For the first time since 1988, the Administration for Community Living (ACL) has released a regulatory update for the Older Americans Act (OAA), updating the requirements for OAA programs across the country. The complete final rule can be found here.

Quick Facts: What’s in the Regs?

- **ACL** has defined **LGBTQ+ older adults and those living with HIV as a population of greatest social need**. ([Federal Register / Vol. 89, no. 31 / Rules and Regulations. Page 11657](#))
- The regulations are ACL’s interpretation of the law. As states implement the OAA, they should look to ACL’s interpretation of the law, including **42 USC §3026 Area Plans and §3027 State Plans**.
- State and local aging agencies are required to perform **outreach** to LGBTQ+ older adults and collect data on their needs. ([Federal Register / Vol. 89, no. 31 / Page 11647](#))
- When a state assesses their local needs, every greatest social need population must be given due consideration, including LGBTQ+ older adults and those living with HIV. ([Webinar: ACL Finalizes Updated Older Americans Act Regulations](#))
- **State and area plans** must include how they will reach populations they have defined as having the greatest social need. ([Federal Register / Vol. 89, no. 31 / Pages 11666, 11668, 11669, 11671](#))
- **Service providers** must specify how they will satisfy the service needs of those identified as in the greatest economic need and greatest social need. ([Federal Register / Vol. 89, no. 31 / Page 11674](#))
- Agencies are encouraged but not required to appoint **advisory council members** representing those identified having the greatest economic or greatest social need. ([Federal Register / Vol. 89, no. 31 / Page 11604](#))
- Changes for LGBTQ+ older adults and those living with HIV can be found in the Final Rule at § 1321.3 (defining “Greatest social need”), § 1321.11 (Advocacy responsibilities), § 1321.27 (Content of State plan), § 1321.61 (Advocacy responsibilities of the area agency), § 1321.65 (Submission of an area plan and plan amendments to the State agency for approval), § 1321.75 (Confidentiality and disclosure of information), and § 1321.93 (Legal assistance). ([Federal Register / Vol. 89, no. 31 / Page 11570](#))
- The new regulations took effect on March 15, 2024. Regulated entities have **until October 1, 2025 to comply**.
• **De minimis Cost.** ACL stated “For those agencies that have not been reaching out to LGBTQI+ communities, we believe any additional cost to conduct outreach to this population will be de minimis, as they already have processes in place to reach out to underserved populations. The data collection cost likewise will be minimal as agencies already have data collection systems and practices in place.” ([Federal Register / Vol. 89, no. 31 / Rules and Regulations. Page 11657](https://www.federalregister.gov/documents/2014/03/27/2014-06979/for-those-agencies-that-have-not-been-reaching-out-to-lgbtq-communities))

• **Disparities.** Data shows us that LGBTQ+ older people and older people with HIV face disparities across many metrics, including sexual orientation, gender identity, and HIV status, impacting their ability to age in place.

• **Unmet Needs.** At the same time, data shows that LGBTQ+ elders and older people living with HIV have needs that are not being met.

• **Serving Everyone.** The Aging Network has an obligation to serve all older adults, including LGBTQ+ older people and older people living with HIV. All of your constituents should feel seen, understood, and represented when accessing aging services.

• **Visibility.** LGBTQ+ people and people living with HIV are everywhere. LGBTQ+ older adults are as likely to live in suburban, rural, and small communities as large urban metropolitan areas; but those in rural and small communities are less likely to have access to LGBTQ+ specific services.

• **Training.** We must ensure that regardless of where staff are located, they are trained and aware of the needs of LGBTQ+ older people and older people living with HIV, to provide government-funded services in an inclusive manner.

• **Trust.** “If you can’t be open, how can you trust your provider to help make decisions with you? I think there needs to be trust with my provider—and knowing about all of me, including my sexual orientation, helps build trust.” - Phyllis S., age 79

• **Being Out.** “It’s very important that providers know I’m a lesbian. It’s important that questions about sexual orientation, and sexual behavior when relevant to medical providers, are asked so they know what additional questions to ask. It is imperative that it becomes a conversation. They should be asking heterosexual older adults these questions too.” - Sandy W., age 79

• **Aging of the HIV Epidemic.** Over half of adults with HIV are over the age of 50; By 2030, 70% of people living with HIV will be over the age of 50. ([HIV by Age | HIV by Group | HIV/AIDS | CDC](https://www.cdc.gov/hiv/group/age.html)) The Aging Network’s role in helping older people age in community provides a unique opportunity to address the needs of older people with HIV, and the new regulations provide powerful tools to support them in healthy aging.
Model states and localities. Multiple states and localities have already demonstrated successful inclusion of LGBTQ+ people and people with HIV in their State and Area Plans on Aging, resulting in more impactful and effective delivery of services and supports. We can learn from their examples and strive for similar comprehensive inclusion nationwide. See some examples of model State Plans on Aging and inclusive programs and services below:

- **An ACL grantee in Atlanta** delivered over 291,798 medically tailored meals to 539 older people living with HIV in 2020 and provides chronic disease self-management programs for older people living with HIV in their community.
- **Illinois** trained every AAA in the state in LGBTQ+ cultural competency and now collects sexual orientation and gender identity data. **Pennsylvania** did too!
- A suburban Cook County AAA in Illinois began the **Thrive with Pride project**, hosting virtual and in-person social events, public education, and resources for LGBTQ+ older people and those that serve them.
- **Michigan** found profound success in its multi-generational, LGBTQ+ specific friendly caller program.

Guides and Best Practices

- **Serving Diverse Elders: Strategies for Meaningful Inclusion in Service Planning and Delivery**
- **Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies**
- **Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity**
- **Strengthen Your State and Local Aging Plan: A Practical Guide for Expanding the Inclusion of LGBT Older Adults**
- **Language Guidance When Serving LGBTQ+ Populations**