

**TESTIMONY ON THE REAUTHORIZATION
OF THE OLDER AMERICANS ACT**

**PRESENTED BY:
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**FEBRUARY 25, 2010
ALEXANDRIA, VIRGINIA**

I would like to thank the Administration on Aging and Assistant Secretary for Aging, Kathy Greenlee, for providing this opportunity to present testimony regarding Reauthorization of the Older Americans Act, and for your outstanding leadership at the Administration on Aging. I offer the following comments:

1. Include in the Interstate Funding Formula used by AoA a mechanism that allows for all states to receive some portion of any increases in OAA funding. No state should be held at a prior year's funding level when there has been an actual increase in OAA appropriations.
2. The nutrition Titles, III-C1 and III-C-2, should be merged into a single Title III-C with the allowable services under that single Title to be identical to the existing allowable services under the two existing Titles.
3. With the prospect of passage of landmark federal legislation to support a comprehensive approach to addressing elder justice issues in the near future, the Aging network stands suitably equipped to serve as the home for adult protective services. That capability comes with the responsibility to assure that adult protective services will be available to all adults, regardless of age, and the recognition of and willingness to work with the adult protective service systems that are already in place in individual states. A national resource center/training institute to assure capacity building is imperative. The Aging network must also assure that victims of abuse, neglect and exploitation are as safe as possible in the community by prioritizing these adults for the receipt of eligible services.
4. Incorporate into the OAA Project 2020 which takes three tested and proven programs from the Aging Network: single entry point models, evidence-based health promotion and disease prevention activities, and enhanced nursing home diversion programs.
5. Administration of Title V, SCSEP, should be moved from the Department of Labor to the Administration on Aging (AoA). The focus of the program should return to community service and move away from the numerous WIA

inspired performance metrics. The ratio of slots between National Contractors and State Units on Aging should be changed to a 50/50 split.

6. Strengthen the role of the OAA in the delivery of the following critical services: information and assistance; healthy aging/wellness/disease prevention; and home and community-based services and supports.
7. Strengthen efforts to integrate medical and human services-based long-term services and supports (LTSS), particularly in order to promote the Aging Network's role in health, wellness (both physical and behavioral health) and care management. For example, make the connection between single point of entry systems and coordinated health care initiatives, such as ADRCs and the medical home model or others.
8. Expand the funding base and focus of the OAA to continue to enhance the capacity of the Aging Network, with additional focus on workforce development, utilization of technology and application of business models.
9. Ensure that the OAA addresses the assets and needs of a changing, aging population, including but not limited to young elders, 85+, minority elders and caregivers, and older adults with disabilities.
10. Expand the Aging Network's role in the coordination of transportation and human service programs and the provision of mobility management services in order to promote the ability of older adults to live successfully and independently at home and in the community for as long as possible through expanded partnerships to promote livable communities for all ages.
11. Expand the Aging Network's role in access to housing that meets the needs of older adults and the coordination of long-term services and supports in housing, in order to maximize older adults' quality of life and to promote livable communities for all ages.
12. Reinforce and support the Aging Network's role in person-centered access to information and assistance and public education so that older adults, people with disabilities and caregivers have ready access to information on long-term care planning; are connected to community-based long-term services and supports; and have access to options and benefits counseling and case management.