



*Advocacy. Action. Answers on Aging.*

Ohio Association of Area Agencies on Aging

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## Recommendations for Updating the Older Americans Act Regulations

Below are recommendations compiled from the Ohio Area Agencies on Aging regarding updating the Older Americans Act regulations. The recommendations are grouped in subject areas for ease of reviewing. Please do not hesitate to contact Beth Kowalczyk, o4a Chief Policy Officer, at [kowalczyk@ohioaging.org](mailto:kowalczyk@ohioaging.org) if you have any questions about these comments.

### DEFINITIONS

1. Provide updated/or clarified definition as to multipurpose senior centers (see multipurpose senior centers section).
2. Revise the service priority for frail, homebound or isolated elderly to include older adults living in communities with high CDC social vulnerability index (SVI). The SVI incorporates socioeconomic status, race/ethnicity/language, household composition, housing/transportation.
3. Expand the definition of In-home services to include:
  - a. evidence-based wellness programs-virtual/telephonic/in-person
  - b. socialization/recreation-virtual/telephonic/in-person
  - c. home safety assessments, i.e. falls prevention assessment completed by an OT/PT/RN
  - d. technology-based health/monitoring systems and telehealth
4. Update terminology – e.g. broaden definition of “family” and “caregivers”

### AREA AGENCY ON AGING ADVISORY COUNCIL

1. Add family caregivers to the composition of the council
2. Allow Area Agencies on Aging to have flexibility to determine who should be a member of the Advisory Council. The AAAs should be able to determine the level of expertise of the members.

### NUTRITION

1. Allow regular grab and go meals to be funded under Title III (C)1. This was permitted under the federal emergency declaration and addressed food insecurity and nutrition for older adults who were not considered housebound. The regulations should include this flexibility permanently to reach older adults who may not attend a congregate meal site in person and are not housebound. Older adults are not necessarily going to traditional sites for meals anymore. Grab

The Ohio Association of Area Agencies on Aging (o4a), a nonprofit organization, is a statewide network of agencies that provide services for older adults, people with disabilities, their families, and caregivers, as well as advocates on their behalf. The Association addresses issues that have an impact on the aging and disability network, provides services to members, and serves as a collective voice for Ohio's Area Agencies on Aging (AAAs).

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and go meals also provided opportunity to conduct wider outreach to the community and share information about the services available.

2. Allow greater flexibility between C1 and C2 funds; at a minimum allow for more than 30% of the state's transfer from C1 to C2. The needs can fluctuate depending on the region, and the ability to use funds interchangeably is of great value. The transfer of funds should be based on the need of the consumers in the service area.
3. Allow Area Agency on Aging staff/consultant Registered Dietitian/Licensed Dietitian (RDN/LD) to provide guidance about 1/3 DRI for contracted nutrition providers. For example, suggest meal patterns and/or leader nutrient reference ranges based on Dietary Guidelines for Americans and current research.

## FISCAL

1. Transfers between sections should allow for more flexibility – to allow transfers of *at least* up to 50% (without waiver request to SUA) *or more* for transfers between the different sections of Title III. The Title III C-2 home-delivered meals program is the largest Title III service and the need for home-delivered meals continues to grow unabated. Area Agencies must be given the ability to utilize funding to meet the actual needs of the communities it serves.
2. Allow more flexibility with amount of match and lower match requirements. Consider changing this requirement to less than 15%. Allow for same lower match rate for area plan administration. Give flexibility for smaller programs, smaller entities for match. Require flexibility for Area Agencies on Aging regarding state-imposed local match requirements.
3. State Maintenance of Effort-To avoid penalty this currently requires the State agency to spend at least the average for the 3 previous fiscal years for supportive services and nutrition services. Will there be flexibility provided to States for the years following the pandemic?
4. Allow micro grants with a limit of \$10,000 - with the rising costs for materials, it is very hard for providers to buy needed items such as refrigerators, freezers, cold storage units, tables, steam tables, insulated meal bags, commercial coffee pot, ice & water dispensers.

## ADMINISTRATION

1. State procurement requirements are not always practical. This is important to know in terms of how quickly Area Agencies on Aging can get federal funds to providers to get services to older adults. There should be guidance to allow flexibilities outside of competitive-bid for procurement of service providers. Competitive-bid requirements are not always practical to issue only one provider a contract and do not allow for person-centered choice. Providers are not always familiar with request for proposals, especially non-traditional providers such as restaurants, etc. which hinders providers in bidding due to the process.
2. Provide flexibility and supports for a private pay case management program to better support LTC needs and complement OAA and Medicaid waiver funded programs.
3. Remove the 10% NAPIS missing data information for income and nutrition risk for congregate meal service. This is a barrier to service and is not required to participate in the program.

4. “Area plan or amendment not approved” should not be as reason for Area Agency Designation withdrawal. The AAA should be able to work with the state unit on aging until the area plan is approved.
5. State explicitly that a provider can be for profit and nonprofit as there has been confusion about who we can contract with at the state level?

## MULTIPURPOSE SENIOR CENTER/FOCAL POINTS

1. Reimagine/Redefine MPSC/Focal Points as we emerge from the pandemic. Similar to a hospital without walls, there should be consideration of a senior center without walls. Allow for virtual socialization and grab and go meals.
2. There should be more flexibility regarding what entities can be designated focal points and/or how Older American Act funding could be distributed (to nonfocal points).
  - a. Area Agencies on Aging who serve as the Aging and Disability Resource Center for their region should be allowed to be considered focal points. It can be confusing for the community to know where to go and ask for help.
  - b. There are not a lot of multipurpose senior centers anymore in some areas; a number of senior service agencies provide one service.
  - c. However, senior centers should continue to be eligible to be designated as focal points where they still exist and can be OAA contracted providers.
  - d. Some AAAs indicated that they get better service from “non focal points”, or independently/levy funded multipurpose senior centers so the focal point requirement should be flexible or don’t link the OAA funding to the focal points.
3. Allow for profit partnerships. Ensure that AAAs can be innovative when working with managed care and hospital systems. AAAs need to be able to partner outside of the focal points for maximum benefit to those we are serving.

## AREA PLANS/WAIVERS

1. Provide guidance to the states with regard to state policies that impose additional reporting requirements on Area Agencies, such as required annual updates to the AAA Strategic Area Plan, including required waivers and demonstration of Request for Proposal to complete direct service.
2. The current regulations provide no guidance to states regarding waivers for AAAs to provide direct service. As result, states apply the requirement differently, with some states making it very difficult and burdensome to obtain. For example, in Ohio, waivers are required yearly even though circumstances for the waiver have not changed and the regular process AAAs use for procurement is every four years.
  - a. There are many reasons why there should be more flexibility within the regulations to allow AAAs to provide direct service without request for a waiver or to make the request and approval process easy. AAAs are innovators in their communities; direct service should be viewed as a way to be innovative and to try new things. Traditional service providers are not always able to pivot and be as nimble as the AAAs.
  - b. Direct service is also a necessity when the service isn’t offered in the community or it’s just more cost effective to house the service/program at the AAA so that it can be

regional. For example, AAAs could provide assistive technology equipment and consumable supplies efficiently and effectively. They could provide internet access services directly without a waiver to support case management delivered using a telehealth model. Waivers should support innovation and needs/gaps identified by the community and analysis completed by AAAs.

- c. The regulations should allow AAAs to provide direct service, or to be clear that the state should allow direct service waivers for AAAs to provide OAA services and that they should not be discouraged.
3. In Ohio, there is currently not enough time to complete the needs assessment and area plan, as well as obtain approval before conducting a request for proposal process and notifying providers of services and funding allocations prior to the start of the new area plan cycle.
4. Add language to 1321.15– “The state plan should be informed by the information provided by area agencies on aging in their area plans, so that the State has a comprehensive picture of older adults’ and caregivers’ needs across the state and the local responses to those needs. To achieve this, the development of a state plan should follow and reflect the area plans rather than vice versa.”
5. Delete this section: *Content of State Plan (f)(11) Area agencies shall compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.*

## EMERGENCY SERVICES

1. Continue flexibility to allow for emergency meals under OAA Title III B. This was permitted under the federal emergency declaration and was an invaluable option for seniors who needed short term assistance for specific circumstances and needed more than one meal per day. This was helpful in avoiding excess billing of the normal OAA Title III C-2 program.
2. Grocery Ordering and Delivery Service- Incorporate technology advancements (i.e. providers assisting with online ordering and delivery platforms, which support the grocery ordering and delivery service.); Inclusion of the commodities/food pantry into the grocery ordering and delivery system, where applicable; Emergency services food/meals- allow this to be reported as a nutrition service funded thru IIIC1 rather than IIIB.

## TECHNOLOGY

1. Allow technology to be funded under Title IIIB. Currently Title IIIB may be utilized for provider WellSky user licenses. Allow IIIB to be utilized for other technology to support service delivery, such as MySenior Center, nutrition software programs, mobile devices for capturing electronic signatures in homes and touch screen computers for capturing electronic signatures in Congregate settings, WellSky import/export, medical monitoring devices for telehealth/case management, etc. Older adults are active online and using the internet and technology to access and receive services.

## SERVICES

1. Expand definition of services or provide guidance to State entities, specifically about in-home services, outreach services, special needs services.

## EVIDENCE BASED PROGRAMS

1. Allow Evidence-Informed Programs for Title IIID

## CAREGIVER SUPPORT

1. Lower the age of caregivers for grandparents raising grandchildren.
2. More coverage under definition of family and caregivers - allowance for kinship in all areas.

## COST-SHARING

1. Specify that cost sharing can be collected through administrative procedures, even though the services cannot be denied if the payment is not collected. Suggested language could be added to the regulation: "A service provider that receives funds under this part may not deny any older person a service because the older person will not or cannot contribute to the cost of service. This does not prevent the service provider to implement administrative processes to collect the cost share pursuant to the established contribution schedule."
2. *1321.65 Responsibilities of services providers under area plans (c) provide recipients opportunity to contribute* - Give flexibility on cost sharing or remove for those who are low income individuals servicing certain programs.