

Policy Spotlight

Aging Network Opportunities in the New Older Americans Act Research, Demonstration and Evaluation Center

The *Older Americans Act (OAA) of 1965* created the Aging Network, led by the U.S. Administration for Community Living (ACL) at the federal level, State Units on Aging at the state level and, since 1973, Area Agencies on Aging (AAAs) at the local level. The Aging Network also includes approximately 20,000 local organizations such as service providers, senior centers, advocacy groups and others that help deliver the services and programs funded by the OAA. Together, these organizations provide a wide range of services that help older adults stay healthy and live independently. Services provided by the Aging Network include home-delivered meals; transportation and personal care; evidence-based health promotion and disease prevention programs; long-term care ombudsman and elder rights support; respite care and other services for family caregivers; and employment programs for older workers.

Older Americans Act Title IV

Originally, Section 202(4) of the OAA stated that one of the original functions of the U.S. Administration on Aging—an agency now within ACL—was to “develop plans, conduct and arrange for research and demonstration programs for the aged and aging.”¹ Originally, Title IV (Section 401) was established:

- "to study current patterns and conditions of living of older persons and identify factors which are beneficial or detrimental to the wholesome and meaningful living of such persons;
- to develop or demonstrate new approaches, techniques, and methods (including multipurpose activity centers) which hold promise of substantial

contribution toward wholesome and meaningful living for older persons;

- to develop or demonstrate approaches, methods, and techniques for achieving or improving coordination of community services for older persons; or
- to evaluate these approaches, techniques, and methods, as well as others which may assist older persons to enjoy wholesome and meaningful living and to continue to contribute to the strength and welfare of our Nation.”²

The largest current OAA program, the nutrition program, began under OAA’s Title IV. Research had established a connection between congregate meals and social interaction which led to this program’s permanence under Title III. Other early programs tested and successfully developed with Title IV funds include the long-term care ombudsman program, the On Lok model of adult daycare, information and referral systems, elder abuse prevention programs, legal services hotlines and Aging and Disability Resource Centers.

Attempts to accurately measure and evaluate the full extent of the needs of older Americans and the best services to meet them have historically been a challenge. A systematic way to establish and fund demonstration studies with robust evaluation components that are tied to outcomes of importance, such as improved health outcomes and reduced health care expenditures, has long been missing from the OAA. Additionally, the value and efficacy of existing OAA programs could be better evaluated

1 Older Americans Act of 1965, Pub.L. 89-73, § 202, 79 Stat. 218 (1965).

2 Ibid.



and studied than has been feasible. Limited research and evidence have shown that OAA services provided by the Aging Network, such as health promotion and disease prevention programs, home care and caregiver supports, nutrition services, and job training and placement, have prevented costlier outcomes by reducing hospital admissions and readmissions, delaying or avoiding nursing home placement, and reducing poverty.^{3,4,5} However, the patchwork of existing data is insufficient to meet the current need for data on if or how these programs produce the desired outcomes.

Funds for Title IV have fluctuated over the years, reaching an historic high of \$54.3 million in 1980, then dropping 59 percent over the next two years during a process of consolidation of OAA titles. The absence of robust research, development and evaluation functions then opened the door to narrowly targeted, politically motivated earmarks, referred to as “congressionally identified” demonstration projects funded by Title IV. From 1992 to 2010, the list of earmarks grew to be extensive. Appropriations for Title IV projects dropped from \$19 million in 2010 to \$13 million in 2011 due to the elimination of \$6 million worth of earmarked projects, once their use was banned. In 2012, Title IV was abruptly defunded by Congress in a cost-saving measure and has never recovered due, in part, to years of cuts to discretionary spending and a greater congressional focus on funding direct services provided by the Aging Network.

Why Focus on Funding Research, Demonstrations and Evaluations Now?

ACL can most effectively enhance services if it maintains a comprehensive and continuous focus on coordinating the knowledge gained through research, field experience, demonstrations and evaluations. The lack of an integrated and cohesive system of research

results in inefficiencies, missed opportunities and an absence of critical data in federal aging research. The lack of funding and of centralized guidance impedes efficient and rigorous research and evaluation. In addition, the lack of standardized research indicators and data collection methods makes it very difficult to calculate the impact and outcomes of OAA services.

In May 2012, the National Council on Aging (NCOA) and the Gerontological Society of America (GSA) coauthored *Strengthening the Effectiveness of Services for Older Americans: Establishing Research, Demonstration and Evaluation Leadership and Standards for Aging Services Under the Older Americans Act*. The paper recommended several reforms to increase the authority, rigor, credibility, and accountability of OAA research, demonstration, training and evaluation activities.

“Rigorous evaluations of effectiveness will be essential, using both process and outcomes measures that go far beyond findings that service recipients simply like or use a service. The key will be to understand if and how the Aging Services Network can improve the lives of older adults and do its part in slowing the growth in expenditures of major entitlement programs like Medicare and Medicaid.”⁶

Since that time, the need for outcome data has grown rapidly, as health care providers have begun to understand the value of social services and interventions to overall health, particularly in underserved communities of color. The Aging Network’s ability to thrive over time depends on its ability to demonstrate that it can cost-effectively address social determinants of health (SDOH) factors like socioeconomic status, education, neighborhood and physical environment, employment, social support networks and access to health care.

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- 3 Kowlessar N, Robinson K, Shur C. Older Americans Benefit from Older Americans Act Nutrition Programs. U.S. Administration for Community Living/Administration on Aging Issue Brief. Sept 2015. <https://acl.gov/sites/default/files/programs/2016-11/AoA-Research-Brief-8-2015.pdf>.
 - 4 Ahn S, Basu R, Smith ML, Jiang L, Lorig K, Whitelaw N, Ory MG: The Impact of Chronic Disease Self-Management Programs: Healthcare Savings through a Community-Based Intervention. *BMC Public Health*, 2013, 13(1):1141.
 - 5 Lorig K, Sobel DS, Stewart AL, et al. Evidence Suggesting That a Chronic Disease Self-Management Program Can Improve Health Status While Reducing Hospitalization: A Randomized Trial. *Medical Care*. 1999; 37:5–14.
 - 6 Vandenberg, Anna, et al. Strengthening the Effectiveness of Services for Older Americans. National Council on Aging. May 2012. <https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/health/strengthening-the-effectiveness-of-services-for-older-americans-2012-aarp.pdf>.

Since the OAA allows for great flexibility to meet local needs, demonstration opportunities to fund new and innovative programs that have strong evidence will enhance prospects for Medicare and Medicaid to invest in community-based Aging Network solutions. Robust evaluations that significantly improve the evidence of returns on investment regarding well-being, clinical outcomes and potential cost savings are essential to the effectiveness of advocacy efforts to bolster OAA appropriations.

There is precedent for this type of research and demonstration authority being housed in the federal government to test new models and ensure efficacy of existing programs. Two such models are the Center for Medicare and Medicaid Innovation (CMMI) and ACL's National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). CMMI tests innovative payment and service delivery models, with the goal of identifying innovations that reduce program expenditures while preserving or enhancing the quality of care. CMMI's appropriations were \$10 billion for the FY 2011- FY 2019 period—and \$10 billion for each subsequent 10-year period. NIDILRR promotes, coordinates and provides funding for research, demonstration projects, training and technical assistance. NIDILRR has received \$112 million via FY 2021 appropriations. These examples are helpful for crafting similar functions along with needed funding for the Aging Network under the OAA.

Advocacy Efforts for the “Innovation” Center and Final Passage

In 2018 NCOA, GSA, the National Association of Area Agencies on Aging (n4a) and ADvancing States collaborated on efforts to advocate for the creation of a Research, Demonstration and Evaluation Center in upcoming OAA reauthorization legislation. The groups initially worked closely with Senators Bob Casey (D-PA), Lamar Alexander (R-TN) and Patty Murray (D-WA) on legislative language. The 70-member Leadership Council of Aging Organizations (LCAO) also supported a recommendation to “create a robust aging services research and development authority in the Act to evaluate, enhance, and replicate evidence-based

interventions and innovations that can improve outcomes, reduce Medicare or Medicaid costs, and promote independence and healthy aging.”

The House passed its OAA reauthorization bill with strong bipartisan support. The Senate then passed an amended version of the bill by unanimous consent, which included language negotiated with the House. With broad and bipartisan support for the idea of a research and demonstration center, advocates successfully collaborated to ensure that a strong version of the original idea made it into the 2020 update of the OAA, which was signed into law on March 25 as Public Law No: 116-131.

However, two key provisions were not included in the final language authorizing the Center and may present future amendment opportunities: an authorized funding level in the bill and a National Advisory Council of experts and stakeholder representatives.

Final Language and Implications

Section 127 of the *Supporting Older Americans Act of 2020* amends Section 201 of the OAA to create a new Research, Demonstration and Evaluation Center (the Center) for the Aging Network, headed by a director designated by the Assistant Secretary for Aging. The purpose of the Center is:

“to coordinate, as appropriate, research, research dissemination, evaluation, demonstration projects, and related activities carried out under this Act; to provide assessment of the programs and interventions authorized under this Act; and 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.”⁷

The proposed activities of the Center include conducting, promoting, coordinating and providing support for:

7 Supporting Older Americans Act of 2020, Pub.L. 116–131, § 127, 134 Stat. 252 (2020).

- a. "research and evaluation activities that support the objectives of this Act, including evaluation of new and existing programs and interventions authorized by this Act; and research on and assessment of the relationship between programs and interventions under this Act and the health outcomes, social determinants of health, quality of life, and independence of individuals served under this Act;
- b. demonstration projects that support the objectives of this Act, 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* [emphasis added];
- c. outreach and dissemination of research findings; and
- d. technical assistance related to the activities described in this paragraph."⁸

The *Supporting Older Americans Act of 2020* also includes the creation of a five-year plan that outlines priorities and consultation with experts on aging research and evaluation and Aging Network stakeholders.

The Center creates a variety of new challenges and opportunities going forward. First and foremost, the Center needs funding. Unfortunately, the bipartisan House provision to authorize an annual funding level was removed. While inclusion would have helped, since the congressional authorization process is separate from the appropriations process, advocacy to fund the Center would be needed either way. Funding will be a serious challenge since federal dollars are limited and there is a lot of competition for funding both within the OAA and among other programs. This is particularly true for the 117th Congress, where spending priorities continue to be shaped by the COVID-19 public health crisis. However, advocates, including NCOA, n4a and others, are calling on Congress to provide \$75 million in annual funding for the Center in FY 2022 to ensure

that the Center has adequate resources to address the range of research, evaluation and demonstration activities that have, for too long, been unaddressed and begins to approach funding levels for similar federal efforts.

Future Steps and Opportunities for the Aging Network

Aging organizations are excited about the potential of the Center to support business acumen and partnership efforts. In particular, the language in the bill prioritizing demonstration projects that promote partnerships with Medicare and Medicaid providers, plans and health systems offers much promise if funding can be secured.

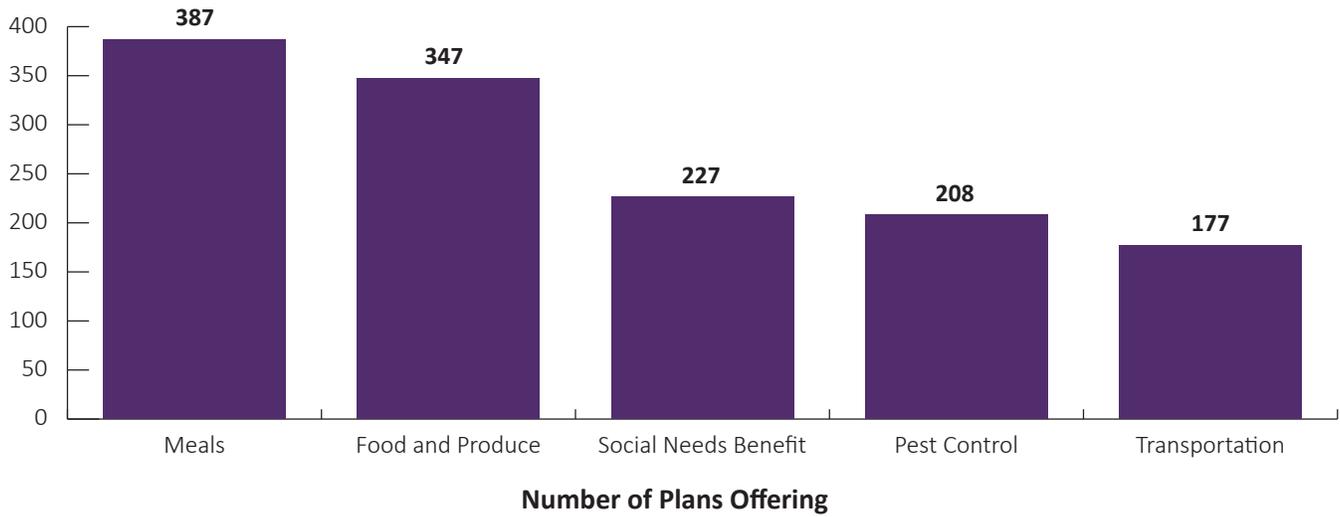
One of the continuing challenges community-based organizations have faced in creating partnerships has been providing strong evidence and data regarding returns on investment attributable to aging services programs, such as cost savings, improved outcomes, enrollee retention, satisfaction and growth. Evaluation results from the Center's work will help address this challenge.

Also included in the *Supporting Older Americans Act of 2020* was language clarifying that AAAs are not limited by their OAA roles when seeking new partnerships and contracts with a broad array of payers—as long as such activities do not draw on OAA funding streams. In recent years, as AAAs have sought new revenue streams and additional ways to meet their mission of serving older adults, the OAA was sometimes misconstrued by local or state leaders, which led to unnecessary restrictions on AAA activities outside of their OAA efforts. Advanced by n4a and supported by other advocates, this clarifying language was adopted by Congress to ensure that the Aging Network has maximum flexibility to develop and provide as many home and community-based services for older adults as possible,

In recent years, flexibilities have been adopted in the Medicare program to improve health outcomes and reduce overall costs that also provide new opportunities for the Aging Network to, outside of

⁸ Ibid.

Table 1: SSBCI Offerings Available in MA Plans in the 2021 Plan Year



Older Americans Act, partner with health care plans and providers. Specifically, Medicare Advantage (MA) plans can now provide Special Supplemental Benefits for the Chronically Ill (SSBCI). First available in plan year 2020, SSBCI benefits can be used to address non-primarily health-related needs, such as food insecurity, home modifications and transportation so long as the beneficiary has one or more chronic conditions as outlined by the *CHRONIC Care Act*. A recent analysis based on plan year 2021 shows that meals (387 plans offering), food and produce (347 plans offering), social needs benefit (227 plans offering), pest control (208 plans offering) and transportation (177 plans offering) were the most commonly offered benefits.⁹ See Table 1 above.

MA plans are using this flexibility to evaluate which new benefits can move the needle in terms of reducing cost and improving health for MA enrollees. To do so, plans are using several different measures of return on investment, such as reductions in hospital admissions and readmissions, reductions or delays in nursing home admissions, and improvements in clinical outcomes tied to quality ratings. However, the results of these internal plan evaluations are not publicly available, so

the lessons learned may not help inform the broader debate around which SDOH and aging services merit additional investments. The work of the Center could help in paying for these independent evaluations—particularly those that involve Aging and/or Disability Network organizations as service providers—and would ensure that the results are broadly available. These findings would also shed light on which benefits Medicare could cover for all beneficiaries, not just MA enrollees.

Targeted opportunities also exist in response to growing interest in better integrating care for individuals who are dually eligible for both Medicare and Medicaid. Since Medicaid covers a broader array of non-medical care, particularly long-term services and supports, Center evaluations of health care and social service integration involving Aging Network supports could be helpful to states and plans participating in dual-eligible initiatives. Many believe that these efforts show promise but have yet to demonstrate a clear path on the best ways to implement programs that maximize cost savings, improve delivery and drive higher quality of care and life.

⁹ Long-Term Care Quality Alliance and ATI Advisory. Data Insight: Special Supplemental Benefits for the Chronically Ill in Plan Year 2021. Data Insight Report. https://atiadvisory.com/wp-content/uploads/2021/01/ATI-Advisory-Data-Insight_Special-Supplemental-Benefits-for-the-Chronically-III-in-Plan-Year-2021.pdf.

Conclusion

Our nation's Aging Network deserves a robust research, demonstration and evaluation function so that many of the innovative programs and best practices that are occurring in communities and states around the country can reach more older adults, improve their health and reduce overall health care spending. With more compelling data and evidence on the value of the services delivered by the network, over both the short and long term, the network will be able to move from discretionary funding in the millions under the OAA to mandatory funding in the billions under Medicare and Medicaid. Similar efforts have been well funded for Medicare and Medicaid providers through CMMI and for the disability community through NIDLRR.

Given the significant need for more equitable delivery of a broad range of SDOH programs and services—which the Aging Network has been providing for decades—and the need to better understand best

practices and returns on investment for different population groups, support for such a Center is imperative now more than ever. This Center can play an integral role in modernizing and strengthening aging services and clearly demonstrating key program outcomes that are important to payers, providers and key decision-makers. Further, the Center can support research and demonstration projects that result in a better understanding of outcomes of importance for the fast-growing and diverse older adult population.

The next critical step is to engage in a collaborative effort to fund the Center. In order to even begin to realize the potential this authorized Center presents, advocates and congressional champions will need to elevate the need for this research and demonstration work as part of the FY 2022 appropriations process. Absent significant funding, the Center remains an empty promise.

This publication was produced for the Aging and Disability Business Institute by the National Council on Aging (NCOA). Led by the National Association of Area Agencies on Aging (n4a) in partnership with the most experienced and respected organizations in the Aging and Disability Networks, the mission of the Aging and Disability Business Institute is to build and strengthen partnerships between aging and disability community-based organizations and the health care system. The Aging and Disability Business Institute provides community-based organizations with the tools and resources to successfully adapt to a changing health care environment, enhance their organizational capacity and capitalize on emerging opportunities to diversify funding. Learn more at www.aginganddisabilitybusinessinstitute.org.

NCOA is a trusted national leader working to ensure that every person can age well. Since 1950, our mission has not changed: Improve the lives of millions of older adults, especially those who are struggling. NCOA empowers people with the best solutions to improve their own health and economic security—and we strengthen government programs that we all depend on as we age. Every year, millions of people use our signature programs BenefitsCheckUp®, My Medicare Matters®, and the Aging Mastery Program® to age well. By offering online tools and collaborating with a nationwide network of partners, NCOA is working to improve the lives of 40 million older adults by 2030. Learn more at www.ncoa.org and @NCOAging.