Interpretation/Interpretación
PARA ACCEDER A LA INTERPRETACIÓN

Por computador

Por teléfono inteligente

Source: Catalina Nieto
TO ACCESS INTERPRETATION

Via computer

Via smartphone

Source: Catalina Nieto
Demystifying the Older Americans Act for People Living with HIV

Part one of three of SAGE’s Demystifying the Older Americans Act Webinar Series!
SAGE is the world’s largest and oldest organization dedicated to improving the lives of LGBTQ+ elders.

Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources to LGBTQ+ older people and their caregivers. SAGE also advocates for public policy changes that address the needs of LGBTQ+ elders, including people aging with HIV.
Thank you to our co-sponsors:
Agenda

Welcome → Older Americans Act 101 → How does the Older Americans Act relate to People Living with HIV?

OAA or NOAA activity!!! → Q&A → Closing
Group Agreements and Norms

• Chat function closed
• Questions and Answers open
  o Use of Q&A – please note the person your question is directed to
    (ie E=Emma, V=Vince, A=Andrea, T=Terri)
• Language Justice
• Impact > Intent: The impact you have on others is more important than your intention.
• Respect Each Other: Treat everyone with respect, valuing diverse perspectives and refraining from personal attacks or disrespectful language.
• Confidentiality: Keep any personal stories or sensitive information shared during the webinar confidential, unless explicit permission is given to share outside the group.
Webinar Team
Opening Remarks

Vincent Crisostomo (He/Him)
Director of Aging Services
San Francisco AIDS Foundation
Older Americans Act

Emma Bessire (They/Them)
Campaign Manager
SAGE
<table>
<thead>
<tr>
<th>Key Words</th>
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<tr>
<td>Greatest Social Need</td>
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<td>Title III of the Older Americans Act</td>
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<tr>
<td>The Aging Network</td>
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<td>Area Agency on Aging (AAA)</td>
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<td>State Unit on Aging</td>
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<td>Federal Regulation/Final Rule</td>
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<td>Administration for Community Living (ACL)</td>
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Its History: Signing It Into Law

- First signed in 1965 by President Johnson to establish community services for older people
- A part of his “Great Society Reforms”
- Established authority for grants to states for:
  - Community planning and social services
  - Research and development projects
  - Personnel training in the field of aging.
It's History: A New Aging Infrastructure

Federal

➢ Our federal department of aging and disability.
➢ Funded through the Federal Budget and then distributes funds to states…

56 State Units on Aging

➢ Your state department on aging – but it may not be called that!!
➢ Funded through state legislature and the Federal budget and distributes funds to localities…

600+ Area Agencies on Aging (AAA) (not the car service)

➢ Local base for home and community-based services for older people
➢ Can be a governmental organization or a nonprofit
➢ Distributes funds to local service providers

Local service providers

➢ Receives funds from their AAA and other sources to provide services to the community
➢ For example… A local senior center! A Meals-on-Wheels program! And other supportive services
How is it funded?

ACL is funded through the Federal Budget

It then distributes funds to the State Units on Aging

The State Units are funded through that federal money, plus money from their state legislature

The State Unit then distributes funds to their AAAs (Which are both publicly (by the government) and privately (by foundations/individuals) funded)

The AAA then contracts out with service providers like Meals on Wheels and others

The OAA allows states to leverage additional funds, like state revenue, Medicaid, grants, and donations in support of their programs
What does it actually DO?

• Support older people as they live at home with independence for as long as possible – to prevent people from entering unwanted and cost-prohibitive institutional care

• Updated every four years

• Majority of programs only accessible to people 60+

  Supports a wide array of services like…

- Support for caregivers
- Transportation and legal assistance
- Elder abuse prevention
- Benefits enrollment help
- Meal programs and nutrition assistance
- Job training
- Community centers
Core Services

All AAAs provide 5 core services under the OAA—but some do more!

- Elder Rights: Includes fraud and abuse prevention and long-term care ombudsman programs
  - Including but not limited to:
    - Information and referral
    - In-home services
    - Homemaker and chore assistance
  - Transportation
  - Case management
  - Home modification
  - Legal services

- Support Services
- Health and Wellness: Includes chronic disease self-management, public health campaigns, and physical activity classes
- Caregiving: Such as respite care and caregiver training
- Nutrition: Includes congregate meals and home meal delivery
Its History: 2020 Reauthorization

- Most recent reauthorization of the OAA in 2020 requires that state and local departments of aging (state units on aging and area agencies on aging)...
  - Engage in outreach to LGBT older adults
  - Collect information on their needs
  - And collect information on if they are meeting those needs
Final Rule:

2024 Update to ACL’s Older Americans Act Regulations

• The most recent update to the Regulations that guide the implementation of the OAA updated the definition of Greatest Social Need to include LGBTQ+ older people and older people living with HIV
• The regulations are ACL’s interpretation of the law
• As states implement the OAA they should look to ACL’s interpretation
• Serving people who have the greatest economic and greatest social need is one of the basic tenets of the OAA
2024 Reauthorization: Priorities

• Defining LGBTQ+ older people and older people living with HIV as populations of greatest social need in statute
• Add HIV to Routine Health Screening list
• Include HIV in list of chronic diseases under Evidence-Based Health Promotion Programs
• Updated definition of family to include families of choice
• Include and require coordination with Ryan White Programs and/or HIV case management
• Update definition of “older individual” to 40 for PLWH
• Establish Office of Sexual Health
• Cultural Competency Training Requirement
• National Plan in consultation with HRSA
• LGBTQ+ and HIV Long-Term Care Bill of Rights in coordination with CMS
• And more
People Aging with HIV

• In 2021, persons 50 years and older accounted for over 53% of all people living with HIV in the United States.
• By 2030, persons 50 years and older will account for 70% of all people living with HIV in the United States.
• More than 2% of new HIV diagnoses are made in people 65 and older.
• More than 1/3 of older people with new HIV diagnoses have AIDS.
<table>
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<th>The issue</th>
<th>The OAA program to help address it</th>
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<td>Major areas of concern for many older people living with HIV include food and housing insecurity and the management of finances and health care benefits.</td>
<td>Benefits enrollment centers that help people understand what public assistance they’re eligible for, help them through enrolling, and more</td>
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<td></td>
<td>Free and reduced meals at community centers and delivered to homebound elders</td>
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</table>
Why Does This Matter?: Social Isolation

The issue

Older people living with HIV are more likely to be socially isolated.

The OAA program to help address it

The OAA funds senior center programs like support groups, but not all senior centers have support groups specific for people living with HIV, who may not feel comfortable being public about living with HIV in certain spaces.
Why Does This Matter: Frailty

The issue

Older people living with HIV have higher rates of frailty and falls.

The OAA program to help address it

The OAA helps prevent falls through home modification, and exercise programs.
Why Does This Matter?: Stigma

The Issue
Stigmatizing beliefs and/or fear of stigma keep people from getting tested for HIV, getting linked to or having access to HIV care, staying in care, accessing medications, and taking their HIV medications correctly.

The OAA Program to Help Address it
Long-Term Care Ombudsman programs have volunteers and staff that oversee facilities, monitoring for abuse and neglect and distributing Know Your Rights guides to residents. These guides often don’t mention HIV as a basis of discrimination; but if they did, more people would know what they’re protected against, and staff would be aware of illegal actions.
Why Does This Matter?: Chronic Disease Self-Management

The Issue

Aging with HIV brings an increased risk of other health conditions, including cardiovascular disease, diabetes, renal disease, and cancer.

The OAA program to help address it

Chronic Disease Self-Management Education (CDSME) programs provide older adults and adults with disabilities with education and tools to help better manage chronic conditions such as diabetes, heart disease, arthritis, chronic pain, HIV, and depression.

- There are over 30 CDSME programs
- Most widely disseminated and available are the Self-Management Resource Center suite of programs

The Positive Self-Management Program (PSMP):
Helps build confidence in ability to manage health, navigate medication adherence, and maintain active and fulfilling lives for people living with HIV
Older Americans Act & Older Adults Living with HIV

Andrea Callow (she/her)
Senior Advisor for HIV Policy
Administration for Community Living
The Older Americans Act & Older Adults Living With HIV

Andrea Callow, JD (she/her)
Office for Policy Analysis and Development
Administration for Community Living
The U.S. Department of Health and Human Services
ACL Final Rule: Greatest social need

- People living with HIV cited in prior “State plan guidance”
- Now cited in regulations
- Affects all levels of Older Americans Act policy, funding, planning, and service delivery. e.g. A BIG DEAL

89 FR 11569 (Feb. 14, 2024)
State Plan on Aging

- Multi-year State blueprint for Older Americans Act services (§ 1321.27)
- Contains goals, objectives, strategies, outcomes/ performance measures
- Grounded in data
- Intrastate funding formula

- Details how greatest economic and social needs determined, defined.
- How advocacy & services provision targeted to greatest social need.
- Developed by State Unit on Aging consultation with:
  - Stakeholders
  - Area Agencies on Aging
  - ACL Regional Administrators
State plans due July, 2024

Alabama
Delaware
Idaho
Illinois
Maine
Nevada
Pennsylvania

*Will attempt to comply with regs but many will need to submit amendments later.*

State plans due July, 2025

California
Florida
Iowa
Kansas
Kentucky
Maryland
Wyoming
Massachusetts
New Jersey
New Mexico

Puerto Rico
South
Carolina
South
Dakota
Tennessee
West Virginia

*Should be in compliance with regs by due date but may need to seek Corrective Action Plan for more time.*
How do I find my State Unit & State Plan

How to find your Regional Office and Administrator

www.acl.gov/Regional-Offices
• **Objective:** Enhance data collection and program evaluation to be inclusive of all populations who are not currently adequately served by Oregon’s aging system... including older adults living with HIV (HIV status will not be asked).
  • **Outcome:** Data used to improve inclusivity and availability of services.

• **Objective:** Strengthen Aging and Disability Resource Center capacity to reach .... older adults living with HIV/AIDS.
  • **Outcome:** Increased outreach to community and community leaders, training of staff, and utilization of OAA services by older adults living with HIV.
Objective 1.9: By September 2025, Each AAA will have a referral process for community-based organizations and the Bureau of HIV, STD, and Hepatitis in DHSS to better serve older adults living with HIV/AIDS.

- **Outcome**: Referral process for older adults living with HIV/AIDS will be reviewed during biannual State Plan on Aging review meetings the ten AAAs until the strategy has been fully implemented (1.9).

Objective 1.10: By September 2026, DHSS will provide training to the ten AAAs about three evidence-based disease prevention and health promotion programs that have demonstrated efficacy in populations living with HIV/AIDS.

- **Outcome**: Training about evidence-based programs for populations living with HIV/AIDS will be provided during at least one quarterly Highest Level Evidence-Based Programs call. Attendees will be tracked through WebEx. The recording, training materials, and additional information will be available through www.box.com (1.10).
What is an Area Plan on Aging?

• Similar to a State plan but at the regional level
• Covers distinct planning and service area
• Submitted to, and approved by, State Unit on Aging
• May include both federal (OAA) and State requirements

• Two, three or four year period
• There may be individual Area plan guidance from States
• Must take into account stakeholders and advisory council (§ 1321.63) input with focus on those in greatest economic and social need (§ 1321.65(b)(4) and (a)(4)) including people with HIV.
Welcome to the Eldercare Locator, a public service of the U.S. Administration on Aging connecting you to services for older adults and their families. You can also reach us at 1-800-677-1116.
Example ➔ Detroit, Michigan AAA

“Currently a DAAA team member sits on the Southeast Michigan HIV and AIDS Council (SEMHAC).

The Agency is also implementing a Food & Friendship Connections in collaboration with partners from the LGBTQ+ community.
Area Plan Planning or State Plan Planning

- Timing Cycles
- Desired Impact or Scope
- Area Plan $\leftrightarrow$ State Plan Inform Each Other
- State vs. Local and Regional Differences
How to keep up to date....

2024 Final Rule to Update Older Americans Act Regulations

On February 6, 2024, ACL released a final rule to update the regulations for implementing its Older Americans Act (OAA) programs. The new regulations will take effect on March 15, 2024, but regulated entities have until October 1, 2025 to comply. ACL looks forward to working with partners in the aging network to implement the final rule and will provide robust technical assistance and other resources to support states, tribes and tribal organizations, area agencies on aging, and others in the aging network in meeting its requirements.

Strengthening the system that helps millions age in place

Our world has changed dramatically in the 36 years that have passed since the last substantial update to the regulations for most of ACL's Older Americans Act Programs in 1988. The population of older adults

Back to Basics Webinar Series

- **Webinar #1 Stewardship, Oversight, and Advocacy Responsibilities:** Webinar recording, Video Recording (with ASL), Slides
- **Webinar #2 Fiscal Policies and Procedures:** Webinar recording, Webinar recording (with ASL), Slides (coming soon)
- **Webinar #3 Title III-VI Coordination:** May 23, 2024, 3:00 PM Eastern Time
- **Additional planned webinar topics:**
  - State Plans on Aging, Area Plans, and
We’ll give you a program…

And you tell us if it could be funded by the OAA or not!
OAA or NOAA???

A Know Your Rights guide for people in long-term care distributed by a volunteer long-term care ombudsman

Medicare

A weekly support group for people 60+ living with HIV at a senior center

Assistance in making your home more accessible as you age through modifications and repairs

Social Security benefits
Resources

Final Rule:
2024 Update to ACL’s Older Americans Act Regulations

On February 3, 2024, ACL released a final rule to update the regulations implementing the Older Americans Act (OAA) programs. The new regulations will take effect on March 10, 2024, but regulated entities have until October 1, 2024, to comply. ACL looks forward to working with partners in the aging network to implement the final rule and to provide robust technical assistance and other resources to support states, tribes, and local organizations, area agencies on aging, and others in the aging network in meeting its requirements.

Additional information can be found at ACL.gov/oaarule

Summary

With the release of the OAA final rule, ACL has achieved a significant milestone, one that will advance the nation’s growing population of older adults to greater freedom and choice to maintain their independence and quality of life. The last substantial update to these OAA program regulations was in 1990, and our world has changed dramatically in the 34 years since. The population of older adults has nearly tripled since 1990, and the number of older adults is projected to continue to grow. At the same time, the way older adults live their lives has changed. Their expectations for aging and different views of later generations. Increased understanding of the impact of the social determinants of health is shaping health care access and services that help older adults live longer and independently. Those programs—such as those provided through OAA programs—are increasingly being incorporated into health care and service delivery models. In addition, the OAA has been amended by Congress seven times since 1990.

One important aspect that has changed is older adults’ educational and life experiences. In 1990, fewer older adults had received education beyond high school. Today, more older adults have higher education levels. The final rule contains updates that reflect the needs of today’s older adults. It updates regulations to the current state, addresses issues that have emerged since the last update, and clarifies a number of requirements. The final rule aims to better support the national aging network that delivers OAA services and improves program implementation, with the ultimate goal of better serving older adults.

The final rule is the culmination of many years of engagement and collaboration with stakeholders. It also reflects the recommendations of the government, the Executive Office of the President (EOP) and a series of listening sessions, including consultations with stakeholders and engagement with Native American grounds, as well as input from 700 comments received in response to the June 2020 Notice of Proposed Rule Making (NPRM).

Key Provisions of the Final Rule

The final rule:

Goals and requirements for state and area plans on aging and delivery requirements for coordinating programs and services.

Improve consistency of definitions and operations between state and local OAA programs.

Goals and standards for programs receiving OAA funding for prioritizing people with the greatest social and economic needs.

Expand the broad range of people who can receive services. New funds can be used for federal requirements and other requirements that apply across programs.

Goal: Expand state and local agency partnerships and collaborations. For example, the final rule establishes partnerships among state and local entities.

Local Community Advocacy
Advocating for the Needs of LGBT Older Adults Receiving Aging Services

Download toolkit:
www.lgbtagingcenter.org/communityadvocacy

MEETING THE NEEDS OF PEOPLE AGING WITH HIV ON THE PATH TO ENDING THE HIV EPIDEMIC

Call to Action

LGBTQ+ People and People Living with HIV have been fighting for equality our entire lives.

Now it’s time to ensure we receive the care and support we deserve to age with independence, dignity and respect.

SIGN UP TODAY TO BECOME AN ADVOCATE FOR AN OAA THAT SERVES US ALL BY SCANNING THE QR CODE BELOW

THE OLDER AMERICANS ACT helps LGBTQ+ people and people living with HIV age with dignity and respect.
Join us for part two and three!

Demystifying the Older Americans Act for LGBTQ+ People: May 9th, 2024 at 3pm – 4:30pm ET

Empowering Activists to Advance an Older Americans Act for ALL: May 16, 2024 at 3pm – 4:30pm ET
Any lingering questions for SAGE staff?

Would you like to collaborate on a project with us?

Contact advocacy@sageusa.org to get in touch with our advocacy team or check out our website.

Home site
www.sageusa.org

National Resource Center on LGBTQ+ Aging
www.lgbtagingcenter.org