

Frequently Asked Questions (FAQs)

Below is a list of frequently asked questions (FAQs) to assist the Aging Network with implementation of the 2006 Amendments to the Older Americans Act (OAA). Periodically, AoA will add new FAQs that are of general interest to the Network. We invite users to submit questions and comments regarding the Amendments that may be used in the development of future FAQs for this page.

Please note: Questions/comments that are specific to an individual participant, provider, Area Agency on Aging (AAA) or State Agency on Aging will be referred to the appropriate agency for action.

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Aging and Disability Resource Centers (ADRCs)

- The 2006 Reauthorization provides the Assistant Secretary for Aging the authority to “implement in all States Aging and Disability Resource Centers.” In what ways can States begin planning and directing resources for this implementation?

Through Choices for Independence, the Administration on Aging continues to seek and direct resources to assist States in the development of ADRCs. As envisioned by AoA, Choices for Independence will provide the resources to implement the ADRC [EXIT Disclaimer](#) concept in all states. In addition, many States have creatively used other Federal resources to advance ADRCs. For example, some States have utilized CMS *Real Choice System Change* grants, including the [Systems Transformation Grants](#) [EXIT Disclaimer](#), to support their efforts to create single points of entry. Many ADRC grantee States are seeking increased Federal Financial Participation (FFP) through Medicaid to support their ADRC efforts.

ADRC grantees are also utilizing State and other funding support, for example:

- Six States have passed ADRC/single point of entry legislation
- Seventeen States have received State funding to support ADRC pilot sites
- Twenty-four ADRC grantee States report pursuing, or have already received, private grants to support their efforts at the State or local level.

Choices for Independence

- **What new opportunities are contained in the 2006 Reauthorization of the Older Americans Act for States, AAAs, Tribal organizations and older adults?**

The Aging Services Network has long been proactive in providing home and community-based services in a comprehensive and coordinated long-term care system. New, strategic opportunities are available through the 2006 Amendments to the Older Americans Act designed to bolster the Aging Services Network's leadership role in advancing home and community-based long-term care for older persons. Specifically, States, AAAs, and Tribal organizations now have greater flexibility and increased options for integrating services and coordinating with other programs to maximize the resources available to meet the needs of older persons.

The 2006 Amendments seek to integrate the principles of "Choices for Independence" by reaffirming the primary role of the Network, through the Aging and Disability Resource Centers, as the entry point for home and community-based long-term care services. The Amendments also establish the role of the Network in enabling older people to live healthier lives through the use of evidenced-based disease and disability prevention programs; and providing more choices to individuals, especially those at high-risk of nursing home placement and spend down to Medicaid, through the use of flexible service models, including consumer-directed care options.

Civic Engagement

- **Programs administered by the Corporation for National Community Service (CNCS), e.g., Legacy Corps, now permit applicants to use other sources of Federal funding as match. Does this mean that OAA funds can be used as match?**

To maximize flexibility of funding and to enhance services to older adults, Older Americans Act grantees have the option to use III E funds to meet the match requirements for certain programs administered by the National Community Service (CNCS). With this option, the Aging Network is afforded additional opportunities to better meet local home and community service and caregiver needs, and to further the goals of providing volunteer (Civic Engagement) opportunities to older adults and their caregivers.

It is imperative to note that 45 CFR Parts 74.23(a) and 92.24(b) do not allow OAA grantees to use any Federal funds (including CNCS funds) to meet the OAA non-Federal share (match) of project expenditures. It is also important to note that any proposed use of OAA

funds (including funds that would be used as match for CNCS programs) must be consistent with the terms and conditions of the grant/contract award, including all applicable Older Americans Act provisions and uniform grant administration rules (45 CFR Parts 74 and 92).

A local provider may only use such funds for allowable services under Title III E, and such services must be part of the overall comprehensive system of services in the planning and service area. (Sec. 303(c)(2)). State and area agencies on aging remain fully responsible for administration and oversight of OAA funds, notwithstanding CNCS's acceptance of any OAA funds under a grant/contract as cost sharing or matching.

For clarity, the following conditions must be met if OAA funds are to be used to match CNCS funds:

- All specific terms and conditions of the OAA grant;
- The intent of the OAA;
- All applicable Federal, State and local legislation; and

The Federal agency (CNCS) has the statutory provisions necessary to allow its grantees to count other federal funds as matching contributions for their CNCS project costs.

Elder Justice

- **What new opportunities exist for States and Tribal organizations in the new Elder Justice provisions and how can elder justice provisions integrate with the AoA's other long-term care reforms?**

New language in Title II and Title VII emphasize multi-disciplinary and collaborative approaches to addressing elder maltreatment when developing programs and long-term strategic plans for elder justice activities. AoA has funded the [National Center on Elder Abuse \(NCEA\)](#) to examine issues, current practices, and future directions for the enhanced coordination between elder rights and ADRC systems. In FY 2008, the NCEA will study successful collaboration between home and community-based service providers, Adult Protective Services, and Long-Term Care Ombudsman to ensure the safety and well-being of vulnerable seniors as they are diverted or transitioned from institutional settings to community based care.

States and Tribes will have the opportunity to work with AoA in developing a long-term plan to facilitate the development, implementation, and continuous improvement of a coordinated, multi-disciplinary elder justice system in the United States. New language in Title VII expands the options for States and tribal organizations to use some portion of the Title VII allotments for detection, assessment, intervention in, investigation of and response to elder abuse, neglect, and exploitation.

AoA's elder abuse prevention program is exploring best practice examples of ADRCs incorporating crisis management and risk identification and successful collaborations between elder rights providers and ADRCs. Similarly, the National [Long-Term Care Ombudsman Resource Center](#) EXIT Disclaimer is providing training and technical assistance to long-term care ombudsmen in diversion and transition activities including coordination with ADRC's. Additional coordination efforts include the statewide [SMP Programs](#) (formerly Senior Medicare Patrol), the [National Resource and Education Center on Women and](#)

Retirement Planning [EXIT Disclaimer](#) , and the [National Legal Resource Centers](#) Model Approaches to Statewide Legal Assistance, and Pension Counseling.

Evidence-Based Health Promotion Disease Prevention Programs

- **What new opportunities does the 2006 Reauthorization offer the Aging Services Network for developing or enhancing evidence-based health promotion/disease prevention strategies?**

Evidence-based disease prevention is the utilization of clinically tested and proven tools and behavioral changes to manage an individual's health and disease. [Evidence-based prevention programs](#) take place at the community level to help participants avoid hospitalizations and unnecessary physician visits.

Evidence Based Programming, regardless of funding source, is central to empowering older adults to take responsibility for their health by making informed health choices and adopting healthful behaviors. It is important to modernize programs by using the best available science and evidence and leveraging funding and expertise through community resources.

The 2006 Amendments reaffirm AoA's commitment to ensuring that all older Americans have access to programs and services that help reduce the impact of disease and chronic disabilities and encourage the promotion of preventive measures to eliminate or reduce the occurrence of new diseases and disabilities. Under Titles III and IV, States continue to have the option to design programs to advance chronic disease self-care practices, increase physical activity, prevent falls, promote proper nutrition and diet, and address depression and/or substance abuse in older persons.

Mental health

- **Mental health is referenced numerous times throughout the 2006 amendments to the Older Americans Act. What are these new provisions and how will they enable the Aging Services Network to more fully meet the needs of older Americans?**

For the first time, the Administration on Aging and the Aging Services Network are directed to apply a greater focus on the prevention and treatment of mental disorders. To effectively carry out the new mental health references in the Act, AoA will develop objectives, priorities and a long-term plan for supporting State and local efforts pertaining to education, 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.

Although the 2006 Amendments include no specific requirements for States regarding the new Title II mental health provisions, there are significant opportunities for States to:

- Ensure that mental health programs and services are aware of the role ADRCs play in connecting consumers with resources to meet their needs.
- Explore the availability of evidence-based mental health programs and incorporating them where practicable.
- Strengthen partnerships between mental health programs and services and the Aging Services Network at the State and AAA/community levels.

National Family Caregiver Support Program (NFCSP)

- **How does the Modernization of the Older Americans Act benefit family caregivers?**

AoA, in partnership with CMS, designed the Aging and Disability Resource Centers (ADRCs), now operational in 43 States and territories, to provide consumers and caregivers information on home and community-based long-term care services. ADRCs provide consumers information, options counseling, referral, assessment, educational and assistance in planning for future needs. AoA is emphasizing the importance of integration of proven evidence-based health promotion interventions, which can lessen disability related to chronic illnesses, prevent falls, and reduce the burden experienced by family caregivers of individuals who are older and/or disabled.

For individuals with a high-risk for nursing home placement, funds can be used by States to target these low and moderate income individuals and their caregivers who may be better served through home and community-based services. Through a variety of consumer-directed options, such consumers may select their own providers and direct how their services will be delivered.

- **What eligibility changes were made to the National Family Caregiver Support Program as a result of the Reauthorization of the Older Americans Act in 2006?**

The eligibility changes in the NFCSP are:

- Family caregivers of a person with Alzheimer's disease or a related dementia may be served regardless of the age of the person with dementia.
- Grandparents and other relative caregivers providing care to children (under age 18 years) may receive services at 55 years of age and older;
- Grandparent or relative caregivers, providing care for adult children with a disability, who are between 19 and 59 years of age, can now be served under the NFCSP as follows:
 - Caregivers must be age 55 years and older;
 - Priority is given to caregivers providing care for an adult child with severe disabilities; and
 - Services provided to these caregivers are not counted against the 10% ceiling for grandparents and other caregivers providing care to children under the age of 18 years.
- **Can older caregivers providing care to their own adult children with disabilities be served in the NFCSP?**

Older caregivers providing care to their adult children with disabilities can be served in the NFCSP if the adult children are 60 years of age and older.

- **How should the term "related disorders with neurological or organic brain dysfunction" be defined in the "family caregiver" definition?**

Absent a comprehensive definition of "related disorders with neurological or organic brain dysfunction" States may identify such disorders based on their local experience, expertise

and need.

- **Are funds under the National Family Caregiver Support Program “earmarked” or targeted for specific services, e.g. respite?**

Funds under the National Family Caregiver Support Program (NFCSP) are not earmarked or targeted for any specific service. States have the flexibility to determine the funding allocated to provide the five categories of services authorized: 1) information about services; 2) assistance with access to services; 3) individual counseling, organization of support groups, and caregiver training; 4) respite care; and 5) supplemental services, on a limited basis.

The OAA calls for States to implement a comprehensive caregiver program which includes the five services outlined, however; a State may address one or more of the service categories with other sources of funding.

- **Are direct payments to family caregivers to purchase services allowed in the National Family Caregiver Support Program?**

Direct payments to family caregivers are neither specifically included in, nor precluded by, the Older Americans Act. As such, direct payments to family caregivers may be possible to purchase services if so defined by the state.

- **Are grandchildren cared for by grandparents, required to have a disability or chronic illness (including those with mental retardation and developmental disabilities) in order to receive services?**

There is no requirement that the grandchildren have a disability. Under the NFCSP, states may design services for grandparents or older individuals who are relative caregivers. In these instances, the grandparent or relative caregiver must be an older individual (55+), who lives with the child, is the primary caregiver of the child, and has a legal relationship to the child or is raising the child informally. The child must be no more than 18 years old.

Note: The 2006 amendments to the Older Americans Act included an eligibility change which allows services to be provided to grandparents and other relative caregivers (55+) who are primary caregivers of an adult between the ages of 18 to 59 years with a disability. Biological or adoptive parents were not included in this change.

Nutrition

- **What nutrition quality standards have changed under the Older Americans Act?**

Section 339 of the OAA indicates that a State which establishes and operates a nutrition project shall ensure that meals:

- Meet the most recent [Dietary Guidelines for Americans](#) EXIT Disclaimer, published by the Secretaries of Health and Human Services and Agriculture;
- Provide to each participating individual a minimum of one-third of the [Dietary Reference Intakes](#) EXIT Disclaimer, established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is served, two-thirds if two meals are served, and 100 percent if 3 meals are served; and

- Comply with applicable provisions of State and local food service laws.

The OAA nutrition quality standards provide the scientific basis for State agencies on Aging (SUAs), Indian Tribal Organizations (ITOs), area agencies on aging (AAAs), and local nutrition service providers to serve meals and provide nutrition services to keep older adults healthy, reduce their risk of chronic disease and disability and help them manage chronic diseases and conditions.

The OAA places responsibility for implementing the *Dietary Guidelines for Americans* and the *Dietary Reference Intakes* on the SUAs and ITOs with input from AAAs and/or local nutrition service providers. AoA fosters flexibility and innovation to meal program operators in meeting these requirements and discourages strictly regulatory compliance approaches.

The changes in the reauthorization provide the foundation to allow programs to modernize by using the most current available science and evidence to help keep older adults healthy and in the community through access to healthy meals, provision of healthy choices, opportunities to maintain healthy lifestyle behaviors, and referrals to other appropriate programs and resources.

- **What does "Sense of Congress" regarding vitamin and mineral supplements mean?**

Congress recognizes a role for vitamin and mineral supplements to fill a gap in nutrient intake that may not be met by food. The ["Sense of Congress" provision](#) encourages additional local flexibility by allowing the appropriate and safe distribution of vitamin-mineral supplements to individuals in need of such supplements.

- **Can local nutrition service providers use OAA funds to pay for vitamin and mineral supplements?**

Sections 331, 336, and 339 list nutrition services funded by the OAA and do not list the provision of vitamin-mineral supplements as a fundable OAA service.

- **Does each meal provided through the nutrition program have to offer every older adult the nutrition requirements contained in the Older Americans Act (Sec. 331, 336 and 339)?**

The OAA requires that meals meet the nutrient and food requirements found in the Dietary Reference Intakes and the *Dietary Guidelines for Americans*. An older adult may be offered a particular food, but that individual may refuse the food and it does not need to be served.

- **Does the OAA provide options for self-directed nutrition choices?**

The OAA definition of "self-directed care" (Sec. 102(46)) indicates that SUAs, AAAs and ITOs have the opportunity to expand decision-making roles of consumers in the type, amount, management, and budgeting of home and community based services they receive. For an individual able to actively participate in informed decision making and able to make appropriate choices, these services may include congregate and home delivered meals.

Individuals choosing self-directed nutrition services may benefit from nutrition education and nutrition counseling. This counseling may include an appropriate nutrition care plan, instruction on appropriate food choices based on needs, and other mechanisms such as vouchers.

One example of enhanced nutrition choice is offering a soup and salad bar or soup and sandwich bar as an alternative to a hot meal. The Older Americans Act (OAA) does not prescribe and therefore offers considerable flexibility in menu format, meal pattern and method of service.

Each State will determine whether to include self-directed care options in the nutrition

service, as well as how the service is to be implemented and requirements of the OAA are met.

- **A number of factors are increasing the cost of meals. Are there ways to work within the Dietary Reference Intakes (DRIs) and the *Dietary Guidelines for Americans (DGAs)* and meet these challenges?**

The DGAs can be implemented by following two different meal patterns (the United State Department of Agriculture's Food Guide or My Pyramid, and the Dietary Approaches to Stop Hypertension or DASH diet) and suggested caloric levels which determine portion sizes to best meet the needs of older adults being served.

Implementation of the DRIs and DGAs do not require the production of high cost meals, however; the translation of these requirements into low-cost meals is a technical skill that may require the expertise of a registered dietitian or individual with comparable education and training.

Recommendations for implementation including flexibility recommendations are found in the *Dietary Guidelines for Americans 2005* Nutrition Service Providers Guide found at http://nutritionandaging.fiu.edu/DRI_and_DGs/dg_resources.asp EXIT Disclaimer or <http://www.olderindians.org/index.cfm?page=toolkit.cfm> EXIT Disclaimer .

Payer of Last Resort

- **If services are being provided to an older adult under the Older Americans Act, should the OAA continue providing payment for services if the person is later determined eligible for the same services under a Medicaid waiver?**

Title III of the Older Americans Act (OAA) does not create a legal requirement to finance services for any individual. Individuals age 60 and over may receive benefits under the OAA but no individual is entitled to them. An individual who is eligible for Medicaid benefits programs may also receive services under the OAA; however, the State may not require that OAA programs fund benefits that can be funded by Medicaid. Although individuals may not be entitled to specific services under the OAA, Medicaid-eligible individuals may receive such services.

Private Pay

- **Can the Aging Network implement private pay services?**

Private pay services can create opportunities to reach a segment of the population not traditionally served by the network, however; such activities are optional for States, Area Agencies and service providers. In general, private payment for services occurs when individuals pay the full cost of the services they receive. Because there is no public funding involved, private pay services are not subject to the 'cost sharing' provisions under the Older Americans Act (OAA, Sec. 315(a)).

Note: Private pay services to individuals and caregivers are also distinct from establishing "Private Pay Relationships" with profit-making organizations and are therefore not subject to Sec. 212(a) of the OAA.

Self Directed Care

- **To what extent does the OAA now encourage the Aging Services Network to implement self-directed care options in all service categories?**

State agencies on aging, area agencies on aging, and Tribes have the opportunity to expand the decision-making roles of consumers in the type, amount, management and budgeting of the home and community-based services they receive. Through effective and efficient models, including [cash and counseling](#) EXIT Disclaimer vouchers, expanded service choices, etc., AoA encourages the implementation of [self-directed care provisions](#) through OAA services whenever possible, however; each State will determine which services include such provisions and how they will be implemented .

As provisions of the Community Living Incentive and [Nursing Home Modernization grants](#) are made available to the Network, expanded or new models of self-directed care may emerge that will further expand the range of options available to consumers to remain in their own homes and communities.

State Plans

The AoA Program Instruction (AoA-PI-08-01) points out that a national aging services Planning Model is available to assist States. Is this Model required to complete the State Plan? The Plan Model states that the Plan Narrative is to be 20 pages. Is this an absolute limit?

The national aging services Planning Model was developed by the National Association of State Units on Aging (AoA Grant 90AM3032 <http://www.nasua.org/tasc/index.html>) EXIT Disclaimer .

It is available to assist States in the development of the State Plans. While strongly encouraged, its use is not required in law or regulation. This web based tool will provide the resources necessary to develop a comprehensive, yet concise, State Plan on Aging. It is a recommendation that the State Plan be 20 - 30 pages in length with the opportunity to attach data and other reports in appendices. Some states may need more narrative, but clarity and conciseness are the intended result.

Targeting/Limited English Proficiency

- **What implications do the new targeting provisions create for service delivery and long-term care modernization?**

Targeting references are made throughout the Older Americans Act (OAA), as amended in 2006. The Amendments maintain all of the previous targeting groups but revise the group "*limited English speaking*" to "*limited English proficiency*," and add a new group, "*older individuals at risk for institutional placement*." A reference to *older individuals with limited English proficiency* is added to all sections of the OAA where previously the phrase "with particular attention to low-income minority older individuals and older individuals residing in rural areas" was used.

The revision and addition of these two groups assures that the Aging Network will prioritize the provision of services to those individuals in greatest need of long-term care services, and address the specific needs of such individuals in all aspects of planning, advocacy and resource development.

Transportation

- **Does the 2006 Reauthorization include specific opportunities to more fully coordinate transportation services?**

In recognition of the importance of the role of the Aging Services Network, AoA entered into a memorandum of understanding with the Federal Transit Administration in January 2003. As a result of this collaboration, AoA has become a key partner at the federal level in promoting the coordination of transportation across programs and agencies.

The 2006 Reauthorization contains specific requirements for States and area agencies to develop and implement comprehensive and coordinated systems for home and community-based services, including transportation. These requirements afford the Aging Services Network with significant opportunities to strengthen coordination of transportation services and/or ensure its inclusion in the planning and delivery of transportation services. States and communities are encouraged to use the tools and assistance on the AoA Website <http://aoa.gov/prof/transportation/transportation.asp>, to assist in developing and enhancing coordinated transportation services.

- **Programs administered by the Federal Transit Administration (e.g., 5310, 5311, & 5317) now permit applicants to use other sources of Federal funding as match. Does this mean that OAA funds can be used as match?**

To maximize flexibility of funding and to enhance services to older adults, Older Americans Act grantees have the option to use Title III B funds to meet the match requirements for programs administered by the Federal Transit Administration (FTA). With this option, the Aging Network is afforded additional opportunities to better meet local transportation needs and further the goals of United We Ride, including providing more rides for the same or fewer assets, facilitating access to services and increasing customer satisfaction.

It is imperative to note that 45 CFR Parts 74.23(a) and 92.24(b) do not allow OAA grantees to use any Federal funds (including FTA funds) to meet the OAA non-Federal share (match) of project expenditures. It is also important to note that any proposed use of OAA funds (including funds that would be used as match for FTA programs) must be consistent with the terms and conditions of the grant/contract award, including all applicable Older Americans Act provisions and uniform grant administration rules (45 CFR Parts 74 and 92).

A local transportation provider receiving Title III funds for transportation services may only use such funds for the transport of seniors (and caregivers who are escorting seniors). Such services must be part of the overall comprehensive system of services in the planning and service area. (Sec. 303(c)(2)). State and area agencies on aging remain fully responsible for administration and oversight of OAA funds, notwithstanding FTA's acceptance of any OAA funds under a grant/contract as cost sharing or matching.

For clarity, the following conditions must be met if OAA funds are to be used to match FTA funds:

- All specific terms and conditions of the OAA grant;
- The intent of the OAA;
- All applicable Federal, State and local legislation; and
- The Federal agency (FTA) has the statutory provisions necessary to allow its grantees to count non-FTA federal funds as matching contributions for their project costs.