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| **Supporting Older Americans Act of 2020****U.S. Code 42, Chapter 35 – Programs for Older Americans** |
| **Summary**On March 25, 2020, President Donald J. Trump signed H.R. 4334, the Supporting Older Americans Act of 2020, into law (Pub. Law 116-131), reauthorizing the programs authorized by the Older Americans Act (OAA) through fiscal year 2024. For the first time, the law acknowledged traumatic brain injury (TBI) due to falls among older adults, allowing federal funds to support screening for a TBI after a fall and to include TBI in the health promotion activities.The Older Americans Act of 1965 was signed into law by President Lyndon B. Johnson on July 14, 1965, creating the Administration on Aging within the U.S. Department of Health, Education, and Welfare (HEW), now known as the U.S. Department of Health and Human Services (HHS). The law called for the creation of State Units on Aging. In 1973, the Older Americans Act Comprehensive Services Amendments established Area Agencies on Aging (AAAs) to coordinate resources for older adults at the local level. The law also authorized grants to local community agencies for multi-purpose senior centers and created the Community Service Employment grant program for low-income persons age 55 and older, administered by the U.S. Department of Labor.Since 1965, the law has been amended to reauthorize funding for existing programs and expanded the range of services, often in collaboration with other federal agencies, relating to housing; nutrition and home-delivered meals; employment; transportation; in-home supports; community-based services; congregate housing and senior centers; assistance for veterans; protective services; and assistance with prevention and management of chronic conditions, including mental health and substance use. In some instances, individuals with disabilities are eligible for such services as home delivered meals and the congregate meals program, as well as information and referral services for long-term services and supports through the Aging and Disability Resource Networks. The 2000 amendments established the National Family Caregiver Support Program to support older adults and informal caregivers providing care for older adults in their homes and also includes older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities. The 2020 law extended the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act by one year. TheRAISE Family Caregivers Act became law on Jan. 22, 2018, and directed the Secretary of HHS to develop a national family caregiving strategy. |
| **Primary Federal Agency**U.S. Department of Health and Human Services’ (HHS) Administration for Community Living’s Administration on Aging. |
| **Other Collaborating Federal Agencies**Centers for Disease Control and Prevention (CDC); Centers for Medicare and Medicaid Services (CMS); Department of Education; Department of Housing and Urban Development; Department of Interior, Bureau of Indian Affairs; Department of Transportation; Department of Veterans Affairs; and the National Institute on Aging. |
| **Primary State Agency**The Nebraska Department of Health and Human Services‘ State Unit on Aging. |
| **Correlating State Legislation**Chapter 81; Section 220, the Nebraska Community Aging Services Act. |
| **Other State and Local Agencies**Nebraska Association of Area Agencies on Aging (AAAs); the Nebraska Disabled Persons and Family Support (DPFS) Program administered by the Department of Health and Human Services; Nebraska Older Adults Falls Coalition; Centers for Independent Living; and Aging and Disability Resource Centers. |
| **How Do the Federal Statutes Apply to People with Brain Injury**The federal law includes provisions relating to screening, coordination of treatment, rehabilitation and related services, and referral services due to fall-related traumatic brain injuries. To otherwise be eligible for aging services, the federal law requires participants to be at least 60 years of age, in social or economic need. Congress has clarified that OAA programs should also identify and target low-income minority individuals with physical and mental disabilities; language barriers; or those who are racially, ethnically, culturally, or geographically isolated. Aging and Disability Resource Centers (ADRCs) are to serve as the entry point for individuals with disabilities regardless of age or who are aging seeking long-term care services and supports. In carrying out this mission, the 2016 and 2020 reauthorization directs ADRCs to cooperate with the centers for independent living and other community-based entities, in addition to the area agencies on aging, as appropriate, regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, in order for individuals to have the choice to remain in or to return to the community. |
| **Pertinent Sections**The federal law includes provisions relating to screening, coordination of treatment, rehabilitation and related services, and referral services due to fall-related traumatic brain injurie, which are also included in the health promotion section, authorizing grants to states under approved state plans to provide evidence-based disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home delivered meals programs, or at other appropriate sites. TBI is defined in accordance with the TBI Act sections relating to the CDC.§3002 defines terms, including screening for fall-related TBI (§3002.14-H); §3002.55 defines TBI the same as the CDC definition; §3032.12 includes TBI in the listing of conditions with regard to promoting health awareness; §3030d authorizes grants for supportive services, including services designed to provide health screening, including screening for TBI (§3030d. 8); and §3030 Part E, governs the National Family Caregiver Support Program. |
| **Web Page Link:**(all sections)https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter35&edition=prelim |

**U.S. Code 42 Chapter 35 – Programs for Older Americans**

(selected sections)

**§3002. Definitions**

For the purposes of this chapter-

(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 12102 of this title), and the caregivers of older individuals and individuals with disabilities, that provides, in collaboration with (as appropriate) area agencies on aging, centers for independent living (as described in part C of chapter 1 of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.)), and other aging or disability entities-

(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 services, supports, and care that is consistent with the desires and choices 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 chapter 1 of title VII of the Rehabilitation Act of 1973, and other community-based entities, including other aging or disability 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 [subchapter X of this chapter] 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 chapter.

(6) The term "area agency on aging" means an area agency on aging designated under section 3025(a)(2)(A) of this title or a State agency performing the functions of an area agency on aging under section 3025(b)(5) of this title.

(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 3002 of title 29.

(C) The term "State assistive technology entity" means the agency, office, or other entity designated under subsection (c)(1) of section 3003 of title 29 to carry out State activities under such section.

(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 1382e(e) of this title.

(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 chapter;

(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, prevention of sexually transmitted diseases, as well as 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 8801 [1](https://law2.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-section3002&num=0&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGU0Mi1zZWN0aW9uMzAwMQ%3D%3D%7C%7C%7C0%7Cfalse%7Cprelim#3002_1_target) of title 20; 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 and other fall-related injuries, coordination of treatment, rehabilitation and related services, and referral services related to such injury or injuries;

(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.);

(J) medication management screening and education to prevent incorrect medication and adverse drug reactions;

(K) 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;

(L) services that are a part of responses to a public health emergency or emerging health threat;

(M) gerontological counseling;

(N) screening for the prevention of negative health effects associated with social isolation and coordination of supportive services and health care to address negative health effects associated with social isolation; and

(O) counseling regarding social services and followup health services based on any of the services described in subparagraphs (A) through (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 [42 U.S.C. 10401 et seq.].

(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 1101a of title 20.

(26) The term "Indian" means a person who is a member of an Indian tribe.

(27) Except for the purposes of subchapter X of this chapter, 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) [43 U.S.C. 1601 et seq.]) 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 chapter);

(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 3027 of this title; and

(ii) by the area agency on aging in the area plan submitted in accordance with section 3026 of this title.

(31) The term "institution of higher education" has the meaning given the term in section 1001 of title 20.

(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) 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 (26); and

(B) a Native Hawaiian, as defined in section 3057k of this title.

(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", with respect to services, means services provided through an aging program that-

(A) use a holistic approach to providing services or care;

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

(C) incorporate evidence-based practices based on knowledge about the role of trauma in trauma victims' lives.

(42) The term "physical harm" means bodily injury, impairment, or disease.

(43) The term "planning and service area" means an area designated by a State agency under section 3025(a)(1)(E) of this title, including a single planning and service area described in section 3025(b)(5)(A) of this title.

(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 9902(2) of this title.[2](https://law2.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-section3002&num=0&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGU0Mi1zZWN0aW9uMzAwMQ%3D%3D%7C%7C%7C0%7Cfalse%7Cprelim#3002_2_target)

(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.

(46) The term "Secretary" means the Secretary of Health and Human Services, except that for purposes of subchapter IX such term means the Secretary of Labor.

(47) The term "self-directed care" means an approach to providing services (including programs, benefits, supports, and technology) under this chapter 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 chapter.

(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.

(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).[3](https://law2.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-section3002&num=0&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGU0Mi1zZWN0aW9uMzAwMQ%3D%3D%7C%7C%7C0%7Cfalse%7Cprelim#3002_3_target)

(50) The term "sexual assault" has the meaning given the term in section 10447 of title 34.[1](https://law2.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-section3002&num=0&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGU0Mi1zZWN0aW9uMzAwMQ%3D%3D%7C%7C%7C0%7Cfalse%7Cprelim#3002_1_target)

(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.

(52) The term "State agency" means the agency designated under section 3025(a)(1) of this title.

(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.

(54) The term "supportive service" means a service described in section 3030d(a) of this title.

(55) The term "traumatic brain injury" has the meaning given such term in section 280b–1c(d) of this title.

(56) Except for the purposes of subchapter X of this chapter, 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.

**SUBCHAPTER II—ADMINISTRATION ON AGING**

**§3011. Establishment of Administration on Aging**

**(a) Function and operation**

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 subchapter IX, the Administration shall be the agency for carrying out this chapter. 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) Appointment of Assistant Secretary**

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

**(c) Office for American Indian, Alaskan Native, and Native Hawaiian Programs; Director**

(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 subchapter III and subchapter X for older individuals who are Native Americans and recommend to the Assistant Secretary necessary action to improve service delivery, outreach, coordination between subchapter III and subchapter X 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 3018(a) of this title 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 chapter 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 programs and activities conducted under this chapter 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 subchapter X;

(I) promote coordination—

(i) between the administration of subchapter III and the administration of subchapter X; and

(ii) between programs established under subchapter III by the Assistant Secretary and programs established under subchapter X by the Assistant Secretary; including sharing among grantees information on programs funded, and on training and technical assistance provided, under such subchapters; 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 chapter and other Federal Acts, for the benefit of such individuals.

**(d) Office of Long-Term Care Ombudsman Programs**

(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 3027(a) of this title 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 3027(a)(9) of this title and section 3058g of this title, 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 nongovernmental 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 3012(a)(18) of this title 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 chapter;

(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 3027(a)(9) of this title and section 3058g of this title;

(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 April 19, 2016, establish standards applicable to the training required by section 3058g(h)(5) of this title; 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) Elder abuse prevention and services**

(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 3058aa–1(b) of this title;

(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 subchapter XI;

(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 subchapter XI 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 3058aa–1 of this title.

**(f) Mental health services**

(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 chapter.

(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) Research, Demonstration, and Evaluation Center for the Aging Network**

(1) The Assistant Secretary shall, as appropriate, coordinate the research and evaluation functions of this chapter under a 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, as appropriate, research, research dissemination, evaluation, demonstration projects, and related activities carried out under this chapter;

(B) to provide assessment of the programs and interventions authorized under this chapter; and

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

(3) Activities of the Center shall include, as appropriate, conducting, promoting, coordinating, and providing support for—

(A) research and evaluation activities that support the objectives of this chapter, including—

(i) evaluation of new and existing programs and interventions authorized by this chapter; and

(ii) research on and assessment of the relationship between programs and interventions under this chapter and the health outcomes, social determinants of health, quality of life, and independence of individuals served under this chapter;

(B) demonstration projects that support the objectives of this chapter, including activities to bring effective demonstration projects to scale with a prioritization of projects that address the needs of underserved populations, and promote partnerships among aging services, community-based organizations, and Medicare and Medicaid providers, plans, and health (including public health) systems;

(C) outreach and dissemination of research findings; and

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

(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, demonstration projects, 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 coordinate, as appropriate, research, research dissemination, evaluation, and demonstration projects, and related activities with appropriate agency program staff, and, as appropriate, 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 subchapter 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, as appropriate, all research and evaluation authorities under this chapter.

**SUBCHAPTER III—GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING**

**Part A—General Provisions**

**§3021. Purpose and program**

**(a) Congressional declaration of purpose**

(1) It is the purpose of this subchapter 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;

(D) secure the opportunity for older individuals to receive managed in-home and community-based long-term care services; and

(E) measure impacts related to 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) Administration of program**

(1) In order to effectively carry out the purpose of this subchapter, the Assistant Secretary shall administer programs under this subchapter through the Administration.

(2) In carrying out the provisions of this subchapter, 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,,[1](https://law2.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-chapter35-subchapter3&num=0&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGU0Mi1zZWN0aW9uMzAwMQ%3D%3D%7C%7C%7C0%7Cfalse%7Cprelim#3021_1_target) and such other agencies and departments of the Federal Government as may be appropriate.

**(c) Ombudsman program**

The Assistant Secretary shall provide technical assistance and training (by contract, grant, or otherwise) to State long-term care ombudsman programs established under section 3027(a)(9) of this title in accordance with section 3058g of this title, and to individuals within such programs designated under section 3058g of this title 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) Use of funds**

(1) Any funds received under an allotment as described in section 3024(a) of this title, or funds contributed toward the non-Federal share under section 3024(d) of this title, shall be used only for activities and services to benefit older individuals and other individuals as specifically provided for in this subchapter.

(2) No provision of this subchapter 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).

**§3022. Definitions**

For the purpose of this subchapter—

(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 chapter.

(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.

**Part B—Supportive Services**

**§3030d. Grants for supportive services**

**(a) Grants**

The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title 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 subchapter;

(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, screening for negative health effects associated with social isolation, 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, preretirement 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, including 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 subpart III of part A of subchapter XI and section 3027(a)(12) of this title, and screening for elder abuse, neglect, and exploitation;

(16) inservice 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 3027 of this title, 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 3026 of this title;

(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;

(25) services that promote or support social connectedness and reduce negative health effects associated with social isolation; and

(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) Existing facilities**

(1) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title 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) Coordination of services with other providers**

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. 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, and pursue opportunities for the development of intergenerational shared site models for programs or projects, consistent with the purposes of this chapter.

**(d) Relationship to other funding sources**

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) "Adult child with a disability" defined**

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 D—Evidence-Based Disease Prevention and Health Promotion Services**

**Codification**

[Pub. L. 114–144, §4(j)(1), Apr. 19, 2016, 130 Stat. 340](https://law2.house.gov/statviewer.htm?volume=130&page=340), inserted "Evidence-Based" before "Disease" in part heading.

[Pub. L. 106–501, title III, §314(2), Nov. 13, 2000, 114 Stat. 2253](https://law2.house.gov/statviewer.htm?volume=114&page=2253), redesignated part F of this subchapter as part D.

**Prior Provisions**

A prior part D, consisting of sections 3030h to 3030k of this title, related to in-home services for frail older individuals, prior to repeal by [Pub. L. 106–501, title III, §314(1), Nov. 13, 2000, 114 Stat. 2253](https://law2.house.gov/statviewer.htm?volume=114&page=2253). See prior provisions notes under section 3030g–22 of this title.

**§3030m. Program authorized**

**(a) Grants to States**

The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title to provide evidence-based disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home delivered meals programs, or at other appropriate sites. In carrying out such program, the Assistant Secretary shall provide technical assistance on the delivery of evidence-based disease prevention and health promotion services in different settings and for different populations, and consult with the Directors of the Centers for Disease Control and Prevention and the National Institute on Aging.

**(b) Community organizations and agencies**

The Assistant Secretary shall, to the extent possible, assure that services provided by other community organizations and agencies are used to carry out the provisions of this part.

**(c) Improving indoor air quality**

**Part E—National Family Caregiver Support Program**

**Prior Provisions**

A prior part E, consisting of section 3030l of this title, related to authorization of grant program for States to provide additional assistance for special needs of older individuals, prior to repeal by [Pub. L. 106–501, title III, §314(1), Nov. 13, 2000, 114 Stat. 2253](https://law2.house.gov/statviewer.htm?volume=114&page=2253). See Prior Provisions note set out under section 3030g–22 of this title.

A prior part F of this subchapter, consisting of sections 3030m to 3030o of this title, was redesignated part D of this subchapter.

A prior part G of this subchapter consisting of sections 3030p to 3030r of this title, related to supportive activities for caretakers who provide in-home services to frail older individuals, prior to repeal by [Pub. L. 106–501, title III, §316(1), Nov. 13, 2000, 114 Stat. 2253](https://law2.house.gov/statviewer.htm?volume=114&page=2253). See Prior Provisions notes set out under section 3030n of this title.

**§3030s. Definitions**

**(a) In general**

In this part:

**(1) Caregiver assessment**

The term "caregiver assessment" means a defined process of gathering information to identify the specific needs, barriers to carrying out caregiving responsibilities, and existing supports of a family caregiver or older relative caregiver, as identified by the caregiver involved, to appropriately target recommendations for support services described in section 3030s–1(b) of this title. Such assessment shall be administered through direct contact with the caregiver, which may include contact through a home visit, the Internet, telephone or teleconference, or in-person interaction.

**(2) Child**

The term "child" means an individual who is not more than 18 years of age.

**(3) Individual with a disability**

The term "individual with a disability" means an individual with a disability, as defined in section 12102 of this title, who is not less than age 18 and not more than age 59.

**(4) 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.

**(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.

**Recognize, Assist, Include, Support, and Engage Family Caregivers**

[Pub. L. 115–119, Jan. 22, 2018, 132 Stat. 23](https://law2.house.gov/statviewer.htm?volume=132&page=23), as amended by [Pub. L. 116–131, title I, §122(b), (c), Mar. 25, 2020, 134 Stat. 248](https://law2.house.gov/statviewer.htm?volume=134&page=248), provided that:

**"SECTION 1. SHORT TITLE.**

"This Act may be cited as the 'Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017' or the 'RAISE Family Caregivers Act'.

**"SEC. 2. DEFINITIONS.**

"In this Act:

"(1) Advisory council.—The term 'Advisory Council' means the Family Caregiving Advisory Council convened under section 4.

"(2) Family caregiver.—The term 'family caregiver' means an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation.

"(3) Secretary.—The term 'Secretary' means the Secretary of Health and Human Services, acting through the Assistant Secretary for Aging.

"(4) Strategy.—The term 'Strategy' means the Family Caregiving Strategy set forth under section 3.

**"SEC. 3. FAMILY CAREGIVING STRATEGY.**

"(a) In General.—The Secretary, in consultation with the heads of other appropriate Federal agencies, shall develop jointly with the Advisory Council and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, and make publicly available on the internet website of the Department of Health and Human Services, a Family Caregiving Strategy.

"(b) Contents.—The Strategy shall identify recommended actions that Federal (under existing Federal programs), State, and local governments, communities, health care providers, long-term services and supports providers, and others are taking, or may take, to recognize and support family caregivers in a manner that reflects their diverse needs, including with respect to the following:

"(1) Promoting greater adoption of person- and family-centered care in all health and long-term services and supports settings, with the person receiving services and supports and the family caregiver (as appropriate) at the center of care teams.

"(2) Assessment and service planning (including care transitions and coordination) involving family caregivers and care recipients.

"(3) Information, education and training supports, referral, and care coordination, including with respect to hospice care, palliative care, and advance planning services.

"(4) Respite options.

"(5) Financial security and workplace issues.

"(6) Delivering services based on the performance, mission, and purpose of a program while eliminating redundancies.

"(c) Duties of the Secretary.—The Secretary, in carrying out subsection (a), shall oversee the following:

"(1) Collecting and making publicly available information submitted by the Advisory Council under section 4(d) to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, including evidence-based or promising practices and innovative models (both domestic and foreign) regarding the provision of care by family caregivers or support for family caregivers.

"(2) Coordinating and assessing existing Federal Government programs and activities to recognize and support family caregivers while ensuring maximum effectiveness and avoiding unnecessary duplication.

"(3) Providing technical assistance, as appropriate, such as disseminating identified best practices and information sharing based on reports provided under section 4(d), to State or local efforts to support family caregivers.

"(d) Initial Strategy; Updates.—The Secretary shall—

"(1) not later than 18 months after the date of enactment of this Act [Jan. 22, 2018], develop, publish, and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, an initial Strategy incorporating the items addressed in the Advisory Council's initial report under section 4(d) and other relevant information, including best practices, for recognizing and supporting family caregivers; and

"(2) biennially update, republish, and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs the Strategy, taking into account the most recent annual report submitted under section 4(d)(1)—

"(A) to reflect new developments, challenges, opportunities, and solutions; and

"(B) to review progress based on recommendations for recognizing and supporting family caregivers in the Strategy and, based on the results of such review, recommend priority actions for improving the implementation of such recommendations, as appropriate.

"(e) Process for Public Input.—The Secretary shall establish a process for public input to inform the development of, and updates to, the Strategy, including a process for the public to submit recommendations to the Advisory Council and an opportunity for public comment on the proposed Strategy.

"(f) No Preemption.—Nothing in this Act preempts any authority of a State or local government to recognize or support family caregivers.

"(g) Rule of Construction.—Nothing in this Act shall be construed to permit the Secretary (through regulation, guidance, grant criteria, or otherwise) to—

"(1) mandate, direct, or control the allocation of State or local resources;

"(2) mandate the use of any of the best practices identified in the reports required under this Act; or

"(3) otherwise expand the authority of the Secretary beyond that expressly provided to the Secretary in this Act.

**"SEC. 4. FAMILY CAREGIVING ADVISORY COUNCIL.**

"(a) Convening.—The Secretary shall convene a Family Caregiving Advisory Council to advise and provide recommendations, including identified best practices, to the Secretary on recognizing and supporting family caregivers.

"(b) Membership.—

"(1) In general.—The members of the Advisory Council shall consist of—

"(A) the appointed members under paragraph (2); and

"(B) the Federal members under paragraph (3).

"(2) Appointed members.—In addition to the Federal members under paragraph (3), the Secretary shall appoint not more than 15 voting members of the Advisory Council who are not representatives of Federal departments or agencies and who shall include at least 1 representative of each of the following:

"(A) Family caregivers.

"(B) Older adults with long-term services and supports needs.

"(C) Individuals with disabilities.

"(D) Health care and social service providers.

"(E) Long-term services and supports providers.

"(F) Employers.

"(G) Paraprofessional workers.

"(H) State and local officials.

"(I) Accreditation bodies.

"(J) Veterans.

"(K) As appropriate, other experts and advocacy organizations engaged in family caregiving.

"(3) Federal members.—The Federal members of the Advisory Council, who shall be nonvoting members, shall consist of the following:

"(A) The Administrator of the Centers for Medicare & Medicaid Services (or the Administrator's designee).

"(B) The Administrator of the Administration for Community Living (or the Administrator's designee who has experience in both aging and disability).

"(C) The Secretary of Veterans Affairs (or the Secretary's designee).

"(D) The heads of other Federal departments or agencies (or their designees), including relevant departments or agencies that oversee labor and workforce, economic, government financial policies, community service, and other impacted populations, as appointed by the Secretary or the Chair of the Advisory Council.

"(4) Diverse representation.—The Secretary shall ensure that the membership of the Advisory Council reflects the diversity of family caregivers and individuals receiving services and supports.

"(c) Meetings.—The Advisory Council shall meet quarterly during the 1-year period beginning on the date of enactment of this Act [Jan. 22, 2018] and at least three times during each year thereafter. Meetings of the Advisory Council shall be open to the public.

"(d) Advisory Council Annual Reports.—

"(1) In general.—Not later than 12 months after the date of enactment of this Act, and annually thereafter, the Advisory Council shall submit to the Secretary, the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, and make publicly available on the internet website of the Department of Health and Human Services, a report concerning the development, maintenance, and updating of the Strategy, including a description of the outcomes of the recommendations and any priorities included in the initial report pursuant to paragraph (2), as appropriate.

"(2) Initial report.—The Advisory Council's initial report under paragraph (1) shall include—

"(A) an inventory and assessment of all federally funded efforts to recognize and support family caregivers and the outcomes of such efforts, including analyses of the extent to which federally funded efforts are reaching family caregivers and gaps in such efforts;

"(B) recommendations—

"(i) to improve and better coordinate Federal programs and activities to recognize and support family caregivers, as well as opportunities to improve the coordination of such Federal programs and activities with State programs; and

"(ii) to effectively deliver services based on the performance, mission, and purpose of a program while eliminating redundancies, avoiding unnecessary duplication and overlap, and ensuring the needs of family caregivers are met;

"(C) the identification of challenges faced by family caregivers, including financial, health, and other challenges, and existing approaches to address such challenges; and

"(D) an evaluation of how family caregiving impacts the Medicare program, the Medicaid program, and other Federal programs.

"(e) Nonapplicability of FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Advisory Council.

**"SEC. 5. FUNDING.**

"No additional funds are authorized to be appropriated to carry out this Act. This Act shall be carried out using funds otherwise authorized.

**"SEC. 6. SUNSET PROVISION.**

"The authority and obligations established by this Act shall terminate on the date that is 4 years after the date of enactment of this Act [Jan. 22, 2018]."

**§3030s–1. Program authorized**

**(a) In general**

The Assistant Secretary shall carry out a program for making grants to States with State plans approved under section 3027 of this title, 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, which may be informed through the use of caregiver assessments, in a State program under subsection (a), by an area agency on aging, or entity that such agency has contracted with, 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 3002(22) of this title.

**(2) Priority**

In providing services under this part, the State, in addition to giving the priority described in section 3030s(b) of this title, 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) Best Practices**

Not later than 1 year after March 25, 2020, and every 5 years thereafter, the Assistant Secretary shall—

(1) identify best practices relating to the programs carried out under this section and section 3057k–11 of this title, regarding—

(A) the use of procedures and tools to monitor and evaluate the performance of the programs carried out under such sections;

(B) the use of evidence-based caregiver support services; and

(C) any other issue determined relevant by the Assistant Secretary; and

(2) make available, including on the website of the Administration and pursuant to section 3012(a)(34) of this title, best practices described in paragraph (1), to carry out the programs under this section and section 3057k–11 of this title.

**(f) 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, information about and access to various services so that the persons can better carry out their care responsibilities.

**(g) Caregiver allotment**

**(1) In general**

(A) From sums appropriated under section 3023(e) of this title 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 3023 of this title 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 ½ 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 ¼ 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 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.

**(h) 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 3023(c)(1) of this title, for costs of administration of area plans.

**(2) Federal share**

**(A) In general**

Notwithstanding section 3024(d)(1)(D) of this title, 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.

**(i) Activities of national significance**

The Assistant Secretary may award funds authorized under this section to States, public agencies, private nonprofit agencies, institutions of higher education, and organizations, including tribal organizations, for conducting activities of national significance that—

(1) promote quality and continuous improvement in the support provided to family caregivers and older relative caregivers through programs carried out under this section and section 3057k–11 of this title; and

(2) include, with respect to such programs, program evaluation, training, technical assistance, and research.

**(j) Technical assistance for caregiver assessments**

Not later than 1 year after March 25, 2020, the Assistant Secretary, in consultation with stakeholders with appropriate expertise and, as appropriate, informed by the strategy developed under the RAISE Family Caregivers Act (42 U.S.C. 3030s note), shall provide technical assistance to promote and implement the use of caregiver assessments. Such technical assistance may include sharing available tools or templates, comprehensive assessment protocols, and best practices concerning—

(1) conducting caregiver assessments (including reassessments) as needed;

(2) implementing such assessments that are consistent across a planning and service area, as appropriate; and

(3) implementing caregiver support service plans, including conducting referrals to and coordination of activities with relevant State services.

**Part A-Grant Programs**

**§3032. 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, aligned with evidence-based practice, 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 [29 U.S.C. 701 et seq.];

(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 subchapter X, 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 consistent with section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) 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, mental disorders, and traumatic brain injury;

(13) in coordination with the Secretary of Labor, the demonstration of new strategies for the recruitment, retention, or advancement of direct care workers, and the soliciting, development, and implementation of 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 or retain direct care workers; and

(B) to provide education and workforce development programs for direct care workers that include supportive services and career planning;

(14) the establishment and operation 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;

(15) 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, including older individuals with disabilities;

(16) bringing to scale and sustaining evidence-based chronic disease self-management programs that empower older individuals, including older individuals with disabilities, to better manage their chronic conditions;

(17) 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;

(18) projects that address negative health effects associated with social isolation among older individuals; and

(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, $14,514,550 for fiscal year 2020, $15,385,423 for fiscal year 2021, $16,308,548 for fiscal year 2022, $17,287,061 for fiscal year 2023, and $18,324,285 for fiscal year 2024; and

(2) elder rights support activities under this section, $15,613,440 for fiscal year 2020, $16,550,246 for fiscal year 2021, $17,543,261 for fiscal year 2022, $18,595,857 for fiscal year 2023, and $19,711,608 for fiscal year 2024.