The Denver Regional Council of Governments (DRCOG) has been the designated Area Agency on Aging (AAA) for the metro area under the auspices of the federal Older Americans Act (OAA) since 1973. In this capacity, DRCOG is responsible for planning and advocating for the needs of the region’s older residents and their caregivers, as well as for providing a broad array of services and programs.

The reauthorization of the Older Americans Act occurs every five years and was scheduled for 2005. The reauthorization was postponed to 2006 and is currently under active consideration by Congress. This presents legislators with the opportunity to modernize and improve some of the most critical programs and services for the nation’s older adults. DRCOG believes this reauthorization should be built on the Act’s legacy of providing services to older adults and their caregivers with minor modifications to better achieve its objective of enriching the lives of the nation’s elders.

Accordingly, DRCOG adopts the following principles for reauthorization of the Older Americans Act.
**Principle 1 - Encourage Meaningful Coordination with Other Systems and Programs**

Up-front coordination and collaboration of the many systems serving older adults should be encouraged. Programs funded primarily with federal monies, include the Older Americans Act, Medicaid, Medicare, and others. Regulations, funding streams, and other programmatic aspects of these systems need to be coordinated starting at the federal agency level. Program functioning and cost-effectiveness will undoubtedly be enhanced. Congress should also understand that making changes in one program often has significant effects on other federal programs. For example, the existing regulatory structure regarding elderly and disabled transportation creates barriers to the efficient and effective use of federal funds. These barriers primarily relate to restrictive funding regulations regarding trip purpose and type of persons served by trip providers.

- Require states, AAAs, Medicaid long-term care agencies, and other relevant entities to carry out coordinated regional and statewide planning of services and programs for seniors.
- Coordinate all federal programs and planning processes that serve older citizens, such as Older Americans Act, Medicaid, TEA-21 and Section 202 housing programs.
- Remove barriers to the coordination of elderly and disabled transportation services by providing the flexibility to allow trips for elderly and non-elderly disabled persons and for meal, medical and personal services to be served by the same provider using a combination of U.S. Department of Health and Human Services and U.S. Department of Transportation funding.
- Avoid shifting the cost burden from cash-strapped programs, such as Medicaid, to the Older Americans Act programs simply to bail out those programs.

**Principle 2 - Maximize Flexibility in Use of Older Americans Act Funds**

The majority of federal funding provided to state and local entities under the federal Older Americans Act is specifically earmarked to particular services. This leaves very little room for regional discretion in program design. While all of the OAA-funded services, such as meals and transportation, are critically important, the Area Agencies on Aging, local governments and service providers are in the best position to assess the specific needs in the local areas. Increased flexibility in the use of program funds would allow area agencies on aging to better meet the needs of older adults.

- Simplify rules and regulations to allow better coordination of senior services thus enabling AAAs and service providers to more efficiently and effectively use federal funds to address local priorities. This could include the consolidation of certain funding categories to improve administration of the affected programs. For example, the Title 3 C-1 congregate meal and Title 3 C-2 home-delivered meal programs could be merged.
- Create flexibility in state- and federally-specified allotments of Older Americans Act funds allowing Area Agencies on Aging to utilize regional priorities to determine funding distributions at the local level, consistent with the goals of the Act.
Set required local match and required state match percentages consistently across all programs of the Older Americans Act. Currently, required local and state funding match percentages vary widely. For example, state/local match for the National Family Caregiver Support Program is 25 percent, while the Nutrition and Supportive Services Programs require a 15 percent state/local match. In some cases, states can completely opt out of providing a state match as with the National Family Caregiver Support Program. This would also clarify the required State-only portion, as opposed to the State/local portion of funding for the OAA services.

Principle 3 - Encourage and Fund Planning and Assistance to Local Communities

One of the greatest challenges facing U.S. society today is dealing with the aging of the baby boomer generation – those born between 1946 and 1964. This group has had, and will continue to have, significant impacts on the economy, social structure, political process, and all facets of life in this country. Communities that want to be liveable for all citizens need to take into account senior preferences and needs. This includes items such as type of housing, street signage and lighting, and development patterns. The Act currently requires state and area agencies on aging to prepare four-year plans for meeting service needs but provides little funding for planning efforts. The Area Agencies on Aging are in the best position to provide technical assistance to local communities to help them plan for and create “Elder-Friendly Communities.”

Create a new program under the Act that will provide the authority for states and area agencies on aging to help every state and community in the U.S. plan and prepare for an increasingly older society.

Provide new funding for this new Title for state, regional, and local collaboration, planning, community capacity-building, and technical assistance. This should include funds for conducting analyses of the strengths and needs of seniors in a given area.

Many of the Older Americans Act programs provide community-dwelling older adults with home-based services. These include such services as home-delivered meals, homemaker, personal care, and transportation. The long-term care ombudsman program advocates on behalf of residents of long-term care facilities so that they can continue to live with dignity and with as much independence as possible. The regional council believes that by providing people these services, both in the community as well as in facilities, older adults are more likely to retain their independence for a longer period of time. Consequently, public monies are saved when enrollment in Medicaid is delayed or prevented, since the Older Americans Act services can be provided at a lower cost.

The regional council urges that priority for funding be given to those Older Americans Act programs and services that emphasize assisting clients to live as independently as possible.

OAA clients should receive assistance in a manner that allows maximum choice and control over the provision of those services, i.e., based on consumer-directed models of care.

Compounding these problems, financial pressures on other programs that provide services to seniors, such as Medicaid, have led to reductions in the services provided by those programs, and a related increase in demands on Older Americans Act programs.
Finally, in order for the OAA Network to operate as efficiently and effectively as possible, regular program evaluations need to occur at all levels.

 Pins Provide a mechanism for funding the evaluation of Older Americans Act Programs, by allowing the use, for evaluation purposes, of a certain percentage of program and or administrative funds.

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**Principle 4 - Increase Federal Funding for Older Americans Act Programs**

The funding provided through the Older Americans Act has proven critical in maintaining a quality standard of living for many of the nation’s senior citizens. However, the growth in demand for services has, and will continue to, considerably outpace funding and service availability. The National Association of Area Agencies on Aging estimates that purchasing power in the OAA programs diminished by 40% between 1980 and 2000. This long-term gap in funding translates to greater numbers of older adults and family caregivers with unmet needs and increasing pressures on state and local agencies, service providers and families. Meanwhile, waiting lists for Older Americans Act-funded services such as meals on wheels, rides to medical appointments, and in-home care have burgeoned throughout the country. To eliminate the current waiting lists for these services in the DRCOG AAA region, an additional $3.2 million per year is needed. Congress needs to seriously study the Older Americans Act system for funding adequacy now and into the future – in preparation for the aging of the baby boomers.

 Pins Significant annual increases in the overall funding for the Older Americans Act Programs are necessary to catch up with the lag in historical funding. The National Association of Area Agencies on Aging and the National Association of State Units on Aging are calling for a 25% increase in funding over 2005 levels for most OAA programs

 Pins Future authorized appropriations should be at levels adequate to fund identified needs but at least commensurate with the rates of growth in inflation and the economically needy older population.

 Pins Increases in the funding for family caregiver support services (including training, respite care, counseling, and information and assistance) and the continued distribution of these monies through the area agencies on aging, is important to assist in the growing needs of families who provide extensive care to their loved ones.

 Pins The Act must clarify the current cost-sharing authority permitting states to establish fee-for-service, sliding fee systems. All fee revenues and voluntary contributions would be used only to provide OAA services.

 Pins Allot to State and Area Agencies on Aging specific and adequate funding for the Long-Term Care Ombudsman Program under the OAA.

 Pins Provide increased funding for Health Promotion and Disease Prevention activities under the OAA.