

- (A) that are medically underserved; and
- (B) in which there are large numbers of older individuals.

(4) Area coordination of services with other providers

In carrying out this subsection, to more efficiently and effectively deliver services to older individuals, each area agency on aging shall—

- (A) coordinate services described in subparagraphs (A) and (B) of paragraph (1) with such services or similar or related services of other community agencies, and voluntary organizations; and
- (B) to the greatest extent practicable, integrate outreach and educational activities with such activities of existing (as of the date of the integration) social service and health care (including mental health) providers serving older individuals in the planning and service area involved.

(5) Relationship to other funding sources

Funds made available under this subsection shall supplement, and not supplant, any Federal, State, and local funds expended by a State or unit of general purpose local government (including an area agency on aging) to provide the services described in subparagraphs (A) and (B) of paragraph (1).

(6) Definition

In this subsection, the term “mental health screening and treatment services” means patient screening, diagnostic services, care planning and oversight, therapeutic interventions, and referrals, that are—

- (A) provided pursuant to evidence-based intervention and treatment protocols (to the extent such protocols are available) for mental disorders prevalent in older individuals; and
- (B) coordinated and integrated with the services of social service and health care (including mental health) providers in an area in order to—
 - (i) improve patient outcomes; and
 - (ii) ensure, to the maximum extent feasible, the continuing independence of older individuals who are residing in the area.

(Pub. L. 89-73, title IV, §419, as added Pub. L. 106-501, title IV, §401, Nov. 13, 2000, 114 Stat. 2264; amended Pub. L. 109-365, title IV, §408, Oct. 17, 2006, 120 Stat. 2557.)

AMENDMENTS

2006—Pub. L. 109-365, §408(1)–(6), substituted “Multidisciplinary centers and multidisciplinary systems” for “Multidisciplinary centers” in section catchline, redesignated subsecs. (a) to (c) as pars. (1) to (3), respectively, of subsec. (a), in subsec. (a) inserted heading, redesignated former pars. and subpars. as subpars. and cls., respectively, made conforming amendments to internal references, and realigned margins.

Subsec. (a)(1). Pub. L. 109-365, §408(7)(A), inserted “diverse populations of older individuals residing in urban communities,” after “minority populations.”

Subsec. (a)(2). Pub. L. 109-365, §408(7)(B), (C), in cl. (v) inserted “, including information about best practices in long-term care service delivery, housing, and transportation” before semicolon at end, in cl. (vi) substituted “information and other technical assistance”

for “consultation and information”, and added cl. (viii).

Subsec. (b). Pub. L. 109-365, §408(8), added subsec. (b). Former subsec. (b) redesignated (a)(2).

§ 3032i. Demonstration and support projects for legal assistance for older individuals

(a) Program authorized

The Assistant Secretary shall make grants and enter into contracts, in order to—

- (1) provide a national legal assistance support system (operated by one or more grantees or contractors) of activities to State and area agencies on aging for providing, developing, or supporting legal assistance for older individuals, including—
 - (A) case consultations;
 - (B) training;
 - (C) provision of substantive legal advice and assistance; and
 - (D) assistance in the design, implementation, and administration of legal assistance delivery systems to local providers of legal assistance for older individuals; and
- (2) support demonstration projects to expand or improve the delivery of legal assistance to older individuals with social or economic needs.

(b) Assurances

Any grants or contracts made under subsection (a)(2) of this section shall contain assurances that the requirements of section 3027(a)(11) of this title are met.

(c) Assistance

To carry out subsection (a)(1) of this section, the Assistant Secretary shall make grants to or enter into contracts with national nonprofit organizations experienced in providing support and technical assistance on a nationwide basis to States, area agencies on aging, legal assistance providers, ombudsmen, elder abuse prevention programs, and other organizations interested in the legal rights of older individuals.

(Pub. L. 89-73, title IV, §420, as added Pub. L. 106-501, title IV, §401, Nov. 13, 2000, 114 Stat. 2265.)

PRIOR PROVISIONS

A prior section 420 of Pub. L. 89-73 was classified to section 3034 of this title, prior to the general amendment of this subchapter by Pub. L. 106-501.

§ 3032j. Ombudsman and advocacy demonstration projects

(a) Program authorized

The Assistant Secretary shall award grants to not fewer than three and not more than 10 States to conduct demonstrations and evaluate cooperative projects between the State long-term care ombudsman program, legal assistance agencies, and the State protection and advocacy systems for individuals with developmental disabilities and individuals with mental illness, established under part C of the Developmental Disabilities Assistance and Bill of Rights Act¹ (42 U.S.C. 6041 et seq.) and under the Protection

¹ See References in Text note below.

and Advocacy for Mentally Ill Individuals Act of 1986¹ (42 U.S.C. 10801 et seq.).

(b) Report

The Assistant Secretary shall prepare and submit to Congress a report containing the results of the evaluation required by subsection (a) of this section. Such report shall contain such recommendations as the Assistant Secretary determines to be appropriate.

(Pub. L. 89-73, title IV, §421, as added Pub. L. 106-501, title IV, §401, Nov. 13, 2000, 114 Stat. 2265.)

REFERENCES IN TEXT

The Developmental Disabilities Assistance and Bill of Rights Act, referred to in subsec. (a), is title I of Pub. L. 88-164, Oct. 31, 1963, 77 Stat. 282, as amended generally by Pub. L. 98-527, §2, Oct. 19, 1984, 98 Stat. 2662, as further amended, which was repealed by Pub. L. 106-402, title IV, §401(a), Oct. 30, 2000, 114 Stat. 1737. Part C of the Act was classified generally to subchapter III (§6041 et seq.) of chapter 75 of this title. For complete classification of this Act to the Code, see Tables.

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in subsec. (a), was Pub. L. 99-319, May 23, 1986, 100 Stat. 478, as amended. Pub. L. 99-319 was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106-310, div. B, title XXXII, §3206(a), Oct. 17, 2000, 114 Stat. 1193, and is classified generally to chapter 114 (§10801 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

PRIOR PROVISIONS

A prior section 421 of Pub. L. 89-73 was classified to section 3035 of this title, prior to the general amendment of this subchapter by Pub. L. 106-501.

Another prior section 421 of Pub. L. 89-73 was classified to section 3035b of this title, prior to the general amendment of this subchapter by Pub. L. 97-115.

§ 3032k. Community innovations for aging in place

(a) Definitions

In this section:

(1) Eligible entity

The term “eligible entity”—

(A) means a nonprofit health or social service organization, a community-based nonprofit organization, an area agency on aging or other local government agency, a tribal organization, or another entity that—

(i) the Assistant Secretary determines to be appropriate to carry out a project under this part; and

(ii) demonstrates a record of, and experience in, providing or administering group and individual health and social services for older individuals; and

(B) does not include an entity providing housing under the congregate housing services program carried out under section 8011 of this title or the multifamily service coordinator program carried out under section 1701q(g) of title 12.

(2) Naturally Occurring Retirement Community

The term “Naturally Occurring Retirement Community” means a community with a con-

centrated population of older individuals, which may include a residential building, a housing complex, an area (including a rural area) of single family residences, or a neighborhood composed of age-integrated housing—

(A) where—

(i) 40 percent of the heads of households are older individuals; or

(ii) a critical mass of older individuals exists, based on local factors that, taken in total, allow an organization to achieve efficiencies in the provision of health and social services to older individuals living in the community; and

(B) that is not an institutional care or assisted living setting.

(b) Grants

(1) In general

The Assistant Secretary shall make grants, on a competitive basis, to eligible entities to develop and carry out model aging in place projects. The projects shall promote aging in place for older individuals (including such individuals who reside in Naturally Occurring Retirement Communities), in order to sustain the independence of older individuals. A recipient of a grant under this subsection shall identify innovative strategies for providing, and linking older individuals to programs and services that provide, comprehensive and coordinated health and social services to sustain the quality of life of older individuals and support aging in place.

(2) Grant periods

The Assistant Secretary shall make the grants for periods of 3 years.

(c) Applications

(1) In general

To be eligible to receive a grant under subsection (b) for a project, an entity shall submit an application to the Assistant Secretary at such time, in such manner, and containing such information as the Assistant Secretary may require.

(2) Contents

The application shall include—

(A) a detailed description of the entity’s experience in providing services to older individuals in age-integrated settings;

(B) a definition of the contiguous service area and a description of the project area in which the older individuals reside or carry out activities to sustain their well-being;

(C) the results of a needs assessment that identifies—

(i) existing (as of the date of the assessment) community-based health and social services available to individuals residing in the project area;

(ii) the strengths and gaps of such existing services in the project area;

(iii) the needs of older individuals who reside in the project area; and

(iv) services not being delivered that would promote aging in place and contribute to the well-being of older individuals residing in the project area;