

Discussant: Patricia M. D'Antonio, *The Gerontological Society of America, Washington, District of Columbia, United States*

The Older Americans Act (OAA) reauthorization looks like the perfect bipartisan bill supporting older adults to move forward in 2019. This session provides an DC-insiders look at the process and outcomes, including analysis of proposed revisions to the law, and the roles of the House, Senate, and the Administration. Key players in the process make up the panel and will share their insights and predications on the Act's future.

OAA AND THE GOAL TO END MALNUTRITION

Robert Blancato¹, *1. Matz, Blancato & Associates, Washington, District of Columbia, United States*

Home delivered and congregate meals programs are a foundation part of the OAA and are a part of each reauthorization process.

THE AGING NETWORK AND THE OAA REAUTHORIZATION

Amy Gotwals¹, *1. National Association of Area Agencies on Aging, Washington, District of Columbia, United States*

Area Agencies on Aging and the aging network are the key service organizers and providers across the nation. This session will address the goals of the aging network for the OAA reauthorization and the trends and innovations in community-based service delivery.

FAMILY CAREGIVING AND THE OLDER AMERICANS ACT

C. Grace Whiting¹, *1. National Alliance for Caregiving, Bethesda, Maryland, United States*

This session will focus on the challenges faced by millions of family caregivers and the innovative approaches that the OAA and other programs are using to be supportive of caregivers.

ADVANCED ILLNESS AND THE AGING NETWORK

Andrew MacPherson¹, *1. Coalition to End Social Isolation & Loneliness, Washington, District of Columbia, United States*

This session will provide insights on the many ways that the aging network and the Older Americans Act is able to assist individuals, and their families, who are dealing with a serious or advanced illness.

SESSION 1235 (SYMPOSIUM)

PARTICIPANT AND CAREGIVER VIEWS OF SELF-DIRECTION OF HOME AND COMMUNITY SERVICES 15 YEARS AFTER CASH & COUNSELING

Chair: Kevin J. Mahoney, *Boston College School of Social Work National Resource Center (NRCPS), Chestnut Hill, Massachusetts, United States*

Discussant: Michelle Putnam, *Simmons College School of Social Work, Boston, Massachusetts, United States*

Results of the Cash and Counseling controlled experiment are now more than ten years old. This symposium, based on a recent Special Issue of the Journal of Gerontological

Social Work on self direction of home and community-based services and supports for people with disabilities, begins with an overview of the status of self-direction in the United States where now over 1.1 million people are managing their own services and supports. After summarizing the six research studies in this Special Issue presenting feedback on the self-direction model from participants, their caregivers, and unpaid representatives followed by participant views on remaining unmet needs, the ideal and undesired characteristics of support brokers, and a research study to develop modules for training care managers and support brokers on person-centered planning and self-direction, papers will be presented focusing on two of these studies highlighting improvements needed in the self-direction approach if it is to become available to all persons with disabilities. The first paper is titled, "Unmet Needs Even When People Have Control of the HCBS Budget"; the second deals with the "Tasks and Characteristics of Supportive Support Brokers"; while the third paper looks at "Present Efforts and Recommendations for Training Support Brokers on the Principles, Values, and Skills to Assist People with Disabilities Who Wish to Direct Their Own Supports". The session ends with a presentation on the program and policy implications of this research for federal agencies.

UNMET NEEDS IN SELF-DIRECTED HCBS PROGRAMS

Kevin J. Mahoney,¹ Ellen k. Mahoney,² Carmen Morano,³ and Andrew DeVellis⁴, *1. Boston College School of Social Work National Resource Center (NRCPS), Chestnut Hill, Massachusetts, United States, 2. Connell School of Nursing, Boston College, Chestnut Hill, Massachusetts, United States, 3. School of Social Welfare, University at Albany, State University of New York, Albany, New York, United States, 4. Simmons School of Social Work, Boston, Massachusetts, United States*

Unmet Need for long-term services and supports has been linked to a variety of harmful health outcomes. One suggested strategy for ameliorating unmet need is to give participants control of the budget and let them construct individualized plans. The evaluation of the Cash and Counseling controlled experiment documented a marked reduction in unmet need when compared to traditional agency-based solutions, but it also showed significant unmet needs remained. This paper, drawing from 76 ethnographic case studies of Cash and Counseling participants, gives us an understanding of what those unmet needs are, who sees them, and what participants and their family caregivers see as possible remedies. Certain areas of unmet need identified in this study stand out. These included health-related problems, environmental issues, and the caregivers' need for relief. The paper concludes with implications for care integration and the training of support brokers as warnings about reducing budgets.

PARTICIPANT VIEWS OF THE TASKS AND CHARACTERISTICS OF SUPPORTIVE SUPPORT BROKERS IN SELF-DIRECTION PROGRAMS

Ellen K. Mahoney,¹ Grace Oh,¹ Carmen Morano,² Kevin J. Mahoney,³ and Andrew DeVellis⁴, *1. Connell School of Nursing, Boston College, Chestnut Hill, Massachusetts, United States, 2. School of Social Welfare,*

University at Albany, State University of New York, Albany, New York, United States, 3. Boston College School of Social Work National Resource Center (NRCPS), Lauderdale-by-the-Sea, Florida, United States, 4. Simmons School of Social Work, Boston, Massachusetts, United States

This qualitative study draws on 76 ethnographic case studies with Cash and Counseling participants, examines what participants and their caregivers saw the support broker doing, and looks at what the participants found helpful and less than helpful. Participants and their caregivers saw support broker duties as Coaching, Problem Solving, Advocacy and Monitoring. Equally important was how the support broker performed these roles. Six attributes that mattered to participants were: Familiarity, Supportive Relationship, Proactive Engagement, Responsiveness, Knowledge and Cultural Friendliness. These findings from the participant and caregiver perspective have great import for the training of present and future care managers and support broker, and have implications for regulatory and even licensure requirements. These results can be a first step in constructing a quality framework for self-directed supports and services.

WORK FORCE COMPETENCIES AND TRAINING FOR SELF-DIRECTED SERVICE PROGRAMS

Mark Sciegaj,¹ and Nancy Hooyeman², *1. Penn State University, University Park, Pennsylvania, United States, 2. University of Washington, Seattle, Washington, United States*

In 2017 over one million individuals of all ages were enrolled in approximately 260 self-directed long-term services and support programs nationwide. Research conducted by the National Resource Center for Participant-Directed Care (NRCPS) and the Council for Social Work Education identified training gaps among current aging and disability network professionals and within social work education. Believing that both self-directing individuals and their family caregivers would benefit from a workforce that has the knowledge and skills to implement the principles of self-directed care, NRCPS and CSWE working with national professional organizations and government agencies have identified workforce competency domains and developed a number of training resources that can be used in both academic and professional settings. This presentation will review the work of NRCPS and CSWE in workforce competencies, training resources, and recommendations for self-directed services training.

RESEARCH CAN CHANGE PROGRAMS AND POLICY

Lori Gerhard¹, *1. U.S. Administration for Community Living, Washington, District of Columbia, United States*

In addition to increasing knowledge, research is meant to improve practice and policy. The papers presented in this symposium draw from the experiences and insights of actual participants and their caregivers in major government-sponsored program options for people with disabilities wanting to remain in the community. Many of these programs are administered by our Administration for Community Living. For all, ACL serves as a main source of information for people in the community. These papers give us first-hand knowledge of what participants like and what they want improved. They give us guidance on how consumers define quality; the

results can guide efforts to improve program design and the training of support brokers and representatives who assist people who want to manage their own supports and services. I will give a few examples starting with the paper on the Veterans-Directed Care Program and drawing ideas from the other papers.

SESSION 1240 (SYMPOSIUM)

PERCEIVED MENTAL FATIGABILITY: NOVEL INSIGHTS INTO SOCIOBEHAVIORAL CORRELATES AND HERITABILITY

Chair: Nancy W. Glynn, *University of Pittsburgh, Department of Epidemiology, Pittsburgh, Pennsylvania, United States*

Discussant: Eleanor M. Simonsick, *Longitudinal Studies Section, Intramural Research Program, National Institute on Aging, Baltimore, Maryland, United States*

Fatigue, a common patient-reported outcome, is a unique risk factor associated with both cognitive and physical function. Perceived mental fatigability, a self-report measure of cognitive fatigue anchored to activities of fixed intensity and duration, eliminates self-pacing bias, and therefore is a more sensitive measure of the degree to which cognitive tiredness limits activity. Higher perceived mental fatigability has been associated with functional decline and lower grey matter brain volumes in older adults. We developed the Pittsburgh Fatigability Scale (PFS), a self-administered, 10-item tool to assess perceived physical and mental fatigability across a range of activities, which is widely used internationally. We previously validated the PFS physical subscale. Using a large multicenter international cohort, the Long Life Family Study, we will present the validation of the PFS mental subscale, examine its epidemiology, and explore genetic and socio-behavioral factors associated with perceived mental fatigability in older adults. Specifically, Ms. Renner will share the results of the validation of the PFS mental subscale; Ms. Meinhardt will present heritability and prevalence of higher perceived mental fatigability across age strata and sex; and Ms. Gmelin will consider the link between stress and coping styles on perceived mental fatigability. Further, using a smaller methodological study, the Developmental Epidemiologic Cohort Study, Ms. Graves will explore whether diurnal patterns of physical activity using accelerometry differ in older adults with higher versus lower perceived mental fatigability. Dr. Simonsick, our Discussant, will critically review the presentations and share future directions to inform potential interventions aimed at lowering perceived mental fatigability.

THE PITTSBURGH FATIGABILITY SCALE: VALIDATION OF THE MENTAL SUBSCALE IN THE LONG LIFE FAMILY STUDY

Sharon W. Renner,¹ Patrick J. Brown,² Todd M. Bear,³ Stacy L. Andersen,⁴ Stephanie Cosentino,⁵ Robert M. Boudreau,⁶ Adam J. Santanasto,⁶ and Nancy W. Glynn⁶, *1. University of Pittsburgh Graduate School of Public Health, Pittsburgh, Pennsylvania, United States, 2. Department of Clinical Psychology in Psychiatry, College of Physicians & Surgeons, Columbia University, New York, New York, United States, 3. Department of*