

112TH CONGRESS
2D SESSION

H. R. 6543

To amend the Older Americans Act of 1965 to define care coordination, include care coordination as a fully restorative service, and detail the care coordination functions of the Assistant Secretary, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 21, 2012

Ms. SCHWARTZ introduced the following bill; which was referred to the
Committee on Education and the Workforce

A BILL

To amend the Older Americans Act of 1965 to define care coordination, include care coordination as a fully restorative service, and detail the care coordination functions of the Assistant Secretary, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Care Coordination for
5 Older Americans Act of 2012”.

1 **SEC. 2. DECLARATION OF OBJECTIVES.**

2 Section 101(4) of the Older Americans Act of 1965
3 (42 U.S.C. 3001(4)) is amended by inserting “care coordi-
4 nation and” after “including”.

5 **SEC. 3. DEFINITIONS.**

6 Section 102 of the Older Americans Act of 1965 (42
7 U.S.C. 3002) is amended by adding at the end the fol-
8 lowing:

9 “(55)(A) The term ‘care coordination’ means a
10 person- and family-centered, assessment-based, and
11 interdisciplinary approach to meet the needs and
12 preferences of an older individual and a family care-
13 giver while enhancing the capabilities of the older in-
14 dividual (including the ability to self-direct services).

15 “(B) The term ‘care coordination’ means co-
16 ordination that—

17 “(i) integrates health care, long-term serv-
18 ices and supports, housing, and social support
19 services in a high-quality and cost-effective
20 manner in which an individual’s needs, pref-
21 erences, and capabilities are assessed, along
22 with the needs and preferences of a family care-
23 giver;

24 “(ii) includes, as a core element, the active
25 involvement of the older individual, the family,
26 or a representative appointed by the older indi-

vidual or legally acting on the individual's behalf, community-based service professionals, and health care professionals providing care to the older individual, in the design and implementation of an individualized, individual-centered service and support plan, through which the services and supports will be provided in a manner free from conflicts of interest;

“(iii) integrates services and interventions that are implemented, monitored, and evaluated for effectiveness using an evidence-based process, which typically involves a designated lead care coordinator and involves feedback from the older individual;

“(iv) includes activities that aim simultaneously at meeting individual and family needs and preferences, building on individual capabilities, and improving outcomes and systems of care;

“(v) includes provision of some or all of the services and activities described in clauses (i) through (iv) by trained professionals employed by or under a contract with—

“(I) area agencies on aging;

1 “(II) Aging and Disability Resource
2 Centers; or

3 “(III) other service providers, includ-
4 ing in-home service providers; and

5 “(vi) is not furnished to directly diagnose,
6 treat, or cure a medical disease or condition.”.

7 **SEC. 4. FUNCTIONS OF THE ASSISTANT SECRETARY.**

8 Section 202(a) of the Older Americans Act of 1965
9 (42 U.S.C. 3012(a)) is amended—

10 (1) in paragraph (27), by striking “and” at the
11 end;

12 (2) in paragraph (28), by striking the period
13 and inserting “; and”; and

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

15 “(29)(A) encourage, provide technical assist-
16 ance to, and share best practices with, States, area
17 agencies on aging, Aging and Disability Resource
18 Centers, and service providers to carry out outreach
19 and coordinate activities with health care entities in
20 order to assure better care coordination for individ-
21 uals with multiple chronic illnesses; and

22 “(B) coordinate activities with other Federal
23 agencies that are working to improve care coordina-
24 tion and developing new models and best practices.”.

1 **SEC. 5. ORGANIZATION.**

2 Section 305(a) of the Older Americans Act of 1965
3 (42 U.S.C. 3025(g)) is amended—

4 (1) in paragraph (2), by striking “and” at the
5 end;

6 (2) in paragraph (3), by striking the period and
7 inserting “; and”; and

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

9 “(4) the State agency shall promote the devel-
10 opment and implementation of a State system to ad-
11 dress the care coordination needs of older individuals
12 with multiple chronic illnesses, and shall work with
13 acute care providers, area agencies on aging, service
14 providers, and Federal agencies to ensure that the
15 system uses best practices and is evaluated on its
16 provision of care coordination.”.

17 **SEC. 6. AREA PLANS.**

18 Section 306(a) of the Older Americans Act of 1965
19 (42 U.S.C. 3026(a)) is amended—

20 (1) in paragraph (4)(B)(i)(VII) by inserting
21 “with multiple chronic illnesses or” after “older indi-
22 viduals”;

23 (2) in paragraph (6)(D), by inserting “(includ-
24 ing acute care providers)” after “service providers”;

25 (3) in paragraph (16), by striking “and” at the
26 end;

1 (4) in paragraph (17) by striking the period
2 and inserting “; and”; and

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

4 “(18) provide assurances that the area agency
5 on aging will—

6 “(A) identify existing (as of the date of
7 submission of the plan) care coordination pro-
8 grams and systems;

9 “(B) identify unmet community need for
10 care coordination;

11 “(C) facilitate the development and imple-
12 mentation of an area-wide system to address
13 the care coordination needs of older individuals
14 with multiple chronic illnesses; and

15 “(D) work with acute care providers, serv-
16 ice providers, and Federal and State agencies to
17 ensure that the system uses best practices in its
18 provision of care coordination.”.

19 **SEC. 7. STATE PLANS.**

20 Section 307(a) of the Older Americans Act of 1965
21 (42 U.S.C. 3027(a)) is amended—

22 (1) in paragraph (2)(A), by inserting “care co-
23 ordination,” after “information and assistance,”;

24 (2) in paragraph (17), by striking “and develop
25 collaborative programs, where appropriate,” and in-

1 serting “, ensure care coordination, and (where ap-
2 propriate) develop collaborative programs,”;

3 (3) in paragraph (18), in the matter preceding
4 subparagraph (A), by inserting “and ensure care co-
5 ordination that integrates long-term care services
6 and other care services,” before “for older”;

7 (4) in paragraph (23), by striking “with other
8 State services” and inserting “with other Federal
9 and State health care programs and services”; and

10 (5) by adding at the end the following:

11 “(31) The plan shall provide assurances that
12 the area agencies on aging in the State will facilitate
13 the area-wide development and implementation of an
14 area-wide system to address the care coordination
15 needs of older individuals with multiple chronic ill-
16 nesses, and work with acute care providers, service
17 providers, and other Federal and State agencies to
18 ensure that the system uses best practices and is
19 evaluated on its provision of care coordination.”.

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