



NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS

Overview of the Supporting Older Americans Act of 2020: New Sections Relating to Traumatic Brain Injury (TBI)

Background

On March 25, 2020, President Donald J. Trump signed H.R. 4334, Supporting Older Americans Act of 2020, into law (Public Law No: 116-131), reauthorizing the programs authorized by the Older Americans Act (OAA) through fiscal year 2024. 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 Department of Health, Education, and Welfare (HEW), now known as the Department of Health and Human Services (HHS), and called for the creation of State Units on Aging. Over the years, the law has been amended to reauthorize funding for existing programs and for new programs, such as a national nutrition program (1972); congregate meals program; Title XX of the Social Security Amendments (now known as Social Services Block Grant) for social services such as protective services, adult day care, information and referral, health support and transportation services (1974). The 1973 amendments established the Area Agencies on Aging (AAA) and created grants for multipurpose senior services. The 2000 amendments established the National Family Caregiver Support Program. The 2016 OAA strengthen the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts. It also promoted the delivery of evidence-based programs, such as falls prevention and chronic disease self-management programs. In 2012, The Administration for Community Living was established that brought the Administration for Aging, the Office on Disability and the Administration on Developmental Disabilities under one umbrella.

Aging and Disability

To be eligible for services funded by the OAA, participants must be 60 years of age or older and be in social or economic need. Congress has clarified that OAA programs have a mandate to 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) have been created to serve as the entry point for individuals with disabilities or who are aging seeking long-term care services and supports. In carrying out this mission, the ADRCs are to cooperate with area agencies on aging, centers for independent living, and other community-based entities, 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.

2020 OAA Reauthorization and Traumatic Brain Injury (TBI)

Recognizing that older adults are at high risk for suffering a traumatic brain injury (TBI) due to a fall, Congress included provisions relating to screening, coordination of treatment, rehabilitation and related services, and referral services related to such injury or injuries. These TBI services are also included in the health promotion section, which authorizes 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. In carrying out such program, the

Assistant Secretary shall consult with the Directors of the Centers for Disease Control and Prevention (CDC) and the National Institute on Aging. TBI is defined in accordance with the TBI Act sections relating to the CDC.

Selected Sections of the Supporting Older Americans Act of 2020

Title I: Modernizing Definitions and Programs Under the Administration on Aging

SEC.102. PERSON-CENTERED, TRAUMA-INFORMED SERVICES.

Amends Section 101(2) is by adding access to person-centered, trauma-informed services as appropriate to the objectives of the OAA.

SEC.103. AGING AND DISABILITY RESOURCE CENTERS.

Calls for the Aging and Disability Resource Centers (ADRCs) to collaborate, as appropriate, with the area agencies on aging (AAA), centers for independent living (CILs) and other aging or disability entities in planning for long-term services and supports.

SEC.104. ASSISTIVE TECHNOLOGY.

Directs OAA and State aging agency, when possible, to consider and coordinate with State assistive technology programs in order to access to assistive technology options for serving older individuals.

SEC.109. SCREENING FOR SUICIDE RISK.

Adds screening for suicide risk to the definition of disease prevention and health promotion services related to mental and behavioral health.

SEC.110. SCREENING FOR FALL-RELATED TRAUMATIC BRAIN INJURY; ADDRESSING PUBLIC HEALTH EMERGENCIES AND EMERGING HEALTH THREATS; NEGATIVE HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION.

Adds new section with regard to disease prevention and health promotion services: (1) screenings, coordination of treatment, rehabilitation and related services, and referral services for fall-related injuries, including traumatic brain injury; (2) services that are responses to public health emergencies and emerging health threats; and (3) screening and coordination of services and health care to prevent and address negative health effects associated with social isolation.

SEC.111. CLARIFICATION REGARDING BOARD AND CARE FACILITIES.

Clarifies that board and care facilities are included within the definition of assisted living facility.

SEC.112. PERSON-CENTERED, TRAUMA-INFORMED SERVICES DEFINITION.

Defines 'person-centered, trauma-informed' to include with respect to services provided by OAA programs.

SEC. 13. TRAUMATIC BRAIN INJURY.

Defines traumatic brain injury in keeping with Section 393B(d) of the Public Health Services Act (42 U.S.C. 280b-1c(d), which is the definition in the CDC sections of the TBI Act.

SEC.114. MODERNIZING THE REVIEW OF APPLICATIONS AND PROVIDING TECHNICAL ASSISTANCE FOR DISASTERS.

Clarifies that the Assistant Secretary for Aging shall not approve grant applications for programs that have received previous grants unless the programs that were awarded such grants meet certain standards. Requires the Assistant Secretary to publish a list of resource centers, as well as demonstration projects funded through OAA on an annual basis. Directs the Assistant Secretary to provide technical assistance and share best practices with state and area agencies on aging on how to collaborate and coordinate activities and develop long-range emergency preparedness plans.

SEC.115. INCREASED FOCUS OF ASSISTANT SECRETARY ON NEGATIVE HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION.

Directs the Assistant Secretary for Aging to consult stakeholders and develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about prevention of, detection of, and response to negative health effects associated with social isolation; and to submit a report to Congress on this effort by January 2021.

SEC.116. NOTIFICATION OF AVAILABILITY OF OR UPDATES TO POLICIES, PRACTICES, AND PROCEDURES THROUGH A UNIFORM E-FORMAT.

Requires the Assistant Secretary for Aging to regularly update State agencies, area agencies on aging, service providers, grantees or contract awardees on the availability of, or updates to policies, practices and procedures through electronic format.

SEC.117. EVIDENCE-BASED PROGRAM ADAPTATION.

Requires the Assistant Secretary for Aging to provide technical assistance on how to deliver evidence-based disease prevention and health promotion programs for different populations in a variety of different settings, such as in local communities and rural areas.

SEC.119. DEMONSTRATION ON DIRECT CARE WORKERS.

Allows projects to improve the direct care workforce to the list of authorized demonstration projects which the Assistant Secretary for Aging may provide grants for under Title IV of OAA.

SEC.120. National Resource Center for Older Individuals Experiencing the Long-Term and Adverse Consequences of Trauma.

Establishes national resource center for the providing training, technical assistance and best practices for the delivery of person-centered, trauma-informed services for older individuals experiencing long-term and adverse consequences of trauma.

SEC.121. NATIONAL RESOURCE CENTER FOR WOMEN AND RETIREMENT

Establishes the National Resource Center to provide basic financial management, retirement planning and other educational tools that promote financial literacy and help identify and prevent fraud and elder exploitation of women. The Center is to provide technical assistance to State agencies and other public and nonprofit private agencies with regard to these issues.

SEC.122. FAMILY CAREGIVERS.

Extends the authorization for the RAISE Family Caregivers Act for an additional year.

SEC.123. INTERAGENCY COORDINATION.

Requires the Assistant Secretary for Aging to coordinate with the Assistant Secretary for Mental Health and Substance Use and the Director of the Centers for Disease Control and Prevention in implementing suicide prevention activities for older individuals.

SEC.124. MODERNIZING THE INTERAGENCY COORDINATING COMMITTEE ON HEALTHY AGING AND AGE-FRIENDLY COMMUNITIES.

Modernizes the existing Interagency Coordinating Committee on healthy aging and includes supporting age-friendly communities as part of the activities and recommendations of the Committee.

SEC.126. REPORT ON SOCIAL ISOLATION.

Requires the Secretary of Health and Human Services to review existing programs under OAA to determine if and how such programs adequately address the negative health effects associated with social isolation for older individuals.

SEC.127. RESEARCH AND EVALUATION.

Establishes a Research, Demonstration, and Evaluation Center for the Aging Network that is tasked with conducting, promoting, and coordinating research and evaluation activities and assessment of the relationship between programs authorized under OAA and outcomes for seniors, such as health outcomes. The Center is also tasked with research dissemination, evaluation, demonstration projects, and related technical assistance for programs authorized under the OAA and must provide a five year plan every five years and a report to Congress annually. Requires the Secretary to provide for an analysis of the relationship between applicable programs within the Act and health care expenditures and provide a report to Congress on this analysis.

TITLE II—IMPROVING GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

SEC.212. OTHER PRACTICES.

Requires State agencies to make available, upon request, State policies related to consumer contributions to area agencies on aging. Clarifies that nothing in this section shall require a State to develop policies pertaining to this section.

SEC.213. SCREENING FOR NEGATIVE HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION AND TRAUMATIC BRAIN INJURY.

Adds screening for negative health effects associated with social isolation and traumatic brain injury to the supportive services designed to provide health screening.

SEC.214. SUPPORTIVE SERVICES AND SENIOR CENTERS.

Allows services that promote social connectedness and reduce the negative health effects associated with social isolation to be included as supportive services.

SEC.217. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM.

Makes improvements to the National Family Caregiver Support program. Defines 'caregiver assessment,' and updates the support services to ensure that these services take into consideration information received from such assessments. Requires the Assistant Secretary for Aging to identify best practices for caregiver assessments. Allows the Assistant Secretary for Aging to award funds for activities of national significance that improve support provided to caregivers, including for program evaluation, training, technical assistance, and research. Requires the Assistant Secretary for Aging to provide technical assistance on how to promote and implement caregiver assessments. Requires the Assistant Secretary for Aging to report to Congress on the use and potential impact of caregiver assessments, including how to further their use and recommendations state and area agencies on aging for implementing the use of caregiver assessments.

SEC.218. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM CAP.

Removes the ten percent funding cap for older relative caregivers and requires States that receive funding under the National Family Caregiver Support Program to report to the Assistant Secretary the total Federal and non-Federal shares used to provide support services for older relative caregivers.

TITLE III—MODERNIZING ACTIVITIES FOR HEALTH, INDEPENDENCE, AND LONGEVITY

SEC.302. PUBLIC AWARENESS OF TRAUMATIC BRAIN INJURY.

Allows projects that address traumatic brain injury among older adults to be included in authorized grant programs.

SEC.303. FALLS PREVENTION AND CHRONIC DISEASE SELF-MANAGEMENT EDUCATION

Codifies the existing Falls Prevention and Chronic Disease Self-Management programs.

SEC.304. DEMONSTRATION TO ADDRESS NEGATIVE HEALTH IMPACTS ASSOCIATED WITH SOCIAL ISOLATION.

Allows projects that address negative impacts associated with social isolation among older adults to be included in authorized grant programs.

SEC.305. TECHNICAL ASSISTANCE AND INNOVATION TO IMPROVE TRANSPORTATION FOR OLDER INDIVIDUALS.

Modernizes and improves an existing transportation grant program to enhance the aggregation, availability, and accessibility of information on options for transportation services for older individuals, including through contemporary forms of transportation and technology such as on demand transportation services.

TITLE VI: MODERNIZING ALLOTMENTS FOR VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES AND OTHER PROGRAMS

SEC.601. REAUTHORIZATION; VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES.

Reauthorizes OAA Title VII programs, and includes a seven percent increase in 2020 and a six percent increase per year for the next four fiscal years. Title VII authorizes the Long-Term Care Ombudsman Program as well as Elder Abuse, Neglect, and Exploitation Prevention Programs.

SEC.602. VOLUNTEER STATE LONG-TERM CARE OMBUDSMAN REPRESENTATIVES.

Clarifies that volunteer ombudsman representatives can be reimbursed for costs incurred through their service, such as transportation costs.

SEC.603. PREVENTION OF ELDER ABUSE, NEGLECT, AND.

Updates elder justice activities to include community outreach and education as part of the multidisciplinary efforts. Ensures innovative projects capture programs and materials for developing partnerships in communities.

SEC.604. PRINCIPLES FOR PERSON-DIRECTED SERVICES AND SUPPORTS DURING SERIOUS ILLNESS.

Directs the Administrator of the Administration for Community Living to disseminate and solicit feedback on the *Principles for Person-directed Services and Supports during Serious Illness*, issued by ACL in 2017, as well as updated versions of the principles.

SEC.606. BEST PRACTICES FOR HOME AND COMMUNITY-BASED OMBUDSMEN.

Updates the best practices for home and community-based ombudsmen.

SEC.607. SENIOR HOME MODIFICATION ASSISTANCE INITIATIVE.

Requires a Government Accountability Office study on federal programs for home modification assistance for older individuals and individuals with disabilities.

This information was compiled by Susan L. Vaughn, Director of Public Policy for the National Association of State Head Injury Administrators.

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