

112TH CONGRESS  
2D SESSION

# S. 3465

To amend the Older Americans Act of 1965 to define care coordination, include care coordination as a fully restorative service, and detail the care coordination functions of the Assistant Secretary, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

AUGUST 1, 2012

Mr. KERRY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Older Americans Act of 1965 to define care coordination, include care coordination as a fully restorative service, and detail the care coordination functions of the Assistant Secretary, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Care Coordination for  
5 Older Americans Act of 2012”.

1 **SEC. 2. DECLARATION OF OBJECTIVES.**

2 Section 101(4) of the Older Americans Act of 1965  
3 (42 U.S.C. 3001(4)) is amended by inserting “care coordi-  
4 nation and” after “including”.

5 **SEC. 3. DEFINITIONS.**

6 Section 102 of the Older Americans Act of 1965 (42  
7 U.S.C. 3002) is amended by adding at the end the fol-  
8 lowing:

9 “(55)(A) The term ‘care coordination’ means a  
10 person- and family-centered, assessment-based, and  
11 interdisciplinary approach to meet the needs and  
12 preferences of an older individual and a family care-  
13 giver while enhancing the capabilities of the older in-  
14 dividual (including the ability to self-direct services).

15 “(B) The term ‘care coordination’ means co-  
16 ordination that—

17 “(i) integrates health care, long-term serv-  
18 ices and supports, and social support services in  
19 a high-quality and cost-effective manner in  
20 which an individual’s needs, preferences, and  
21 capabilities are assessed, along with the needs  
22 and preferences of a family caregiver;

23 “(ii) includes, as a core element, the active  
24 involvement of the older individual, the family,  
25 or a representative appointed by the older indi-  
26 vidual or legally acting on the individual’s be-

1 half, community-based service professionals,  
2 and health care professionals providing care to  
3 the older individual, in the design and imple-  
4 mentation of an individualized, individual-cen-  
5 tered service and support plan, through which  
6 the services and supports will be provided in a  
7 manner free from conflicts of interest;

8 “(iii) integrates services and interventions  
9 that are implemented, monitored, and evaluated  
10 for effectiveness using an evidence-based proc-  
11 ess, which typically involves a designated lead  
12 care coordinator and involves feedback from the  
13 older individual;

14 “(iv) includes activities that aim simulta-  
15 neously at meeting individual and family needs  
16 and preferences, building on individual capabili-  
17 ties, and improving outcomes and systems of  
18 care;

19 “(v) includes provision of some or all of  
20 the services and activities described in clauses  
21 (i) through (iv) by trained professionals em-  
22 ployed by or under a contract with—

23 “(I) area agencies on aging;

24 “(II) Aging and Disability Resource  
25 Centers; or

1                   “(III) other service providers, includ-  
2                   ing in-home service providers; and

3                   “(vi) is not furnished to directly diagnose,  
4                   treat, or cure a medical disease or condition.”.

5 **SEC. 4. FUNCTIONS OF THE ASSISTANT SECRETARY.**

6           Section 202(a) of the Older Americans Act of 1965  
7 (42 U.S.C. 3012(a)) is amended—

8                   (1) in paragraph (27), by striking “and” at the  
9                   end;

10                   (2) in paragraph (28), by striking the period  
11                   and inserting “; and”; and

12                   (3) by adding at the end the following:

13                   “(29)(A) encourage, provide technical assist-  
14                   ance to and share best practices with, States, area  
15                   agencies on aging, Aging and Disability Resource  
16                   Centers, and service providers to carry out outreach  
17                   and coordinate activities with health care entities in  
18                   order to assure better care coordination for individ-  
19                   uals with multiple chronic illnesses; and

20                   “(B) coordinate activities with other Federal  
21                   agencies that are working to improve care coordina-  
22                   tion and developing new models and best practices.”.

23 **SEC. 5. ORGANIZATION.**

24           Section 305(a) of the Older Americans Act of 1965  
25 (42 U.S.C. 3025(g)) is amended—

1 (1) in paragraph (2), by striking “and” at the  
2 end;

3 (2) in paragraph (3), by striking the period and  
4 inserting “; and”; and

5 (3) by adding at the end the following:

6 “(4) the State agency shall promote the devel-  
7 opment and implementation of a State system to ad-  
8 dress the care coordination needs of older individuals  
9 with multiple chronic illnesses, and shall work with  
10 acute care providers, area agencies on aging, service  
11 providers, and Federal agencies to ensure that the  
12 system uses best practices and is evaluated on its  
13 provision of care coordination.”.

14 **SEC. 6. AREA PLANS.**

15 Section 306(a) of the Older Americans Act of 1965  
16 (42 U.S.C. 3026(a)) is amended—

17 (1) in paragraph (4)(B)(i)(VII) by inserting  
18 “with multiple chronic illnesses or” after “older indi-  
19 viduals”;

20 (2) in paragraph (6)(D), by inserting “(includ-  
21 ing acute care providers)” after “service providers”;

22 (3) in paragraph (16), by striking “and” at the  
23 end;

24 (4) in paragraph (17) by striking the period  
25 and inserting “; and”; and

1 (5) by adding at the end the following:

2 “(18) provide assurances that the area agency  
3 on aging will—

4 “(A) identify existing (as of the date of  
5 submission of the plan) care coordination pro-  
6 grams and systems;

7 “(B) identify unmet community need for  
8 care coordination;

9 “(C) facilitate the development and imple-  
10 mentation of an area-wide system to address  
11 the care coordination needs of older individuals  
12 with multiple chronic illnesses; and

13 “(D) work with acute care providers, serv-  
14 ice providers, and Federal and State agencies to  
15 ensure that the system uses best practices in its  
16 provision of care coordination.”.

17 **SEC. 7. STATE PLANS.**

18 Section 307(a) of the Older Americans Act of 1965  
19 (42 U.S.C. 3027(a)) is amended—

20 (1) in paragraph (2)(A), by inserting “care co-  
21 ordination,” after “information and assistance,”;

22 (2) in paragraph (17), by striking “and develop  
23 collaborative programs, where appropriate,” and in-  
24 serting “, ensure care coordination, and (where ap-  
25 propriate) develop collaborative programs,”;

1           (3) in paragraph (18), in the matter preceding  
2           subparagraph (A), by inserting “and ensure care co-  
3           ordination that integrates long-term care services  
4           and other care services,” before “for older”;

5           (4) in paragraph (23), by striking “with other  
6           State services” and inserting “with other Federal  
7           and State health care programs and services”; and

8           (5) by adding at the end the following:

9           “(31) The plan shall provide assurances that  
10          the area agencies on aging in the State will facilitate  
11          the area-wide development and implementation of an  
12          area-wide system to address the care coordination  
13          needs of older individuals with multiple chronic ill-  
14          nesses, and work with acute care providers, service  
15          providers, and other Federal and State agencies to  
16          ensure that the system uses best practices and is  
17          evaluated on its provision of care coordination.”.

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