Key Milestones: OAA from 1965 to the Present

Building the Foundation for Aging in Place

1965 The Older Americans Act of 1965 is signed into law by President Lyndon B. Johnson on July 14. The Act establishes ten broad national policy objectives on aging, creates the U.S. Administration on Aging (AoA) as the federal focal point on aging, provides grants to states for community planning and services, and authorizes research, demonstration and training projects.

1967 First amendments to the Act extend authorization of the state grant program and research, demonstration and training programs created in 1965. Increased requirements and funding for statewide planning and coordination are established.

1969 Congress adds authority for a program of area-wide model projects to test new and varied approaches to meet the social service needs of the elderly.

The Importance of Local Service Coordination and Delivery Comes into Focus

1972 Amendments are enacted, creating a national nutrition program.

1973 Amendments establish Area Agencies on Aging (AAAs) to develop a “comprehensive and coordinated service system” in partnership with state agencies. AAAs are given primary responsibility to develop and coordinate the expansion of services and serve as advocates on behalf of older adults. Multipurpose senior centers and community service employment provisions are included.
1975 Priority services under state agencies and AAAs are established for Title III including in-home care, transportation, legal assistance and residential repair programs (i.e., home modifications).

1978 Separate grants for supportive services, nutrition services and multipurpose senior centers are consolidated into one program under the authority of state agencies and AAAs. Priority services are also consolidated with more flexibility in funding and determining state and AAA planning cycles provided. The Long-Term Care Ombudsman Program and new Title VI grants to Indian tribal organizations for social and nutrition services are established.

**Older Adult Employment and Elder Abuse Prevention are Elevated**

1981 Amendments give state agencies and AAAs more flexibility in the administration of service programs. The transition of Senior Community Service Employment Program participants to private-sector employment is emphasized.

1984 AAAs are required to facilitate home and community-based services and case management services. Elder abuse prevention services are authorized and targeting provisions are added, requiring that services be focused on those in greatest need, including low-income and minority older adults, and priority is given to the needs of people living with Alzheimer’s and other forms of dementia and their families.

1987 Amendments restructure Title III, creating separate authorizations for in-home services, long-term care ombudsman, assistance for special needs, health education and promotion services, elder abuse prevention and outreach activities to people eligible for other benefits. AoA is elevated within the U.S. Department of Health and Human Services.

1992 Major restructuring of Title III through the creation of Title VII Vulnerable Elder Rights Protection Activities, transferring ombudsman, elder abuse prevention and other functions to the new title. New provisions are included to strengthen requirements to focus the delivery of Title III services to special population groups.
Focus on Family Caregivers and Healthy Aging

2000 Amendments establish the National Family Caregiver Support Program. The Title V Senior Community Service Employment Program is restructured. Cost-sharing is made permissible for certain supportive services, excluding access, nutrition and elder rights services.

2006 Amendments add two targeting categories: older adults at risk of institutional placement and those with limited English proficiency. “Choices for Independence” language added to require AoA, states and AAAs to promote home and community-based long-term care services for older adults to prevent/delay the need for institutional care. AAAs are encouraged to include information in area plans on livable communities and are required to include information on their coordination of long-range emergency plans with emergency response agencies, etc. Title V’s focus on community service is maintained, but with a revised emphasis on training.
2016 Amendments require that all Title III D disease prevention and health promotion programs be evidence-based. Requirements are revised for the Long-Term Care Ombudsman Program to prevent conflicts of interest. The amendments also add specific authorization levels to many titles and subtitles that had previously only had authorizing language of “such sums as may be necessary.”

2020 Amendments clarify that AAAs can, outside of the OAA, engage in private pay, integrated care and other arrangements to expand services. Expanded references to addressing social isolation and loneliness. Established a Research, Demonstration and Evaluation Center at AoA. Limits which programs are subject to the “hold harmless” provision and reduces the minimum percentages by 0.25 each year through FY 2029. Removed the 10 percent funding cap for OAA Title III E NFCSP services provided to older relative caregivers.