and civic engagement activities designed to meet critical community needs, and use the full range of time, skills, and experience of older individuals, including demonstration and support projects that—

[(A) provide support for older relative caregivers (as defined in section 372) raising children (such as kinship navigator programs); or

[(B) involve 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; and

[(2) coordinate multigenerational activities and civic engagement activities, promote volunteerism, and facilitate development of and participation in multigenerational activities and civic engagement activities.

[(b) **USE OF FUNDS.**—An eligible organization shall use funds made available under a grant awarded, or a contract entered into, under this section to—

[(1) carry out a project described in subsection (a); and

[(2) evaluate the project in accordance with subsection (f).]

(a) *GRANTS AND CONTRACTS.*—*The Assistant Secretary shall award grants to, and enter into contracts with, eligible organizations to carry out projects—*

(1) to 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 developing—

(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 family caregivers by—
- (i) providing support for older relative caregivers (as defined in section 372) raising children (such as 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) to coordinate multigenerational activities and civic engagement activities, including multigenerational nutrition and meal service programs;
- (3) to promote volunteerism, including becoming a mentor to young people; and
- (4) to facilitate development of and participation in multigenerational activities and civic engagement activities.
- (b) GRANT PERIOD.—Each grant awarded or contract made under subsection (a) shall be to carry out projects for a period of not less than 36 months.
- (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 making grants under this section, the Assistant Secretary shall ensure that awards are made for the activities and projects described in each of paragraphs (1) and (2) of subsection (a).
- [(c)] (d) PREFERENCE.—In awarding grants and entering into contracts to carry out a project that serves individuals in younger generations and older individuals described in subsection (a), the Assistant Secretary shall give preference to—
- (1) eligible organizations with a demonstrated record of carrying out, *intent to carry out*, or *intent to partner with local organizations or multiservice organizations to carry out*, multigenerational activities or civic engagement activities;
 - (2) eligible organizations proposing multigenerational activity projects that will serve older individuals and communities with the greatest need (with particular attention to low-income minority individuals, older individuals with limited English proficiency, older individuals residing in rural areas, and low-income minority communities);
 - (3) eligible organizations proposing civic engagement projects that will serve communities with the greatest need[; and];
 - (4) eligible organizations with the capacity to develop meaningful roles and assignments that use the time, skills, and experience of older individuals to serve public and nonprofit organizations[.]; and
 - (5) eligible organizations proposing multigenerational activity projects that utilize shared site programs, such as collocated child care and long-term care facilities.

[(d)] (e) APPLICATION.—To be eligible to receive a grant or enter into a contract under subsection (a), an organization shall submit an application to the Assistant Secretary at such time, in such manner, and accompanied by such information as the Assistant Secretary may reasonably require.

[(e) ELIGIBLE ORGANIZATIONS.—Organizations eligible to receive a grant or enter into a contract under subsection (a)—

[(1) to carry out activities described in subsection (a)(1), shall be organizations that provide opportunities for older individuals to participate in activities described in subsection (a)(1); and

[(2) to carry out activities described in subsection (a)(2), shall be organizations with the capacity to conduct the coordination, promotion, and facilitation described in subsection (a)(2), through the use of multigenerational coordinators.]

(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) REPORT TO CONGRESS.—Not later than 6 months after the Assistant Secretary receives the reports described in subsection (f)(2), 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 the evaluations and includes, at a minimum—

[(1) the names or descriptive titles of the projects funded under subsection (a);

[(2) a description of the nature and operation of the projects;

[(3) the names and addresses of organizations that conducted the projects;

[(4) in the case of projects carried out under subsection (a)(1), a description of the methods and success of the projects in recruiting older individuals as employees and as volunteers to participate in the projects;

[(5) in the case of projects carried out under subsection (a)(1), a description of the success of the projects in retaining older individuals participating in the projects as employees and as volunteers;

[(6) in the case of projects carried out under subsection (a)(1), the rate of turnover of older individual employees and volunteers in the projects;

[(7) a strategy for disseminating the findings resulting from the projects described in paragraph (1); and

[(8) any policy change recommendations relating to the projects.]

[(f)] (g) LOCAL EVALUATION AND REPORT.—

(1) EVALUATION.—Each organization receiving a grant or a contract under subsection (a) to carry out a project described in subsection (a) shall evaluate the multigenerational activities or civic engagement activities carried out under the project to determine—

- (A) the effectiveness of the activities involved;
- (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 involved in such project.

(2) REPORT.—The organization shall submit a report to the Assistant Secretary containing the evaluation not later than 6 months after the expiration of the period for which the grant or contract is in effect.

(h) DEFINITIONS.—As used in this section:

(1) MULTIGENERATIONAL ACTIVITY.—The term “multigenerational activity” means an activity that provides an opportunity for interaction between 2 or more individuals of different generations, including activities connecting older individuals and youth in a child care program, a youth day care program, an educational assistance program, an at-risk youth intervention program, a juvenile delinquency treatment program, a before- or after-school program, a library program, or a family support program.

(2) MULTIGENERATIONAL COORDINATOR.—The term “multigenerational coordinator” means a person who—

- (A) builds the capacity of public and nonprofit organizations to develop meaningful roles and assignments, that use the time, skill, and experience of older individuals to serve those organizations; and
- (B) nurtures productive, sustainable working relationships between—
 - (i) [individuals from the generations with older individuals] *older individuals*; and
 - (ii) individuals in younger generations.

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TITLE V—COMMUNITY SERVICE SENIOR OPPORTUNITIES ACT

* * * * *

SEC. 502. OLDER AMERICAN COMMUNITY SERVICE EMPLOYMENT PROGRAM.

(a) IN GENERAL.—

(1) ESTABLISHMENT OF PROGRAM.—To foster individual economic self-sufficiency and promote useful opportunities in community service activities (which shall include community service employment) for unemployed low-income persons who are age 55 or older, particularly persons who have poor employment prospects, and to increase the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors, the Secretary of Labor (referred to in this title as the “Secretary”) may establish an older American community service employment program.

(2) USE OF APPROPRIATED AMOUNTS.—Amounts appropriated to carry out this title shall be used only to carry out the provisions contained in this title.

(b) GRANT AUTHORITY.—

(1) PROJECTS.—To carry out this title, the Secretary may make grants to public and nonprofit private agencies and organizations, agencies of a State, and tribal organizations to carry out the program established under subsection (a). Such grants may provide for the payment of costs, as provided in subsection (c), of projects developed by such organizations and agencies in cooperation with the Secretary in order to make such program effective or to supplement such program. The Secretary shall make the grants from allotments made under section 506, and in accordance with section 514. No payment shall be made by the Secretary toward the cost of any project established or administered by such an organization or agency unless the Secretary determines that such project—

(A) will provide community service employment only for eligible individuals except for necessary technical, administrative, and supervisory personnel, and such personnel will, to the fullest extent possible, be recruited from among eligible individuals;

(B)(i) will provide community service employment and other authorized activities for eligible individuals in the community in which such individuals reside, or in nearby communities; or

(ii) if such project is carried out by a tribal organization that receives a grant under this subsection or receives assistance from a State that receives a grant under this subsection, will provide community service employment and other authorized activities for such individuals, including those who are Indians residing on an Indian reservation, as defined in section 2601 of the Energy Policy Act of 1992 (25 U.S.C. 3501);

(C) will comply with an average participation cap for eligible individuals (in the aggregate) of—

(i) 27 months; or

(ii) pursuant to the request of a grantee, an extended period of participation established by the Secretary for a specific project area for such grantee, up to a period of not more than 36 months, if the Secretary determines that extenuating circumstances exist relating to the factors identified in section 513(a)(2)(E) that justify such an extended period for the program year involved;

(D) will employ eligible individuals in service related to publicly owned and operated facilities and projects, or projects sponsored by nonprofit organizations (excluding political parties exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986), but excluding projects involving the construction, operation, or maintenance of any facility used or to be used as a place for sectarian religious instruction or worship;

(E) will contribute to the general welfare of the community, which may include support for children, youth, and families;

(F) will provide community service employment and other authorized activities for eligible individuals;

(G)(i) will not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals not participating in the program;

(ii) will not displace currently employed workers (including partial displacement, such as a reduction in the hours of nonovertime work, wages, or employment benefits);

(iii) will not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be performed; and

(iv) will not employ or continue to employ any eligible individual to perform the same work or substantially the same work as that performed by any other individual who is on layoff;

(H) will coordinate activities with training and other services provided under title I of the Workforce Innovation and Opportunity Act, including utilizing the one-stop delivery system of the local workforce development areas involved to recruit eligible individuals to ensure that the maximum number of eligible individuals will have an opportunity to participate in the project;

(I) will include such training (such as work experience, on-the-job training, and classroom training) as may be necessary to make the most effective use of the skills and talents of those individuals who are participating, and will provide for the payment of the reasonable expenses of individuals being trained, including a reasonable subsistence allowance equivalent to the wage described in subparagraph (J);

(J) will ensure that safe and healthy employment conditions will be provided, and will ensure that participants employed in community service and other jobs assisted under this title will be paid wages that shall not be lower than whichever is the highest of—

(i) the minimum wage that would be applicable to such a participant under the Fair Labor Standards Act of 1938 (29 U.S.C. 201 et seq.), if section 6(a)(1) of such Act (29 U.S.C. 206(a)(1)) applied to the participant and if the participant were not exempt under section 13 of such Act (29 U.S.C. 213);

(ii) the State or local minimum wage for the most nearly comparable covered employment; or

(iii) the prevailing rates of pay for individuals employed in similar public occupations by the same employer;

(K) will be established or administered with the advice of persons competent in the field of service in which community service employment or other authorized activities are being provided, and of persons who are knowledgeable about the needs of older individuals;

(L) will authorize payment for necessary supportive services costs (including transportation costs) of eligible individuals that may be incurred in training in any project funded under this title, in accordance with rules issued by the Secretary;

(M) will ensure that, to the extent feasible, such project will serve the needs of minority and Indian eligible individuals, eligible individuals with limited English proficiency, and eligible individuals with greatest economic need, at least in proportion to their numbers in the area served and take into consideration their rates of poverty and unemployment;

(N)(i) will prepare an assessment of the participants' skills and talents and their needs for services, except to the extent such project has, for the participant involved, recently prepared an assessment of such skills and talents, and such needs, pursuant to another employment or training program (such as a program under the Workforce Innovation and Opportunity Act (29 U.S.C. 3101 et seq.), the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.), or part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.)) and will prepare a related service strategy;

(ii) will provide training and employment counseling to eligible individuals based on strategies that identify appropriate employment objectives and the need for supportive services, developed as a result of the assessment and service strategy provided for in clause (i), and provide other appropriate information regarding such project; and

(iii) will provide counseling to participants on their progress in meeting such objectives and satisfying their need for supportive services;

(O) will provide appropriate services for participants, or refer the participants to appropriate services, through the one-stop delivery system of the local workforce development areas involved as established under section 121(e) of the Workforce Innovation and Opportunity Act, and will be involved in the planning and operations of such system pursuant to a memorandum of understanding with the local workforce development board in accordance with section 121(c) of such Act;

(P) will post in such project workplace a notice, and will make available to each person associated with such project a written explanation—

(i) clarifying the law with respect to political activities allowable and unallowable under chapter 15 of title 5, United States Code, applicable to the project and to each category of individuals associated with such project; and

(ii) containing the address and telephone number of the Inspector General of the Department of Labor, to whom questions regarding the application of such chapter may be addressed;

(Q) will provide to the Secretary the description and information described in—

(i) clauses (ii) and (viii) of paragraph (2)(B), relating to coordination with other Federal programs, of section 102(b) of the Workforce Innovation and Opportunity Act; and

(ii) paragraph (2)(C)(i), relating to implementation of one-stop delivery systems, of section 102(b) of the Workforce Innovation and Opportunity Act; and

(R) will ensure that entities that carry out activities under the project (including State agencies, local entities, subgrantees, and subcontractors) and affiliates of such entities receive an amount of the administrative cost allocation determined by the Secretary, in consultation with grantees, to be sufficient.

(2) REGULATIONS.—The Secretary may establish, issue, and amend such regulations as may be necessary to effectively carry out this title.

(3) ASSESSMENT AND SERVICE STRATEGIES.—

(A) PREPARED UNDER THIS ACT.—An assessment and service strategy required by paragraph (1)(N) to be prepared for an eligible individual shall satisfy any condition for an assessment and service strategy or individual employment plan for an adult participant under subtitle B of title I of the Workforce Innovation and Opportunity Act, in order to determine whether such eligible individual also qualifies for career or training services described in section 134(c) of such Act.

(B) PREPARED UNDER WORKFORCE INNOVATION AND OPPORTUNITY ACT.—An assessment and service strategy or individual employment plan prepared under subtitle B of title I of the Workforce Innovation and Opportunity Act for an eligible individual may be used to comply with the requirement specified in subparagraph (A).

(c) FEDERAL SHARE AND USE OF FUNDS.—

(1) FEDERAL SHARE.—The Secretary may pay a Federal share not to exceed 90 percent of the cost of any project for which a grant is made under subsection (b), except that the Secretary may pay all of such cost if such project is—

(A) an emergency or disaster project; or

(B) a project located in an economically depressed area, as determined by the Secretary in consultation with the Secretary of Commerce and the Secretary of Health and Human Services.

(2) NON-FEDERAL SHARE.—The non-Federal share shall be in cash or in kind. In determining the amount of the non-Federal share, the Secretary may attribute fair market value to services and facilities contributed from non-Federal sources.

(3) USE OF FUNDS FOR ADMINISTRATIVE COSTS.—Of the grant amount to be paid under this subsection by the Secretary for a project, not to exceed 13.5 percent shall be available for any fiscal year to pay the administrative costs of such project, except that—

(A) the Secretary may increase the amount available to pay the administrative costs to an amount not to exceed 15 percent of the grant amount if the Secretary determines, based on information submitted by the grantee under subsection (b), that such increase is necessary to carry out such project; and

(B) if the grantee under subsection (b) demonstrates to the Secretary that—

(i) major administrative cost increases are being incurred in necessary program components, including liability insurance, payments for workers' compensation, costs associated with achieving unsubsidized placement goals, and costs associated with other operation requirements imposed by the Secretary;

(ii) the number of community service employment positions in the project or the number of minority eligible individuals participating in the project will decline if the amount available to pay the administrative costs is not increased; or

(iii) the size of the project is so small that the amount of administrative costs incurred to carry out the project necessarily exceeds 13.5 percent of the grant amount;

the Secretary shall increase the amount available for such fiscal year to pay the administrative costs to an amount not to exceed 15 percent of the grant amount.

(4) ADMINISTRATIVE COSTS.—For purposes of this title, administrative costs are the costs, both personnel-related and nonpersonnel-related and both direct and indirect, associated with the following:

(A) The costs of performing general administrative functions and of providing for the coordination of functions, such as the costs of—

(i) accounting, budgeting, and financial and cash management;

(ii) procurement and purchasing;

(iii) property management;

(iv) personnel management;

(v) payroll functions;

(vi) coordinating the resolution of findings arising from audits, reviews, investigations, and incident reports;

(vii) audits;

(viii) general legal services;

(ix) developing systems and procedures, including information systems, required for administrative functions;

(x) preparing administrative reports; and

(xi) other activities necessary for the general administration of government funds and associated programs.

(B) The costs of performing oversight and monitoring responsibilities related to administrative functions.

(C) The costs of goods and services required for administrative functions of the project involved, including goods and services such as rental or purchase of equipment, utilities, office supplies, postage, and rental and maintenance of office space.

(D) The travel costs incurred for official business in carrying out administrative activities or overall management.

(E) The costs of information systems related to administrative functions (such as personnel, procurement, purchasing, property management, accounting, and payroll

systems), including the purchase, systems development, and operating costs of such systems.

(F) The costs of technical assistance, professional organization membership dues, and evaluating results obtained by the project involved against stated objectives.

(5) NON-FEDERAL SHARE OF ADMINISTRATIVE COSTS.—To the extent practicable, an entity that carries out a project under this title shall provide for the payment of the expenses described in paragraph (4) from non-Federal sources.

(6) USE OF FUNDS FOR WAGES AND BENEFITS AND PROGRAMMATIC ACTIVITY COSTS.—

(A) IN GENERAL.—Amounts made available for a project under this title that are not used to pay for the administrative costs shall be used to pay for the costs of programmatic activities, including the costs of—

(i) participant wages, such benefits as are required by law (such as workers' compensation or unemployment compensation), the costs of physical examinations, compensation for scheduled work hours during which an employer's business is closed for a Federal holiday, and necessary sick leave that is not part of an accumulated sick leave program, except that no amounts provided under this title may be used to pay the cost of pension benefits, annual leave, accumulated sick leave, or bonuses;

(ii) participant training (including the payment of reasonable costs of instructors, classroom rental, training supplies, materials, equipment, and tuition), which may be provided prior to or subsequent to placement and which may be provided on the job, in a classroom setting, or pursuant to other appropriate arrangements;

(iii) job placement assistance, including job development and job search assistance;

(iv) participant supportive services to enable a participant to successfully participate in a project under this title, which may include the payment of reasonable costs of transportation, health and medical services, special job-related or personal counseling, incidentals (such as work shoes, badges, uniforms, eyeglasses, and tools), child and adult care, temporary shelter, and follow-up services; and

(v) outreach, recruitment and selection, intake, orientation, and assessments.

(B) USE OF FUNDS FOR WAGES AND BENEFITS.—From the funds made available through a grant made under subsection (b), a grantee under this title—

(i) except as provided in clause (ii), shall use not less than 75 percent of the grant funds to pay the wages, benefits, and other costs described in subparagraph (A)(i) for eligible individuals who are employed under projects carried out under this title; or

(ii) that obtains approval for a request described in subparagraph (C) may use not less than 65 percent of

the grant funds to pay the wages, benefits, and other costs described in subparagraph (A)(i).

(C) REQUEST TO USE ADDITIONAL FUNDS FOR PROGRAMMATIC ACTIVITY COSTS.—

(i) IN GENERAL.—A grantee may submit to the Secretary a request for approval—

(I) to use not less than 65 percent of the grant funds to pay the wages, benefits, and other costs described in subparagraph (A)(i);

(II) to use the percentage of grant funds described in paragraph (3) to pay for administrative costs, as specified in that paragraph;

(III) to use not more than 10 percent of the grant funds for individual participants to provide activities described in clauses (ii) and (iv) of subparagraph (A), in which case the grantee shall provide (from the funds described in this subclause) the subsistence allowance described in subsection (b)(1)(I) for those individual participants who are receiving training described in that subsection from the funds described in this subclause, but may not use the funds described in this subclause to pay for any administrative costs; and

(IV) to use the remaining grant funds to provide activities described in clauses (ii) through (v) of subparagraph (A).

(ii) CONTENTS.—In submitting the request the grantee shall include in the request—

(I) a description of the activities for which the grantee will spend the grant funds described in subclauses (III) and (IV) of clause (i), consistent with those subclauses;

(II) an explanation documenting how the provision of such activities will improve the effectiveness of the project, including an explanation concerning whether any displacement of eligible individuals or elimination of positions for such individuals will occur, information on the number of such individuals to be displaced and of such positions to be eliminated, and an explanation concerning how the activities will improve employment outcomes for individuals served, based on the assessment conducted under subsection (b)(1)(N); and

(III) a proposed budget and work plan for the activities, including a detailed description of the funds to be spent on the activities described in subclauses (III) and (IV) of clause (i).

(iii) SUBMISSION.—The grantee shall submit a request described in clause (i) not later than 90 days before the proposed date of implementation contained in the request. Not later than 30 days before the proposed date of implementation, the Secretary shall approve, approve as modified, or reject the request, on

the basis of the information included in the request as described in clause (ii).

(D) REPORT.—Each grantee under subsection (b) shall annually prepare and submit to the Secretary a report documenting the grantee's use of funds for activities described in clauses (i) through (v) of subparagraph (A).

(d) PROJECT DESCRIPTION.—Whenever a grantee conducts a project within a planning and service area and the local workforce development board in a State, such grantee shall conduct such project in consultation with the area agency on aging of the planning and service area and shall submit to the State agency, the local workforce development board, and the area agency on aging a description of such project to be conducted in the State, including the location of the project, 90 days prior to undertaking the project, for review and public comment according to guidelines the Secretary shall issue to assure efficient and effective coordination of projects under this title.

(e) PILOT, DEMONSTRATION, AND EVALUATION PROJECTS.—

(1) IN GENERAL.—The Secretary, in addition to exercising any other authority contained in this title, shall use funds reserved under section 506(a)(1) to carry out demonstration projects, pilot projects, and evaluation projects, for the purpose of developing and implementing techniques and approaches, and demonstrating the effectiveness of the techniques and approaches, in addressing the employment and training needs of eligible individuals. The Secretary shall enter into such agreements with States, public agencies, nonprofit private organizations, or private business concerns, as may be necessary, to conduct the projects authorized by this subsection. To the extent practicable, the Secretary shall provide an opportunity, prior to the development of a demonstration or pilot project, for the appropriate area agency on aging to submit comments on such a project in order to ensure coordination of activities under this title.

(2) PROJECTS.—Such projects may include—

(A) activities linking businesses and eligible individuals, including activities providing assistance to participants transitioning from subsidized activities to private sector employment;

(B) demonstration projects and pilot projects designed to—

(i) attract more eligible individuals into the labor force;

(ii) improve the provision of services to eligible individuals under one-stop delivery systems established under section 121(e) of the Workforce Innovation and Opportunity Act;

(iii) enhance the technological skills of eligible individuals; **[and]**

(iv) provide incentives to grantees under this title for exemplary performance and incentives to businesses to promote their participation in the program under this title; *and*

(v) *attract, retain, and advance the direct care workforce, in consultation with the Assistant Secretary, pro-*

viding for wages and benefits needed to reduce barriers to entry for a diverse and high-quality direct care workforce, supportive services and career planning, and paid on-the-job training or work-based learning, with appropriate safety training;

(C) demonstration projects and pilot projects, as described in subparagraph (B), for workers who are older individuals (but targeted to eligible individuals) only if such demonstration projects and pilot projects are designed to assist in developing and implementing techniques and approaches in addressing the employment and training needs of eligible individuals;

(D) provision of training and technical assistance to support any project funded under this title;

(E) dissemination of best practices relating to employment of eligible individuals; and

(F) evaluation of the activities authorized under this title.

(3) CONSULTATION.—To the extent practicable, entities carrying out projects under this subsection shall consult with appropriate area agencies on aging, with the State workforce development board and local workforce development board, and with other appropriate agencies and entities to promote coordination of activities under this title.

SEC. 503. ADMINISTRATION.

(a) STATE PLAN.—

(1) GOVERNOR.—For a State to be eligible to receive an allotment under section 506, the Governor of the State shall submit to the Secretary for consideration and approval, a single State plan (referred to in this title as the “State plan”) that outlines a 4-year strategy for the statewide provision of community service employment and other authorized activities for eligible individuals under this title. The plan shall contain such provisions as the Secretary may require, consistent with this title, including a description of the process used to ensure the participation of individuals described in paragraph (2). Not less often than every 2 years, the Governor shall review the State plan and submit an update to the State plan to the Secretary for consideration and approval.

(2) RECOMMENDATIONS.—In developing the State plan prior to its submission to the Secretary, the Governor shall seek the advice and recommendations of—

(A) individuals representing the State agency and the area agencies on aging in the State, and the State and local workforce development boards established under title I of the Workforce Innovation and Opportunity Act;

(B) individuals representing public and nonprofit private agencies and organizations providing employment services, including each grantee operating a project under this title in the State; and

(C) individuals representing social service organizations providing services to older individuals, grantees under title III of this Act, affected communities, unemployed older individuals, community-based organizations serving the

needs of older individuals, business organizations, and labor organizations.

(3) COMMENTS.—Any State plan submitted by the Governor in accordance with paragraph (1) shall be accompanied by copies of public comments relating to the plan received pursuant to paragraph (8), and a summary of the comments.

(4) PLAN PROVISIONS.—The State plan shall identify and address—

(A) the relationship that the number of eligible individuals in each area bears to the total number of eligible individuals, respectively, in the State;

(B) the relative distribution of eligible individuals residing in rural and urban areas in the State; and

(C) the relative distribution of—

(i) eligible individuals who are individuals with greatest economic need;

(ii) eligible individuals who are minority individuals;

(iii) eligible individuals who are limited English proficient; **[and]**

(iv) eligible individuals who are individuals with greatest social need; and

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

(D) the current and projected employment opportunities in the State (such as by providing information available under section 15 of the Wagner-Peyser Act (29 U.S.C. 491–2) by occupation), and the type of skills possessed by local eligible individuals;

(E) the localities and populations for which projects of the type authorized by this title are most needed; and

(F) how the activities of grantees in the State under this title will be coordinated with activities carried out in the State under title I of the Workforce Innovation and Opportunity Act (29 U.S.C. 3111 et seq.) and other related programs (referred to in this subparagraph as “WIOA and related activities”), and how the State will reduce unnecessary duplication between the activities carried out under this title and the WIOA and related activities.

(5) GOVERNOR’S RECOMMENDATIONS.—Before a proposal for a grant under this title for any fiscal year is submitted to the Secretary, the Governor of the State in which projects are proposed to be conducted under such grant shall be afforded a reasonable opportunity to submit to the Secretary—

(A) recommendations regarding the anticipated effect of each such proposal upon the overall distribution of enrollment positions under this title in the State (including such distribution among urban and rural areas), taking into account the total number of positions to be provided by all grantees in the State;

(B) any recommendations for redistribution of positions to underserved areas as vacancies occur in previously encumbered positions in other areas; and

(C) in the case of any increase in funding that may be available for use in the State under this title for the fiscal

year, any recommendations for distribution of newly available positions in excess of those available during the preceding year to underserved areas.

(6) **COMBINED STATE PLAN.**—In lieu of the plan described in paragraph (1), a State may develop and submit a combined State plan in accordance with section 103 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3113). For a State that obtains approval of such a combined State plan, that section 103 shall apply in lieu of this subsection and a reference in any other provision of this title (other than this subsection) to a State plan shall be considered to be a reference to that combined State plan.

(7) **DISRUPTIONS.**—In developing a plan or considering a recommendation under this subsection, the Governor shall avoid disruptions in the provision of services for participants to the greatest possible extent.

(8) **DETERMINATION; REVIEW.**—

(A) **DETERMINATION.**—In order to effectively carry out this title, each State shall make the State plan available for public comment. The Secretary, in consultation with the Assistant Secretary, shall review the plan and make a written determination with findings and a decision regarding the plan.

(B) **REVIEW.**—The Secretary may review, on the Secretary's own initiative or at the request of any public or private agency or organization or of any agency of the State, the distribution of projects and services under this title in the State, including the distribution between urban and rural areas in the State. For each proposed reallocation of projects or services in a State, the Secretary shall give notice and opportunity for public comment.

(9) **EXEMPTION.**—The grantees that serve eligible individuals who are older Indians or Pacific Island and Asian Americans with funds reserved under section 506(a)(3) may not be required to participate in the State planning processes described in this section but shall collaborate with the Secretary to develop a plan for projects and services to eligible individuals who are Indians or Pacific Island and Asian Americans, respectively.

(b) **COORDINATION WITH OTHER FEDERAL PROGRAMS.**—

(1) **IN GENERAL.**—The Secretary and the Assistant Secretary shall coordinate the program carried out under this title with programs carried out under other titles of this Act, to increase employment opportunities available to older individuals.

(2) **PROGRAMS.**—

(A) **IN GENERAL.**—The Secretary shall coordinate programs carried out under this title with the program carried out under the Workforce Innovation and Opportunity Act, the Community Services Block Grant Act (42 U.S.C. 9901 et seq.), the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.), the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.), the National and Community Service Act of 1990 (42 U.S.C. 12501 et seq.), and the Domestic Volunteer Service Act of 1973 (42 U.S.C. 4950 et seq.). The Secretary shall coordinate the ad-

ministration of this title with the administration of other titles of this Act by the Assistant Secretary to increase the likelihood that eligible individuals for whom employment opportunities under this title are available and who need services under such titles receive such services.

(B) USE OF FUNDS.—

(i) PROHIBITION.—Funds appropriated to carry out this title may not be used to carry out any program under the Workforce Innovation and Opportunity Act, the Community Services Block Grant Act, the Rehabilitation Act of 1973, the Carl D. Perkins Career and Technical Education Act of 2006, the National and Community Service Act of 1990, or the Domestic Volunteer Service Act of 1973.

(ii) JOINT ACTIVITIES.—Clause (i) shall not be construed to prohibit carrying out projects under this title jointly with programs, projects, or activities under any Act specified in clause (i), or from carrying out section 511.

(3) INFORMATIONAL MATERIALS ON AGE DISCRIMINATION.—The Secretary shall distribute to grantees under this title, for distribution to program participants, and at no cost to grantees or participants, informational materials developed and supplied by the Equal Employment Opportunity Commission and other appropriate Federal agencies that the Secretary determines are designed to help participants identify age discrimination and to understand their rights under the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.).

(c) USE OF SERVICES, EQUIPMENT, PERSONNEL, AND FACILITIES.—In carrying out this title, the Secretary may use the services, equipment, personnel, and facilities of Federal and other agencies, with their consent, with or without reimbursement, and on a similar basis cooperate with other public and nonprofit private agencies and organizations in the use of services, equipment, and facilities.

(d) PAYMENTS.—Payments under this title may be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

(e) NO DELEGATION OF FUNCTIONS.—The Secretary shall not delegate any function of the Secretary under this title to any other Federal officer or entity.

(f) COMPLIANCE.—

(1) MONITORING.—The Secretary shall monitor projects for which grants are made under this title to determine whether the grantees are complying with rules and regulations issued to carry out this title (including the statewide planning, consultation, and coordination requirements of this title).

(2) COMPLIANCE WITH UNIFORM COST PRINCIPLES AND ADMINISTRATIVE REQUIREMENTS.—Each grantee that receives funds under this title shall comply with the applicable uniform cost principles and appropriate administrative requirements for grants and contracts that are applicable to the type of entity that receives funds, as issued as circulars or rules of the Office of Management and Budget.

(3) REPORTS.—Each grantee described in paragraph (2) shall prepare and submit a report in such manner and containing

such information as the Secretary may require regarding activities carried out under this title.

(4) RECORDS.—Each grantee described in paragraph (2) shall keep records that—

(A) are sufficient to permit the preparation of reports required by this title;

(B) are sufficient to permit the tracing of funds to a level of expenditure adequate to ensure that the funds have not been spent unlawfully; and

(C) contain any other information that the Secretary determines to be appropriate.

(g) EVALUATIONS.—The Secretary shall establish by rule and implement a process to evaluate, in accordance with section 513, the performance of projects carried out and services provided under this title. The Secretary shall report to Congress, and make available to the public, the results of each such evaluation and shall use such evaluation to improve services delivered by, or the operation of, projects carried out under this title.

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SEC. 514. COMPETITIVE REQUIREMENTS RELATING TO GRANT AWARDS.

(a) PROGRAM AUTHORIZED.—

(1) INITIAL APPROVAL OF GRANT APPLICATIONS.—From the funds available for national grants under section 506(d), the Secretary shall award grants under section 502(b) to eligible applicants, through a competitive process that emphasizes meeting performance requirements, to carry out projects under this title for a period of 4 years, except as provided in paragraph (2). The Secretary may not conduct a grant competition under this title until the day described in section 513(e).

(2) CONTINUATION OF APPROVAL BASED ON PERFORMANCE.—If the recipient of a grant made under paragraph (1) meets the expected levels of performance described in section 513(d)(2)(A) for each year of such 4-year period with respect to a project, the Secretary may award a grant under section 502(b) to such recipient to continue such project beyond such 4-year period for 1 additional year without regard to such process.

(b) ELIGIBLE APPLICANTS.—An applicant shall be eligible to receive a grant under section 502(b) in accordance with subsections (a), (c), and (d).

(c) CRITERIA.—For purposes of subsection (a)(1), the Secretary shall select the eligible applicants to receive grants based on the following:

(1) The applicant's ability to administer a project that serves the greatest number of eligible individuals, giving particular consideration to individuals with greatest economic need, individuals with greatest social need, and individuals described in subsection (a)(3)(B)(ii) or (b)(2) of section 518.

(2) The applicant's ability to administer a project that provides employment for eligible individuals in the communities in which such individuals reside, or in nearby communities, that will contribute to the general welfare of the communities involved.

(3) The applicant's ability to administer a project that moves eligible individuals into unsubsidized employment.

(4) The applicant's prior performance, if any, in meeting core measures of performance under this title and the applicant's ability to address core indicators of performance under this title and under other Federal or State programs in the case of an applicant that has not previously received a grant under this title.

(5) The applicant's ability to move individuals with multiple barriers to employment, including individuals described in subsection (a)(3)(B)(ii) or (b)(2) of section 518, into unsubsidized employment.

(6) The applicant's ability to coordinate activities with other organizations at the State and local level.

(7) The applicant's plan for fiscal management of the project to be administered with funds received in accordance with this section.

(8) The applicant's ability to administer a project that provides community service.

(9) The applicant's ability to minimize disruption in services for participants and in community services provided.

(10) Any additional criteria that the Secretary considers to be appropriate in order to minimize disruption in services for participants.

(d) RESPONSIBILITY TESTS.—

(1) IN GENERAL.—Before final selection of a grantee, the Secretary shall conduct a review of available records to assess the applicant's overall responsibility to administer Federal funds.

(2) REVIEW.—As part of the review described in paragraph (1), the Secretary may consider any information, including the applicant's history with regard to the management of other grants.

(3) FAILURE TO SATISFY TEST.—The failure to satisfy a responsibility test with respect to any 1 factor that is listed in paragraph (4), excluding those listed in subparagraphs (A) and (B) of such paragraph, does not establish that the applicant is not responsible unless such failure is substantial or persists for 2 or more consecutive years.

(4) TEST.—The responsibility tests include review of the following factors:

(A) Unsuccessful efforts by the applicant to recover debts, after 3 demand letters have been sent, that are established by final agency action, or a failure to comply with an approved repayment plan.

(B) Established fraud or criminal activity of a significant nature within the organization or agency involved.

(C) Serious administrative deficiencies identified by the Secretary, such as failure to maintain a financial management system as required by Federal rules or regulations.

(D) Willful obstruction of the audit process.

(E) Failure to provide services to participants for a current or recent grant or to meet applicable core measures of performance or address applicable indicators of performance.

(F) Failure to correct deficiencies brought to the grantee's attention in writing as a result of monitoring activities, reviews, assessments, or other activities.

(G) Failure to return a grant closeout package or outstanding advances within 90 days of the grant expiration date or receipt of the closeout package, whichever is later, unless an extension has been requested and granted.

(H) Failure to submit required reports.

(I) Failure to properly report and dispose of Government property as instructed by the Secretary.

(J) Failure to have maintained effective cash management or cost controls resulting in excess cash on hand.

(K) Failure to ensure that a subrecipient complies with its Office of Management and Budget Circular A-133 audit requirements specified at section 667.200(b) of title 20, Code of Federal Regulations.

(L) Failure to audit a subrecipient within the required period.

(M) Final disallowed costs in excess of 5 percent of the grant or contract award if, in the judgment of the grant officer, the disallowances are egregious.

(N) Failure to establish a mechanism to resolve a subrecipient's audit in a timely fashion.

(5) DETERMINATION.—Applicants that are determined to be not responsible shall not be selected as grantees.

(6) DISALLOWED COSTS.—Interest on disallowed costs shall accrue in accordance with the Debt Collection Improvement Act of 1996, including the amendments made by that Act.

(e) GRANTEES SERVING INDIVIDUALS WITH BARRIERS TO EMPLOYMENT.—

(1) DEFINITION.—In this subsection, the term “individuals with barriers to employment” means minority individuals, Indian individuals, individuals with greatest economic need, *older individuals who have been incarcerated or are under supervision following the release from prison or jail*, and individuals described in subsection (a)(3)(B)(ii) or (b)(2) of section 518.

(2) SPECIAL CONSIDERATION.—In areas where a substantial population of individuals with barriers to employment exists, a grantee that receives a national grant in accordance with this section shall, in selecting subgrantees, give special consideration to organizations (including former recipients of such national grants) with demonstrated expertise in serving individuals with barriers to employment.

(f) MINORITY-SERVING GRANTEES.—The Secretary may not promulgate rules or regulations affecting grantees in areas where a substantial population of minority individuals exists, that would significantly compromise the ability of the grantees to serve their targeted population of minority older individuals.

* * * * *

SEC. 517. AUTHORIZATION OF APPROPRIATIONS.

[(a) IN GENERAL.—There are authorized to be appropriated to carry out this title \$445,189,405 for fiscal year 2017, \$454,499,494 for fiscal year 2018, and \$463,809,605 for fiscal year 2019.]

(a) *IN GENERAL.*—*There are authorized to be appropriated to carry out this title \$429,020,486 for fiscal year 2020, \$454,761,715 for fiscal year 2021, \$482,047,418 for fiscal year 2022, \$510,970,263 for fiscal year 2023, and \$541,628,478 for fiscal year 2024.*

(b) *OBLIGATION.*—Amounts appropriated under this section for any fiscal year shall be available for Federal obligation during the annual period that begins on April 1 of the calendar year immediately following the beginning of such fiscal year and that ends on June 30 of the following calendar year. Such amounts obligated to grantees shall be available for obligation and expenditure by grantees during the program year that begins on July 1 of the calendar year immediately following the beginning of the fiscal year in which the amounts are appropriated and that ends on June 30 of the following calendar year. The Secretary may extend the period during which such amounts may be obligated or expended in the case of a particular organization or agency that receives funds under this title if the Secretary determines that such extension is necessary to ensure the effective use of such funds by such organization or agency.

(c) *RECAPTURING FUNDS.*—At the end of the program year, the Secretary may recapture any unexpended funds for the program year, and reobligate such funds within the 2 succeeding program years for—

- (1) incentive grants to entities that are State grantees or national grantees under section 502(b);
- (2) technical assistance; or
- (3) grants or contracts for any other activity under this title.

SEC. 518. DEFINITIONS AND RULE.

(a) *DEFINITIONS.*—For purposes of this title:

(1) *COMMUNITY SERVICE.*—The term “community service” means—

(A) social, health, welfare, and educational services (including literacy tutoring), legal and other counseling services and assistance, including tax counseling and assistance and financial counseling, and library, recreational, and other similar services;

(B) conservation, maintenance, or restoration of natural resources;

(C) community betterment or beautification;

(D) antipollution and environmental quality efforts;

(E) weatherization activities;

(F) economic development; and

(G) such other services essential and necessary to the community as the Secretary determines by rule to be appropriate.

(2) *COMMUNITY SERVICE EMPLOYMENT.*—The term “community service employment” means part-time, temporary employment paid with grant funds in projects described in section 502(b)(1)(D), through which eligible individuals are engaged in community service and receive work experience and job skills that can lead to unsubsidized employment.

(3) *ELIGIBLE INDIVIDUAL.*—

(A) *IN GENERAL.*—The term “eligible individual” means an individual who is age 55 or older and who has a low income (including any such individual whose income is not

more than 125 percent of the poverty line), excluding any income that is unemployment compensation, a benefit received under title XVI of the Social Security Act (42 U.S.C. 1381 et seq.), a payment made to or on behalf of veterans or former members of the Armed Forces under the laws administered by the Secretary of Veterans Affairs, or 25 percent of a benefit received under title II of the Social Security Act (42 U.S.C. 401 et seq.), subject to subsection (b).

(B) PARTICIPATION.—

(i) EXCLUSION.—Notwithstanding any other provision of this paragraph, the term “eligible individual” does not include an individual who has participated in projects under this title for a period of 48 months in the aggregate (whether or not consecutive) after July 1, 2007, unless the period was increased as described in clause (ii).

(ii) INCREASED PERIODS OF PARTICIPATION.—The Secretary shall authorize a grantee for a project to increase the period of participation described in clause (i), pursuant to a request submitted by the grantee, for individuals who—

- (I) have a severe disability;
- (II) are frail or are age 75 or older;
- (III) meet the eligibility requirements related to age for, but do not receive, benefits under title II of the Social Security Act (42 U.S.C. 401 et seq.);
- (IV) live in an area with persistent unemployment and are individuals with severely limited employment prospects; **[or]**
- (V) have limited English proficiency or low literacy skills~~].~~; *or*
- (VI) *have been incarcerated or are under supervision following the release from prison or jail within the last 5 years.*

(4) INCOME.—In this section, the term “income” means income received during the 12-month period (or, at the option of the grantee involved, the annualized income for the 6-month period) ending on the date an eligible individual submits an application to participate in a project carried out under this title by such grantee.

(5) LOCAL WORKFORCE DEVELOPMENT BOARD; STATE WORKFORCE DEVELOPMENT BOARD.—The terms “local workforce development board” and “State workforce development board” have the meanings given the terms “local board” and “State board”, respectively, in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

(6) PACIFIC ISLAND AND ASIAN AMERICANS.—The term “Pacific Island and Asian Americans” means Americans having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

(7) PROGRAM.—The term “program” means the older American community service employment program established under this title.

(8) SUPPORTIVE SERVICES.—The term “supportive services” means services, such as transportation, child care, dependent

care, housing, and needs-related payments, that are necessary to enable an individual to participate in activities authorized under this title, consistent with the provisions of this title.

(9) UNEMPLOYED.—The term “unemployed”, used with respect to a person or individual, means an individual who is without a job and who wants and is available for work, including an individual who may have occasional employment that does not result in a constant source of income.

(b) RULE.—Pursuant to regulations prescribed by the Secretary, an eligible individual shall have priority for the community service employment and other authorized activities provided under this title if the individual—

- (1) is 65 years of age or older; or
- (2)(A) has a disability;
- (B) has limited English proficiency or low literacy skills;
- (C) resides in a rural area;
- (D) is a veteran;
- (E) has low employment prospects;
- (F) has failed to find employment after utilizing services provided under title I of the Workforce Innovation and Opportunity Act; **[or]**
- (G) is homeless or at risk for homelessness~~...~~; or
- (H) has been incarcerated or is under supervision following the release from prison or jail within the last 5 years.

TITLE VI—GRANTS FOR NATIVE AMERICANS

* * * * *

PART A—INDIAN PROGRAM

FINDINGS

SEC. 611. **[(a)]** The Congress finds that the older individuals who are Indians of the United States—

- (1) are a rapidly increasing population;
- (2) suffer from high unemployment;
- (3) live in poverty at a rate estimated to be as high as 61 percent;
- (4) have a life expectancy between 3 and 4 years less than the general population;
- (5) lack sufficient nursing homes, other long-term care facilities, and other health care facilities;
- (6) lack sufficient Indian area agencies on aging;
- (7) frequently live in substandard and over-crowded housing;
- (8) receive less than adequate health care;
- (9) are served under this title at a rate of less than 19 percent of the total national population of older individuals who are Indians living on Indian reservations; and
- (10) are served under title III at a rate of less than 1 percent of the total participants under that title.

* * * * *

APPLICATIONS

SEC. 614. (a) No grant may be made under this part unless the eligible tribal organization submits an application to the Assistant

Secretary which meets such criteria as the Assistant Secretary may by regulation prescribe. Each such application shall—

(1) provide that the eligible tribal organization will evaluate the need for supportive and nutrition services among older individuals who are Indians to be represented by the tribal organizations;

(2) provide for the use of such methods of administration as are necessary for the proper and efficient administration of the program to be assisted;

(3) provide that the tribal organization will make such reports in such form and containing such information, as the Assistant Secretary may reasonably require, and comply with such requirements as the Assistant Secretary may impose to assure the correctness of such reports;

(4) provide for periodic evaluation of activities and projects carried out under the application;

(5) establish objectives consistent with the purposes of this part toward which activities under the application will be directed, identify obstacles to the attainment of such objectives, and indicate the manner in which the tribal organization proposes to overcome such obstacles;

(6) provide for establishing and maintaining information and assistance services to assure that older individuals who are Indians to be served by the assistance made available under this part will have reasonably convenient access to such services;

(7) provide a preference for older individuals who are Indians for full or part-time staff positions whenever feasible;

(8) provide assistance that either directly or by way of grant or contract with appropriate entities nutrition services will be delivered to older individuals who are Indians represented by the tribal organization substantially in compliance with the provisions of part C of title III, except that in any case in which the need for nutritional services for older individuals who are Indians represented by the tribal organization is already met from other sources, the tribal organization may use the funds otherwise required to be expended under this paragraph for supportive services;

(9) provide that any legal or ombudsman services made available to older individuals who are Indians represented by the tribal organization will be substantially in compliance with the provisions of title III relating to the furnishing of similar services;

(10) provide satisfactory assurance that fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this part to the tribal organization, including any funds paid by the tribal organization to a recipient of a grant or contract; and

(11) contain assurances that the tribal organization will coordinate services provided under this part with services provided under title III in the same geographical area.

(b) For the purpose of any application submitted under this part, the tribal organization may develop its own population statistics, with approval from the Bureau of Indian Affairs, in order to establish eligibility.

(c)(1) The Assistant Secretary shall approve any application which complies with the provisions of subsection (a).

(2) The Assistant Secretary shall provide waivers and exemptions of the reporting requirements of subsection (a)(3) for applicants that serve Indian populations in geographically isolated areas, or applicants that serve small Indian populations, where the small scale of the project, the nature of the applicant, or other factors make the reporting requirements unreasonable under the circumstances. The Assistant Secretary shall consult with such applicants in establishing appropriate waivers and exemptions.

(3) The Assistant Secretary shall approve any application that complies with the provisions of subsection (a), except that in determining whether an application complies with the requirements of subsection (a)(8), the Assistant Secretary shall provide maximum flexibility to an applicant that seeks to take into account subsistence needs, local customs, and other characteristics that are appropriate to the unique cultural, regional, and geographic needs of the Indian populations to be served.

(4) In determining whether an application complies with the requirements of subsection ~~[(a)(12)]~~ (a)(11), the Assistant Secretary shall require only that an applicant provide an appropriate narrative description of the geographic area to be served and an assurance that procedures will be adopted to ensure against duplicate services being provided to the same recipients.

(d) Whenever the Assistant Secretary determines not to approve an application submitted under subsection (a) the Assistant Secretary shall—

(1) state objections in writing to the tribal organization within 60 days after such decision;

(2) provide to the extent practicable technical assistance to the tribal organization to overcome such stated objections; and

(3) provide the tribal organization with a hearing, under such rules and regulations as the Assistant Secretary may prescribe.

(e) Whenever the Assistant Secretary approves an application of a tribal organization under this part, funds shall be awarded for not less than 12 months.

* * * * *

PART D—SUPPORTIVE SERVICES FOR HEALTHY AGING AND INDEPENDENCE

SEC. 636. PROGRAM.

(a) *IN GENERAL.*—*The Assistant Secretary shall carry out a demonstration program for making grants to tribal or Native Hawaiian organizations with applications approved under parts A and B, to pay for the Federal share of carrying out programs, to enable the organizations 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.

PART [D] E—GENERAL PROVISIONS

ADMINISTRATION

SEC. 641. In establishing regulations for the purpose of part A the Assistant Secretary shall consult with the Secretary of the Interior.

PAYMENTS

SEC. 642. Payments may be made under this title (after necessary adjustments, in the case of grants, on account of previously made overpayments or underpayments) in advance or by way of reimbursement in such installments and on such conditions as the Assistant Secretary may determine.

[SEC. 643. AUTHORIZATION OF APPROPRIATIONS.

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

[(1) for parts A and B, \$31,934,018 for fiscal year 2017, \$32,601,843 for fiscal year 2018, and \$33,269,670 for fiscal year 2019; and

[(2) for part C, \$6,500,000 for fiscal year 2007, \$6,800,000 for fiscal year 2008, \$7,200,000 for fiscal year 2009, \$7,500,000 for fiscal year 2010, and \$7,900,000 for fiscal year 2011.]

SEC. 643. AUTHORIZATION OF APPROPRIATIONS.

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

(1) for parts A and B, \$38,524,324 for fiscal year 2020, \$40,835,783 for fiscal year 2021, \$43,285,930 for fiscal year 2022, \$45,883,086 for fiscal year 2023, and \$48,636,071 for fiscal year 2024; and

(2) for part C subject to section 644, \$10,785,575 for fiscal year 2020, \$11,432,710 for fiscal year 2021, \$12,118,672 for fiscal year 2022, \$12,845,792 for fiscal year 2023, and \$13,616,540 for fiscal year 2024.

SEC. 644. FUNDING SET ASIDE.

Of the funds appropriated under section 643(1) for a fiscal year, 5 percent shall be made available to carry out part D for such fiscal year.

TITLE VII—ALLOTMENTS FOR VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES

Subtitle A—State Provisions

CHAPTER 1—GENERAL STATE PROVISIONS

* * * * *

ISEC. 702. AUTHORIZATION OF APPROPRIATIONS.

[(a) OMBUDSMAN PROGRAM.—There are authorized to be appropriated to carry out chapter 2, \$16,280,630 for fiscal year 2017, \$16,621,101 for fiscal year 2018, and \$16,961,573 for fiscal year 2019.

[(b) OTHER PROGRAMS.—There are authorized to be appropriated to carry out chapters 3 and 4, \$4,891,876 for fiscal year 2017, \$4,994,178 for fiscal year 2018, and \$5,096,480 for fiscal year 2019.]

SEC. 702. AUTHORIZATION OF APPROPRIATIONS.

(a) OMBUDSMAN PROGRAM.—*There are authorized to be appropriated to carry out chapter 2, \$18,110,027 for fiscal year 2020, \$19,196,629 for fiscal year 2021, \$20,348,427 for fiscal year 2022, \$21,569,332 for fiscal year 2023, and \$22,863,492 for fiscal year 2024.*

(b) OTHER PROGRAMS.—*There are authorized to be appropriated to carry out chapters 3 and 4, \$5,119,287 for fiscal year 2020, \$5,426,444 for fiscal year 2021, \$5,752,031 for fiscal year 2022, \$6,097,153 for fiscal year 2023, and \$6,462,982 for fiscal year 2024.*

* * * * *

CHAPTER 2—OMBUDSMAN PROGRAMS

SEC. 711. DEFINITIONS.

As used in this chapter:

(1) OFFICE.—The term “Office” means the office established in section 712(a)(1)(A).

(2) OMBUDSMAN.—The term “Ombudsman” means the individual described in section 712(a)(2).

(3) LOCAL OMBUDSMAN ENTITY.—The term “local Ombudsman entity” means an entity designated under section 712(a)(5)(A) to carry out the duties described in section 712(a)(5)(B) with respect to a planning and service area or other substate area.

(4) PROGRAM.—The term “program” means the State Long-Term Care Ombudsman program established in section 712(a)(1)(B).

(5) REPRESENTATIVE.—The term “representative” includes an employee or volunteer who represents an entity designated under section 712(a)(5)(A) and who is individually designated by the Ombudsman.

(6) RESIDENT.—The term “resident” means an individual of any age who resides in a long-term care facility.

* * * * *

SEC. 712. STATE LONG-TERM CARE OMBUDSMAN PROGRAM.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702 and made available to carry out this chapter, a State agency shall, in accordance with this section—

(A) establish and operate an Office of the State Long-Term Care Ombudsman; and

(B) carry out through the Office a State Long-Term Care Ombudsman program.

(2) OMBUDSMAN.—The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy. The Ombudsman shall be responsible for the management, including the fiscal management, of the Office.

(3) FUNCTIONS.—The Ombudsman shall serve on a full-time basis, and shall, personally or through representatives of the Office—

(A) identify, investigate, and resolve complaints that—

(i) are made by, or on behalf of, residents, including residents with limited or no decisionmaking capacity and who have no known legal representative, and if such a resident is unable to communicate consent for an Ombudsman to work on a complaint directly involving the resident, the Ombudsman shall seek evidence to indicate what outcome the resident would have communicated (and, in the absence of evidence to the contrary, shall assume that the resident wishes to have the resident’s health, safety, welfare, and rights protected) and shall work to accomplish that outcome; and

(ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of—

(I) providers, or representatives of providers, of long-term care services;

(II) public agencies; or

(III) health and social service agencies;

(B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;

(C) inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);

(D) ensure that the residents have regular, timely, private, and unimpeded access to the services provided through the Office and that the residents and complain-

ants receive timely responses from representatives of the Office to complaints;

(E) represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

(F) provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;

(G)(i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State;

(ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and

(iii) facilitate public comment on the laws, regulations, policies, and actions;

(H)(i) provide for training representatives of the Office;

(ii) promote the development of citizen organizations, to participate in the program; and

(iii) provide technical support for, actively encourage, and assist in the development of resident and family councils to protect the well-being and rights of residents;

(I) when feasible, continue to carry out the functions described in this section on behalf of residents transitioning from a long-term care facility to a home care setting; and

(J) carry out such other activities as the Assistant Secretary determines to be appropriate.

(4) CONTRACTS AND ARRANGEMENTS.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the State agency may establish and operate the Office, and carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization.

(B) LICENSING AND CERTIFICATION ORGANIZATIONS; ASSOCIATIONS.—The State agency may not enter into the contract or other arrangement described in subparagraph (A) with—

(i) an agency or organization that is responsible for licensing or certifying long-term care services in the State; or

(ii) an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals.

(5) DESIGNATION OF LOCAL OMBUDSMAN ENTITIES AND REPRESENTATIVES.—

(A) DESIGNATION.—In carrying out the duties of the Office, the Ombudsman may designate an entity as a local Ombudsman entity, and may designate an employee or volunteer to represent the entity.

(B) DUTIES.—An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency—

(i) provide services to protect the health, safety, welfare and rights of residents;

(ii) ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;

(iii) identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents;

(iv) represent the interests of residents before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

(v)(I) review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents; and

(II) facilitate the ability of the public to comment on the laws, regulations, policies, and actions;

(vi) support, actively encourage, and assist in the development of resident and family councils;

(vii) identify, investigate, and resolve complaints described in clause (iii) that are made by or on behalf of residents with limited or no decisionmaking capacity and who have no known legal representative, and if such a resident is unable to communicate consent for an Ombudsman to work on a complaint directly involving the resident, the Ombudsman shall seek evidence to indicate what outcome the resident would have communicated (and, in the absence of evidence to the contrary, shall assume that the resident wishes to have the resident's health, safety, welfare, and rights protected) and shall work to accomplish that outcome; and

(viii) carry out other activities that the Ombudsman determines to be appropriate.

(C) ELIGIBILITY FOR DESIGNATION.—Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall—

(i) have demonstrated capability to carry out the responsibilities of the Office;

(ii) be free of conflicts of interest and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves;

(iii) in the case of the entities, be public or nonprofit private entities; and

(iv) meet such additional requirements as the Ombudsman may specify.

(D) *VOLUNTEER OMBUDSMAN REPRESENTATIVES.*—An individual designated as a volunteer ombudsman representative may receive financial support and recognition from the Office of the State Long-Term Care Ombudsman Program for expenses incurred during service.

[(D)] (E) POLICIES AND PROCEDURES.—

(i) **IN GENERAL.**—The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

(ii) **POLICIES.**—In a case in which the entities are grantees, or the representatives are employees, of area agencies on aging, the State agency shall develop the policies in consultation with the area agencies on aging. The policies shall provide for participation and comment by the agencies and for resolution of concerns with respect to case activity.

(iii) **CONFIDENTIALITY AND DISCLOSURE.**—The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest.

(b) **PROCEDURES FOR ACCESS.**—

(1) **IN GENERAL.**—The State shall ensure that representatives of the Office shall have—

(A) private and unimpeded access to long-term care facilities and residents;

(B)(i) appropriate access to review all files, records, and other information concerning a resident, if—

(I) the representative has the permission of the resident, or the legal representative of the resident; or

(II) the resident is unable to communicate consent to the review and has no legal representative; or

(ii) access to the files, records, and information as is necessary to investigate a complaint if—

(I) a legal guardian of the resident refuses to give the permission;

(II) a representative of the Office has reasonable cause to believe that the guardian is not acting in the best interests of the resident; and

(III) the representative obtains the approval of the Ombudsman;

(C) access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities; and

(D) access to and, on request, copies of all licensing and certification records maintained by the State with respect to long-term care facilities.

(2) **PROCEDURES.**—The State agency shall establish procedures to ensure the access described in paragraph (1).

(3) **HEALTH OVERSIGHT AGENCY.**—For purposes of section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (including regulations issued under that section) (42 U.S.C. 1320d–2 note), the Ombudsman and a representative of the Office shall be considered a “health oversight agency,” so that release of residents’ individually identifiable health

information to the Ombudsman or representative is not precluded in cases in which the requirements of clause (i) or (ii) of paragraph (1)(B), or the requirements of paragraph (1)(D), are otherwise met.

(c) **REPORTING SYSTEM.**—The State agency shall establish a state-wide uniform reporting system to—

(1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and

(2) submit the data, on a regular basis, to—

(A) the agency of the State responsible for licensing or certifying long-term care facilities in the State;

(B) other State and Federal entities that the Ombudsman determines to be appropriate;

(C) the Assistant Secretary; and

(D) the National Ombudsman Resource Center established in section 202(a)(18).

(d) **DISCLOSURE.**—

(1) **IN GENERAL.**—The State agency shall establish procedures for the disclosure by the Ombudsman or local Ombudsman entities of files, records, and other information maintained by the program, including records described in subsection (b)(1) or (c).

(2) **IDENTITY OF COMPLAINANT OR RESIDENT.**—The procedures described in paragraph (1) shall—

(A) provide that, subject to subparagraph (B), the files, records, and other information described in paragraph (1) may be disclosed only at the discretion of the Ombudsman (or the person designated by the Ombudsman to disclose the files, records, and other information);

(B) prohibit the disclosure of the identity of any complainant or resident with respect to whom the Office maintains such files, records, or other information unless—

(i) the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;

(ii)(I) the complainant or resident gives consent orally; and

(II) the consent is documented contemporaneously in a writing made by a representative of the Office in accordance with such requirements as the State agency shall establish; or

(iii) the disclosure is required by court order; and

(C) notwithstanding subparagraph (B), ensure that the Ombudsman may disclose information as needed in order to best serve residents with limited or no decisionmaking capacity who have no known legal representative and are unable to communicate consent, in order for the Ombudsman to carry out the functions and duties described in paragraphs (3)(A) and (5)(B) of subsection (a).

(e) **CONSULTATION.**—In planning and operating the program, the State agency shall consider the views of area agencies on aging, older individuals, and providers of long-term care.

(f) **CONFLICT OF INTEREST.**—

(1) INDIVIDUAL CONFLICT OF INTEREST.—The State agency shall—

(A) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;

(B) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest; and

(C) ensure that the Ombudsman—

(i) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;

(ii) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;

(iii) is not employed by, or participating in the management of, a long-term care facility or a related organization, and has not been employed by such a facility or organization within 1 year before the date of the determination involved;

(iv) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility;

(v) does not have management responsibility for, or operate under the supervision of an individual with management responsibility for, adult protective services; and

(vi) does not serve as a guardian or in another fiduciary capacity for residents of long-term care facilities in an official capacity (as opposed to serving as a guardian or fiduciary for a family member, in a personal capacity).

(2) ORGANIZATIONAL CONFLICT OF INTEREST.—

(A) IN GENERAL.—The State agency shall comply with subparagraph (B)(i) in a case in which the Office poses an organizational conflict of interest, including a situation in which the Office is placed in an organization that—

(i) is responsible for licensing, certifying, or surveying long-term care services in the State;

(ii) is an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals;

(iii) provides long-term care services, including programs carried out under a Medicaid waiver approved under section 1115 of the Social Security Act (42 U.S.C. 1315) or under subsection (b) or (c) of section 1915 of the Social Security Act (42 U.S.C. 1396n), or under a Medicaid State plan amendment under subsection (i), (j), or (k) of section 1915 of the Social Security Act (42 U.S.C. 1396n);

- (iv) provides long-term care case management;
- (v) sets rates for long-term care services;
- (vi) provides adult protective services;
- (vii) is responsible for eligibility determinations for the Medicaid program carried out under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);
- (viii) conducts preadmission screening for placements in facilities described in clause (ii); or
- (ix) makes decisions regarding admission or discharge of individuals to or from such facilities.

(B) IDENTIFYING, REMOVING, AND REMEDYING ORGANIZATIONAL CONFLICT.—

(i) IN GENERAL.—The State agency may not operate the Office or carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization, in a case in which there is an organizational conflict of interest (within the meaning of subparagraph (A)) unless such conflict of interest has been—

- (I) identified by the State agency;
- (II) disclosed by the State agency to the Assistant Secretary in writing; and
- (III) remedied in accordance with this subparagraph.

(ii) ACTION BY ASSISTANT SECRETARY.—In a case in which a potential or actual organizational conflict of interest (within the meaning of subparagraph (A)) involving the Office is disclosed or reported to the Assistant Secretary by any person or entity, the Assistant Secretary shall require that the State agency, in accordance with the policies and procedures established by the State agency under subsection (a)(5)(D)(iii)—

- (I) remove the conflict; or
- (II) submit, and obtain the approval of the Assistant Secretary for, an adequate remedial plan that indicates how the Ombudsman will be unencumbered in fulfilling all of the functions specified in subsection (a)(3).

(g) LEGAL COUNSEL.—The State agency shall ensure that—

(1)(A) adequate legal counsel is available, and is able, without conflict of interest, to—

- (i) provide advice and consultation needed to protect the health, safety, welfare, and rights of residents; and
- (ii) assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives; and

(B) legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the Ombudsman or such a representative; and

(2) the Office pursues administrative, legal, and other appropriate remedies on behalf of residents.

(h) ADMINISTRATION.—The State agency shall require the Office to—

(1) prepare an annual report—

(A) describing the activities carried out by the Office in the year for which the report is prepared;

(B) containing and analyzing the data collected under subsection (c);

(C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;

(D) containing recommendations for—

(i) improving quality of the care and life of the residents; and

(ii) protecting the health, safety, welfare, and rights of the residents;

(E)(i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and

(ii) identifying barriers that prevent the optimal operation of the program; and

(F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;

(2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;

(3)(A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding—

(i) the problems and concerns of individuals residing in long-term care facilities; and

(ii) recommendations related to the problems and concerns; and

(B) make available to the public, and submit to the Assistant Secretary, the chief executive officer of the State, the State legislature, the State agency responsible for licensing or certifying long-term care facilities, and other appropriate governmental entities, each report prepared under paragraph (1);

(4) ensure that the Ombudsman or a designee participates in training provided by the National Ombudsman Resource Center established in section 202(a)(18);

(5) strengthen and update procedures for the training of the representatives of the Office, including unpaid volunteers, based on model standards established by the Director of the Office of Long-Term Care Ombudsman Programs, in consultation with representatives of citizen groups, long-term care providers, and the Office, that—

(A) specify a minimum number of hours of initial training;

- (B) specify the content of the training, including training relating to—
 - (i) Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;
 - (ii) investigative techniques; and
 - (iii) such other matters as the State determines to be appropriate; and
- (C) specify an annual number of hours of in-service training for all designated representatives;
- (6) prohibit any representative of the Office (other than the Ombudsman) from carrying out any activity described in subparagraphs (A) through (G) of subsection (a)(3) unless the representative—
 - (A) has received the training required under paragraph (5); and
 - (B) has been approved by the Ombudsman as qualified to carry out the activity on behalf of the Office;
- (7) coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under—
 - (A) subtitle C of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000; and
 - (B) the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.);
- (8) coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under section 306(a)(2)(C), through adoption of memoranda of understanding and other means;
- (9) coordinate services with State and local law enforcement agencies and courts of competent jurisdiction; and
- (10) permit any local Ombudsman entity to carry out the responsibilities described in paragraph (1), (2), (3), (7), or (8).
- (i) LIABILITY.—The State shall ensure that no representative of the Office will be liable under State law for the good faith performance of official duties.
- (j) NONINTERFERENCE.—The State shall—
 - (1) ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful;
 - (2) prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office; and
 - (3) provide for appropriate sanctions with respect to the interference, retaliation, and reprisals.

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RAISE FAMILY CAREGIVERS ACT

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SEC. 6. SUNSET PROVISION.

The authority and obligations established by this Act shall terminate on the date that is **[3]** 4 years after the date of enactment of this Act.

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**SECTION 3 OF THE SUPPORTING GRANDPARENTS
RAISING GRANDCHILDREN ACT**

SEC. 3. ADVISORY COUNCIL TO SUPPORT GRANDPARENTS RAISING GRANDCHILDREN.

(a) **ESTABLISHMENT.**—There is established an Advisory Council to Support Grandparents Raising Grandchildren.

(b) **MEMBERSHIP.**—

(1) **IN GENERAL.**—The Advisory Council shall be composed of the following members, or their designee:

(A) The Secretary of Health and Human Services.

(B) The Secretary of Education.

(C) The Administrator of the Administration for Community Living.

(D) The Director of the Centers for Disease Control and Prevention.

(E) The Assistant Secretary for Mental Health and Substance Use.

(F) The Assistant Secretary for the Administration for Children and Families.

(G) A grandparent raising a grandchild.

(H) An older relative caregiver of children.

(I) As appropriate, the head of other Federal departments, or agencies, identified by the Secretary of Health and Human Services as having responsibilities, or administering programs, relating to current issues affecting grandparents or other older relatives raising children.

(2) **LEAD AGENCY.**—The Department of Health and Human Services shall be the lead agency for the Advisory Council.

(c) **DUTIES.**—

(1) **IN GENERAL.**—

(A) **INFORMATION.**—The Advisory Council shall identify, promote, coordinate, and disseminate to the public information, resources, and the best practices available to help grandparents and other older relatives—

(i) meet the health, educational, nutritional, and other needs of the children in their care; and

(ii) maintain their own physical and mental health and emotional well-being.

(B) **OPIOID.**—s In carrying out the duties described in subparagraph (A), the Advisory Council shall consider the needs of those affected by the opioid crisis.

(C) **NATIVE AMERICANS.**—In carrying out the duties described in subparagraph (A), the Advisory Council shall consider the needs of members of Native American tribes.

(2) **REPORT.**—

- (A) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Advisory Council shall submit a report to—
- (i) the appropriate committees;
 - (ii) the State agencies that are responsible for carrying out family caregiver programs; and
 - (iii) the public online in an accessible format.
- (B) REPORT FORMAT.—The report shall include—
- (i) best practices, resources, and other useful information for grandparents and other older relatives raising children identified under paragraph (1)(A) including, if applicable, any information related to the needs of children who have been impacted by the opioid epidemic;
 - (ii) an identification of any gaps in items under clause (i); and
 - (iii) where applicable, identification of any additional Federal legislative authority necessary to implement the activities described in clause (i) and (ii).
- (3) FOLLOW-UP REPORT.—Not later than 2 years after the date on which the report required under paragraph (2)(A) is submitted, the Advisory Council shall submit a follow-up report that includes the information identified in paragraph (2)(B) to—
- (A) the appropriate committees;
 - (B) the State agencies that are responsible for carrying out family caregiver programs; and
 - (C) the public online in an accessible format.
- (4) PUBLIC INPUT.—
- (A) IN GENERAL.—The Advisory Council shall establish a process for public input to inform the development of, and provide updates to, the best practices, resources, and other information described in paragraph (1) that shall include—
- (i) outreach to States, local entities, and organizations that provide information to, or support for, grandparents or other older relatives raising children; and
 - (ii) outreach to grandparents and other older relatives with experience raising children.
- (B) NATURE OF OUTREACH.—Such outreach shall ask individuals to provide input on—
- (i) information, resources, and best practices available, including identification of any gaps and unmet needs; and
 - (ii) recommendations that would help grandparents and other older relatives better meet the health, educational, nutritional, and other needs of the children in their care, as well as maintain their own physical and mental health and emotional well-being.
- (d) FACA.—The Advisory Council shall be exempt from the requirements of the Federal Advisory Committee Act (5 U.S.C. App.).
- (e) FUNDING.—No additional funds are authorized to be appropriated to carry out this Act.

(f) SUNSET.—The Advisory Council shall terminate on the date that is **[3]** 4 years after the date of enactment of this Act.

