

## National Council on Aging 2019 Older Americans Act Reauthorization Proposals March 2019

## Innovation

Create an Innovation Center to lead a robust aging services research and development authority to evaluate, improve and support scaling of evidence-based interventions and innovations that can improve outcomes, reduce Medicare or Medicaid costs, and promote independence and healthy aging. Such authority should also be utilized to develop the evidence and narrative of the success of core OAA services and strategies on healthy aging and economic independence, including impacts on social determinants of health and social isolation.

## **Healthy Aging**

Include explicit authorization language that includes levels that provide for annual growth for falls prevention and for Chronic Disease Self-Management Education (CDSME).

Enhance the definition of "disease prevention and health promotion" to highlight the role the Aging Services Network plays in responding to public health emergencies and emerging health threats.

Incorporate the "Senior Home Modification Assistance Initiative Act", proposed by the Bipartisan Policy Center and introduced as <u>S. 913</u> by Sen. King in 115<sup>th</sup> Congress. The legislation amends the Older Americans Act of 1965 to direct the Administration on Aging to:

- carry out an initiative to coordinate federal resources to provide home modifications for older individuals to support enabling them to live independently and safely in a home environment; and
- identify and publish an educational brochure on home modifications and repairs for use by older individuals attempting to live independently and safely in their homes and by their caregivers.

## **Economic Security**

Allow Area Agencies on Aging, in consultation with the State Unit on Aging, to use a locally determined measure of economic security or the Supplemental Poverty Measure to measure economic need and target services in area plans.

Provide that the baseline for the Senior Community Service Employment Program (SCSEP) authorization levels remain consistent with current statute (FY19 authorization is \$463,809,605).

Emphasize that SCSEP services include providing access to a range of direct and referred services to promote economic self-sufficiency. This person-centered approach includes assessment of need, case management, coordination of benefits, and engagement of diverse service providers.